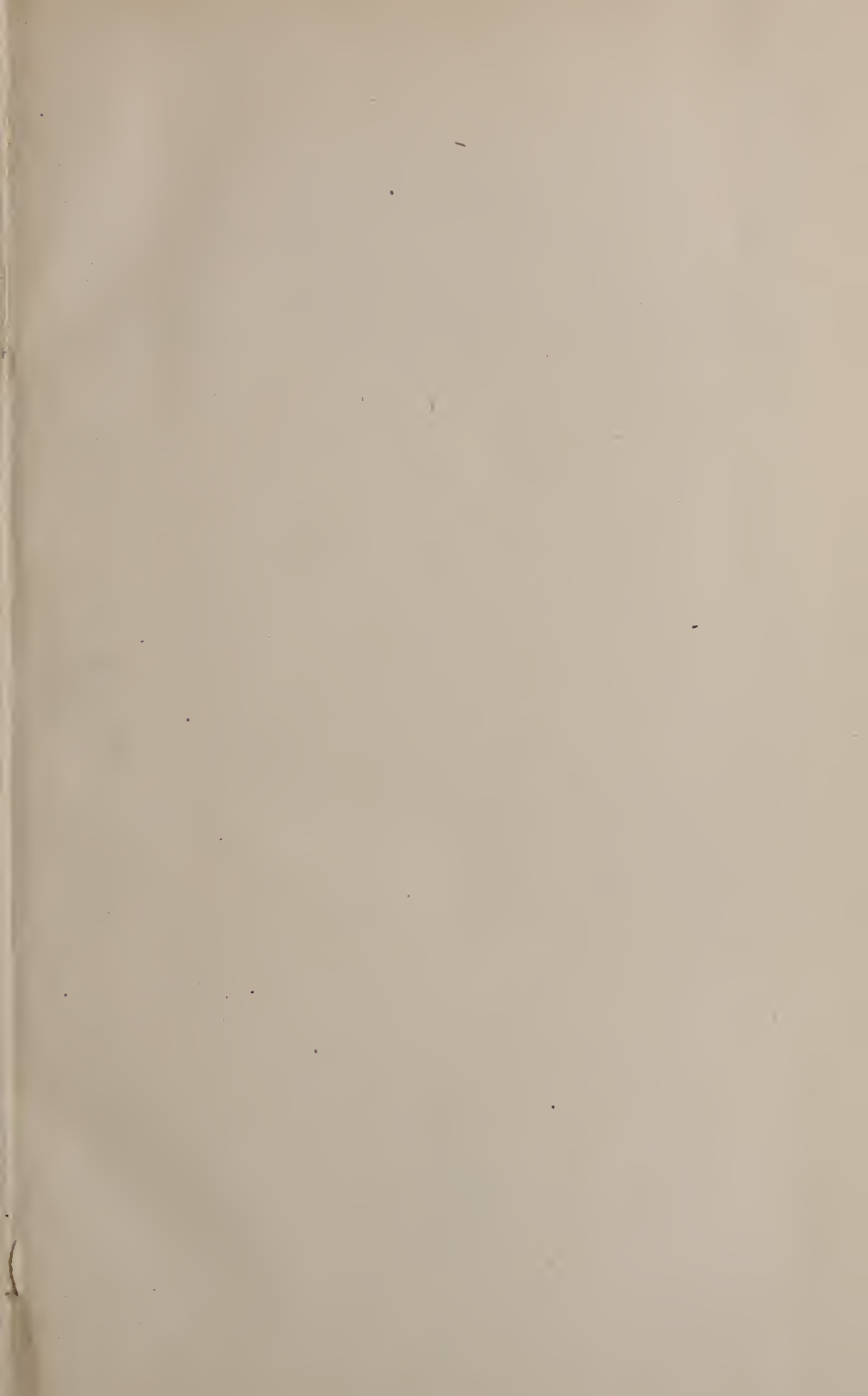


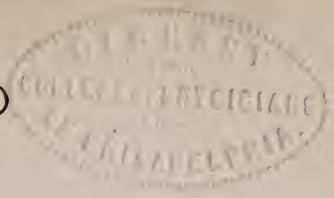
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BUFFALO



MEDICAL AND SURGICAL JOURNAL.

EDITED BY JULIUS F. MINER, M. D.

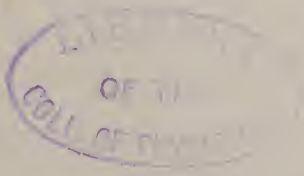
Professor of Special Surgery in the Buffalo Medical College; Surgeon to the Buffalo General Hospital
Surgeon to Buffalo Hospital of the Sisters of Charity, etc., etc.,

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EDWARD N. BRUSH, M. D.

VOL. XIII

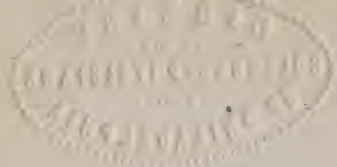
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ART I.—*Ablation of Complete Staphyloma of the Cornea.* By L. DE WECKER. *Annals d'Oculistique* for January and February, 1873. Translated by H. NORTON, M. D., of Detroit, Mich.

The sclerotic suture recommended by Mr. Critchett for ablation of complete staphyloma of the cornea presents in many respects regrettable inconveniences. For instance, it has several times occurred to me to be obliged in patients with whom the cicatrization had progressed satisfactorily to have recourse to a secondary operation, consisting in the ablation of points formed at the angle of the linear cicatrix. In reality, the plate of enamel rubbing against these asperities had caused an irritation such that the substitute (artificial eye) had become intolerable to the patients. It is probably due to this secondary operation that I have never passed through that disagreeable experience (which have some English confreres), that the usage of an artificial eye worn upon a stump so irregularly formed is capable of provoking a sympathetic inflammation of the sound eye. Nevertheless, there is no doubt that, in quite young subjects, children of one or two years, in whom the sclerotic is very soft and very elastic, the cicatrization of the suture of Mr. Critchett leaves nothing to be desired in regard to the smoothness of the stump; but it is no longer so in adults, especially when the ectasis is not really limited by the border of the cornea. Some years since Dr. Knapp published observations

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upon a case where the occlusion of the wound resulting from the ablation of a staphyloma had been effected by him by means of a conjunctival suture. Our esteemed confrere endeavors in passing the needle through the conjunctiva to seize as much episclerotic tissue as he can, so that the conjunctiva slide as little as possible on the sclerotic, and draw this last toward the middle of the palpebral opening as much as it may yield to this traction, thus closing the wound in a satisfactory manner. Evidently Dr. Knapp endeavors to close the wound made by the ablation of the staphyloma in imitation of the method of Mr. Critchett, and to put the lips of the wound in direct contact; but in spite of his two sutures very ingeniously placed this should seem to succeed with him only very imperfectly, if we take into account the following reflection:

“The reunion of the wound,” says Dr. Knapp, “was entirely similar to that which results from ablation by the method of Mr. Critchett, only the lips were not completely coaptated longitudinally, but a little folded and gathered, analogous to the folds of a tobacco-pouch.” By the operative method which I have to present, I pursue quite another object than do my esteemed confreres, Drs. Critchett and Knapp. I endeavor to arrive at a sub-conjunctival cicatrization of the wound, protected from the contact of air, by closing the lips of the wound in a nonforcible manner, and by avoiding as much as possible all pressure on the globe of the eye. My object is not at all to coaptate the lips of the wound by sutures traversing the sclerotic (Critchett) or the episclerotic tissue (Knapp), which is never possible without exercising a certain pressure, whence results the expulsion of a quantity, more or less considerable, of the vitreous body. I endeavor simply to obtain a reunion as perfect as possible of the conjunctiva over the lips of the wound and of the hyaloid fossa. It appears to me particularly important, in little children, to reduce the globe only to a point to permit a convenient adaptation of an artificial eye. The occasion is presented, unhappily only too frequent, to observe that a considerable diminution of the ocular globe in very young subjects exercises a most injurious influence upon the development of the orbital cavity and upon the growth of all the bones of the corresponding part of the face. All that side of the face remains

behind in its development, and attracts by its disproportion the eye of the observer, in despite of the perfect preservation and very satisfying mobility of the artificial piece. It would be assuredly ungraceful in me not to declare openly that the operative procedures of my confreres, Drs Critchett and Knapp, have inspired my method of operation, but this does not the less essentially differ. It is distinguished from Mr. Critchett's method in that I hesitate to pass sutures through the most sensitive portion of the eye, the ciliary body, the sojourn of these sutures, prolonged sometimes during some weeks, necessarily exercising an influence favorable to the shrinking of the eye. The advantage that I obtain by my method over that of Dr. Knapp consists in an occlusion of the wound much more complete, and that without pressure of the vitreous body. For myself, there can be no doubt that my operative method gives a stump the best and the most regular that can be desired for substitution, at the same time that the cure is effected in a manner the most rapid and the least painful to the patient. It has happened to me only once, in a great number of operations, to see arise a suppurative choroiditis. Yet I ought here to observe that the patient had quitted my clinic on the second day, contrary to my wishes, and had attended to his usual occupations without disturbing himself about the precautions which were necessary to the cure of his eye. This is my manner of proceeding: The patient being well asleep, I place by preference a large speculum between the lids, in order to enlarge as much as possible the operative field. I then carefully divide the conjunctiva entirely around and near the border of the cornea, endeavoring, by allowing the scissors to glide between the mucous membrane and the sclerotic, to detach the first as much as I can towards the equator of the eye. This done, I apply four sutures, seizing first the conjunctiva under the border of the cornea and piercing it from without inwards. With the same needle I then perforate the conjunctiva above the border of the cornea at an equal distance from the angle of the wound, penetrating this time the mucous membrane from within outwards, emerging a line or so from the border of the wound. That portion of the sutures between the superior and inferior borders of the cornea over the

staphyloma I draw aside—two towards the temple, and two upon the bridge of the nose, in order to avoid the cutting of them in making the ablation of the staphyloma. This ablation is executed by passing a Graefes knife horizontally through the base of the staphyloma, and the section is terminated by detaching the staphyloma very exactly near the border of the cornea, with the aid of scissors, in two semilunar flaps. If the expulsion of the crystalline is not effected spontaneously, I divide the capsule with the cystitome and proceed then immediately to the closure of the sutures. It is well to choose for these sutures silk of different colors, in order to readily perceive the corresponding thread, and also to use very fine English silk to avoid being obliged to preoccupy one's self with taking away the sutures. By the easy gliding of the conjunctiva I obtain a very exact occlusion of the wound, and it is easy for me to avoid, with patients well chloroformed, the least loss of the vitreous body. If I perceive this last tending to form a hernia between the sutures, I place at this point a fifth suture. The cure is effected under the compress bandage, without the least pain, in from ten to fifteen days, leaving an ocular globe sufficiently smooth, and very proper, by its regularity, to serve as a support to the plate of enamel. Without contradiction, it is to perform an act of courage to recommend another new operative method for the ablation of staphyloma, after the number of processes already known. This is particularly applicable to him who pretends to give counsel truly practical, and who does not wish to run the risk of seeing his method fall into a merited oblivion as soon as the attraction of its novelty is passed. That which has principally engaged me to make known my method of operation is the great number of very satisfying cures that it has given me, though I have had many times to record inconveniences after other processes, principally after that of Mr. Critchett. For the rest, the operation which I have described recommends itself principally to those confreres who operate before a numerous public, a circumstance in which the precision and the elegance of a process, at the same time that the security of the patient is complete, are certainly not to be altogether disdained.

ART. II.—*Albany County Medical Society. Semi-Monthly Meeting, held May 28th.* Reported by F. C. CURTIS, M. D., Sec'y.

The following resolution, adopted by the Common Council, was transmitted by the clerk of that body to the secretary of the county medical society :

Resolved, That the physicians of the city of Albany be requested, individually, to communicate to this board their opinion as to whether the water of the Hudson river is sufficiently pure and wholesome to be used to supply the city with water for the use of its inhabitants.

A meeting of the society was held to discuss the question proposed by the Board of Common Council. About twenty-five members were present, besides other gentlemen.

The President, Dr. VANDERVEER, opened the meeting by a statement of the subject for discussion, saying that it was one of grave importance to us all, and that we should discuss it in a calm, impartial manner. We were called upon to decide as to the fitness of the river water between here and Troy, not as to the cost or as compared with other sources.

Dr. DEVOL said that he had not very much practical knowledge of the river water. Water in general is the great solvent, taking up a great many of the matters found in nature and holding them in solution. He looked upon the river as the receptacle of a vast amount of refuse matter, which if retained in solution would certainly render it unfit for use. This seemed too plain to require any argument.

Dr. LEVI MOORE made the following remarks: Mr. President, the question before this society is one of great importance. We are asked as physicians if the water of the Hudson river is good in a sanitarian sense. The feasibility of this source of supply and its economic advantages have nothing to do with the question. The Hygienic aspect is the only one for us to consider. I trust that whatever action we shall take will be prompted by a sincere desire to secure to the public the greatest possible immunity from the germs of enteric and other diseases which we are so often able to trace to the use of impure, tainted or sewerage water. Whatever experts may say in commendation of sewerage water, even largely diluted with purer water and taken from a rapidly moving

current, although it may be clear and sparkling, and possess no unpleasant taste or smell, yet the common instincts of our nature repel it as unfit for domestic use.

I need not bring to the attention of this society instances where typhoid fever, cholera, dysentery and other diseases have been clearly traced to the use of impure or sewerage water. These cases have been too numerous and too well authenticated to be doubted. The germs of disease are often too minute, too subtle to be weighed in the chemist's balance, or to be detected by his most careful analysis. Because he cannot detect any death-dealing poison in the limpid fluid, does he therefore presume to say that there is none, and that the water therefore is wholesome and good? Because the continued use of small doses of an active poison does not kill at once, is it any the less a poison?

My own conviction is, that the water of Hudson River is entirely unfit for domestic use, receiving as it does the sewerage of our city, and within ten miles to the north of us, the sewerage of the cities of Troy and Cohoes and the village of West Troy. All this sewerage, together with that from the villages on the Hudson and Mohawk flows past our city and mingles with the sewerage which is here poured into the river. Admitting that the water of the Hudson River is passably good, and that its uses for domestic purposes are attended with but small risks in a hygienic point of view, still there are most cogent reasons why this source of supply should not be selected, I see in the no distant future a dense population, double, quadruple the present number in the manufacturing city of Troy and in the young city of Cohoes with its matchless water power. West Troy will have its population largely increased, and the beautiful hill sides between that point and this city are yet, I believe, to be thickly populated. All this drainage will flow into the Hudson River only a few miles above us, tainting its waters and rendering them each year more and more unfit for domestic use. The short-sighted policy of supplying other cities with water impregnated with sewerage has been so often recognized and deprecated that the very persistency with which we are shadowed with this practicable scheme for an abundant supply of pure water has something ominous about it. It is a notorious fact that even now

the drainage from a large and rapidly increasing population flows into our present source of supply. This should be remedied at the earliest possible moment. The very fact that it has continued till it has become so serious a matter shows culpable carelessness somewhere. This society should take such action as the importance of the subject demands.

Dr. W. G. TUCKER read a paper on the analysis of river water. This, he said, contains organic matter generally in much greater proportion than spring water does, because of the surface drainage passing directly into rivers. Inorganic matters which they contain are of little moment except as they affect the hardness of the waters. Organic matters, from various sources, are diffused through the water, and being brought into contact with the oxygen contained therein, gradually change into carbonic acid, ammonia and nitrates. Thus the oxygen in water plays an important part in the purification of water. This is especially important where rivers receive, in addition to surface drainage, a large amount of sewage from towns, and in hot weather, especially, this natural process of purification is inadequate to prevent a putrefactive change.

The wholesomeness of water appears to be intimately connected with its state of aeration, as the proportion of oxygen is liable to be lessened by the decomposition of organic constituents.

Hudson River water was examined by Dr. TUCHER by what is known as the permanganate test, which is based on the oxidation of organic matters, this being preferred as the most delicate. During October and November last he made several examinations, with the result that about 4-10 of a grain was liberated to oxidize the organic matter in one gallon; city water examined at the same time required $\frac{1}{3}$ of a grain per gallon. Early in February river water required 16-100 of a grain, city water 7-100; in April 33-100 of a grain was required for river water; city water was not tested at this time.

Prof. NICHOLS, of Troy, examined, by the same test, water from the river above Waterlord bridge and that in the Troy reservoir, and found a proportion in favor of the latter of 1 to 4. Other properties of the river water are a yellowish-brown or green color; it is

turbid, with considerable sediment on standing; it contains ammonia in traces; its hardness is 3.9 deg., city water averaging 5 degs. Prof. MAYNARD, of Troy, found 4.94 grains of solid matter per gallon, 1.08 grain being organic, and he expresses the opinion that the water of rivers receiving sewerage are unfit for domestic use.

The examination of water made by Prof. CHANDLER, Dr. TUCKER said, does not fairly represent the character of the water, because the sample was taken from under the ice in the latter part of the winter, when, being at a low temperature, it would hold less in solution than during the summer. There is also at that season much less opportunity for foreign matters to get into the water. Prof. Chandler's report gave, however, at this season, 7-10 grain per gallon of organic matter.

Dr. TUCKER believed that taking river water for a city supply involved a great risk. A single analysis is not sufficient to determine the purity of the water, but it must be examined at different seasons, states of the weather, and stages of the river. The examinations already made do not warrant its use.

Dr. FREEMAN said that he did not understand that the question was limited to the fitness of the water taken from a point opposite the city. He thought the river ought to be used as our source of supply, being reliable, permanent and abundant at all seasons. It is supplied at its source and along its course by mountain springs. It would certainly be pure enough if taken from a point north of Cohoes; and, besides, from this elevation it would supply the city without pumping.

Mr. G. MICHAELIS, by a vote of invitation, read a paper as follows:

GENTLEMEN: It is not the place here to give you a review of the chemical and mechanical properties of the water; it is another point altogether which we have to take in consideration, and that is the purity or impurity of it.

All waters, river water as well as well water are powerful solvents of the ingredients of the soil, and contain therefore a variable quantity of the salts which are frequently found in it. They are principally chloride of sodium, sulphate of lime, magnesia salts, and so forth, which give the water, especially when it contains car-

bonic acid, a refreshing taste, and there is no doubt that they have a healthy influence on the human body.

But all waters, no matter whether river or well water, contain more or less organic matter, and it is supposed to a certain point certified that that the latter is obnoxious to the human body and produces sickness. The sources wherefrom the organic matter in rivers come are well known; they are principally the sewage and manure of the towns and villages through which it flows, consisting of almost everything, urine, fæces, dead animals and the decay of the plants of the stream; a water thus impregnated is undoubtedly not very healthy. On the other hand, speaking of well water, we must state that wells in cities are very quickly spoiled by infiltration of manure, and thus become bad.

I made an experiment which showed this in the spring of 1866, when cholera was imported from Russia to Germany. This raised general alarm throughout the country, and more so since some prominent physicians supposed that the ground water had something to do with the spreading of the disease. I was at that time in Posen, a city of about 65,000 inhabitants, in the chemical laboratory of Dr. Mankiwich occupied as his assistant. This gentleman received an order from the city authorities to analyze the water of the city wells. A thorough investigation proved that nearly one third were in a bad condition and entirely unfit for use, but some of the wells, even those with a large amount of organic matter appeared clear to the eye, while others had a good taste and very little smell. An analysis made of the water of the river Warthe proved that it was in at least as good a state as the wells.

We must understand that there are two distinctly different organic matters in the water, such are those dissolved in the water and those only mechanically suspended in it. The mechanically suspended matter can be easily eliminated by a careful filtration, as filtering through gravel or sand and charcoal, but the greater part of organic matter is dissolved in the water and cannot be separated by mere filtration. It is beyond doubt that the dissolved organic matter is the source of the bad odor and the yellow, brownish color. Pure water is colorless. Now the question is, whether there is a possibility of eliminating the dissolved organic matter or not? This

question was satisfactorily answered by Prof. Medlock. This gentleman was requested in the year 1856 by the Amsterdam water company in Holland to analyze their water and to find the cause of the bad smell and fishy taste (I wish you to understand that the water in Amsterdam is let through iron pipes). Medlock received five samples of water for analysis, four of them from pipes in the city and one before the water entered the reservoir of the company.

In the water from the works before it came in contact with the iron reservoir and pipes this chemist found 0.95 grains of iron while in the other samples the iron was reduced to an unweighable trace; thus instead of taking up iron from the service pipes it was not alone diminished but even all precipitated. Notwithstanding the almost entire precipitation of the iron actually in solution in the water which had passed the iron pipes it formed an objectionable red deposit on standing, while the water from the works before entering the pipes holding in solution nearly $\frac{1}{2}$ grain of iron per gallon formed no deposit. He examined the deposit chemically and microscopically with the following result. On motion the precipitate charred and was almost entirely consumed, showing them that it consisted of organic matter; under the microscope the deposit was seen to consist of plants in various stages of decay, many of the fibres had even retained a perfectly organized structure. He remembered the important fact established by Shorbein that copper and platinum can convert ammonia into nitrous acid, and he found that iron also transforms ammonia into nitrous acid and by further investigation he found that strips of sheet iron placed in water containing ammonia or organic matter capable of yielding it act almost as quickly and well as the metal in a finely divided state.

Now he made different analyses with water brought in contact with iron, and water in no contact with iron, and the result was, that while the water which was not brought in contact with iron contained 2.10 organic matter and 0.95 iron, the other contained only an unweighable trace of both, which showed plainly that the organic matter contained in the water was either decomposed or thrown down (rendered insoluble by contact with iron), and actually this water when filtered, was clear, of good taste, had no smell, and was free from organic matter.

All organic matter either contains nitrogen or is non-nitrogenous. The latter consists almost always of carbon, oxygen and hydrogen, and is very quickly, when no more under the vital influence, converted into carbonic acid and water. The nitrogenous matter is mostly of animal origin, and consists of nitrogen, oxygen, hydrogen, and very often sulphur and phosphorus, and is dissolved or suspended in water, very rapidly decomposed into gases very offensive to taste and smell, and undoubtedly very obnoxious. But all these are immediately destroyed by the presence of nitrous acid. Medlock proved, as before stated, by a series of subsequent analyses that iron produces nitrous acid by its action on the nitrogenous organic matter, which is the most destructive power nature has. Muspratt calls it "Nature's scavenger." This chemist found as a general result that by allowing water to be in contact with a large surface of iron, in about 48 hours every trace of organic matter was either destroyed or rendered insoluble, in which state it could be purified effectually by filtration.

I did the same with our Hudson river water and obtained the same results. After subjecting the most filthy water to the influence of iron sheets for 48 hours, I found that it was almost entirely freed of all organic matter.

I submit to the honorable society some samples of Hudson water which I treated in a similar manner; and it can be easily seen that the iron sheets have had some influence on it; there is a decided deposit.

[Specimens of water treated with iron sheets, which appeared to be perfectly pure, were exhibited.]

It would be perhaps of some value if similar researches should be made, and in case the results should be favorable, it would not make any difference wherefrom we receive the water as long as we are able to purify it in such a manner as to render it a wholesome beverage for the community.

The experiment shows the existence of organic matter in the river water.

Dr. SABIN, of West Troy, said that analyses which had been presented show the water opposite the city not sufficiently pure for use; he thought the best plan was to take water from the river just

below the State dam above Cohoes and Green Island. At this point it is purified by running over the dam.

Dr. WM. HAILES spoke of experiments which had been made to purify water, showing it to be a fallacy that water is purified by flowing over a dam. Pure water was mixed with fæcal matter in vessels, and poured day after day over a rough board, allowing it thereby to be most intimately mixed with air, and at the end of two weeks it was still found impure. It is also a fallacy that digging wells and so filtering purifies water, as it has been proved that filtering does not purify it. The germs of disease are not removed by it. He thought that river water here, and even at the State dam, is unfit for use.

Dr. CROTHERS followed at some length. He assumed hypothetically that the river water was better in quality than that we are now using. The impurities the river water contains are disseminated over a wider surface, comparatively, than those in the water we are using. Nevertheless, he maintained that, as water is a medium for spreading disease, it was unfit for ordinary use. He said the bad condition of the water we now use is caused by a neglect to keep out impure drainage and allowing it to remain in shallow ponds never cleaned. He held that the impurity of our water affected the health of the city and was a constant threat of epidemic diseases. He maintained these points at much length.

Dr. JAMES S. BAILEY remarked that he had been much interested in what had been said, especially in the careful analyses of the chemists; but it had occurred to him that they might be more technical than practical. The air we breathe might by analysis prove to contain deleterious elements, but still we live and apparently enjoy health; so with river water; it undoubtedly contained organic matter, but when taken into the stomach does not prove deleterious to animal economy. He had known persons, in fact whole families to drink river water constantly with impunity, and from southern waters which were known to be more deeply impregnated with earth and vegetable matter than the water of the Hudson. He had known families to use water from stagnant pools covered with green scum, by brushing this aside, and the water, when used, did not produce unhappy results. We well know with-

out the aid of chemistry that the waters of the Hudson about this city impregnated with sewage is unfit for culinary or drinking purposes; but it seems that it can be obtained above the city. We need the quantity as well as the quality, and he could not see where it could be obtained unless from the Hudson. There are processes in nature—chemical processes, really—by which water is purified, which is exemplified in the commingling of the waters of the Mississippi with those of the Ohio at Cairo, one coming from the limestone country, and the other laden with earthy matter, which when united had the desired effect of producing a chemical change, in fact a filtering process, and it is a fact well known by river men that water in this vicinity is unusually pure and wholesome.

Dr. CRAIG said that he believed the Hudson river water was purer at its source than any other. It had been used for very many years for drinking purposes; ships going to sea came up into the Hudson river and took their supply. He said the Hudson river contains a volume of water four times as large as the river Thames, and the city of London is supplied from the latter. He thought the society should not be hasty in its judgment or too ready to condemn this source of supply.

Dr. DAVIS remarked—The statement made here this evening that river water has been used with impunity and is therefore innocuous and wholesome reminds me of accounts given by travelers of some barbarous tribes who habitually eat their food in the most offensive state of putrefaction and decay. Civilization with its overtaxed brain and nervous system can never withstand such vile and unwholesome food. No more can we long endure the baneful influence of river water filled with putrescent vegetable and animal substances drained from an extensive region of country, and to which are added the sewerage of cities, holding in solution vital and putrefactive animal poisons without subjecting ourselves to the natural and inevitable consequences of taking into our systems those active morbid agents which have ever proved most destructive to humanity. The best water is that derived from springs, which have their original reservoirs deep in the earth, or from those lakes having a natural outlet but holding temporarily the water from these springs. It is true the contents of these reser-

voirs has once been surface water but by percolating through the soil, sand and gravel beds has thus been filtered and freed from every noxious element. Next to these waters in purity are those upland streams that flow from them. As we leave these sources water becomes less pure till we reach those large rivers that flow through the valleys and receive numerous tributaries with extensive surface drainage. These rivers are the common receptacle of every unclean thing, and when the shores are covered with the dense population of large towns and cities, the sewerage of every dwelling, prison, hospital and sick room is mingled in the general mass of its impure waters, containing epidemic, contagious and infectious elements. Chemistry has its range and its limits, and has never been able to detect those attenuated and subtle principles that produce the desolating ravages of cholera, cerebro-spinal meningitis, small pox, fevers and numerous other diseases, and yet of their existence no truth in the whole history of medicine is better established. This subject, with great property, addresses itself to the medical profession, and I hope we shall show ourselves no less worthy to serve the interests of the public in the preservation of health than for its restoration when lost. The question with which the water commissioners have honored us is not the merits of river water as compared with our present supply, but "is the water of the Hudson river pure and wholesome for domestic use."

I hope this society will place upon it their disapprobation, and will express with emphasis their answer, no.

Dr. WM. H. BAILEY said that he did not believe any source equal to the Hudson, when we take all things into consideration. It is not necessary to take from a point opposite the Hospital or even between here and Troy, although he believed that pure water might be found below the latter place. But we may at least take water above these sources of sewerage. Water does not retain organic matter for any length of time, but it purifies itself. The upper Hudson flows through an elevated country and its sources are healthy. We hoped the discussion would not be concluded without a second meeting being held, in order to get a fair view of the opinion of the society.

On motion, adjourned.

ART. III.—*Notes on Cases Treated by Electricity.* By G. W. FRIOU, M. D., Surgeon to Southern Dispensary, Brooklyn N. Y.

For several years I have taken up the subject of medical electricity, and studied its wonderful therapeutics with much pleasure, and by your kind invitation will continue the subject by submitting a few desultory notes of cases treated during the past year and one while practicing in New Orleans

Mrs. C., age 33 years, tall, very slender in appearance, is the mother of seven children, was married in her sixteenth year, has enjoyed excellent health up to two years ago, when over mental excitement (setting up with a child for weeks which died) left her in tremors, dependent upon a weakening of the muscular and nervous system, so much so as to prevent her doing anything requiring steady fingers; she could not even read, unless an assistant held the book. Had been under the treatment of an experienced medical gentlemen for fifteen months when, with his consent, she applied to be treated with electricity. The first application of half an hour was July 1st, after which there was much improvement. They were continued at intervals for a month, when she began to take two a week regularly up to September 15th. About the first of August, noticing a large Goitre (Bronchocele) of seventeen inches circumference, I suggested that we try to destroy it with the Faradic machine. I was skeptical of results but noticing that Drs. Beard and Rockwell cited cases of recoveries and also Dr. Meyers in his work mentions various kinds of tumors cured, thought we would try. My method was the one recommended by Dr. Meyers. At the time she ceased the use of the machine the Goitre was reduced to twelve inches and scarcely noticable, while her general health is excellent, having become quite fleshy and entirely freed from her old malady.

Mrs. N., age 28 years. She is of small frame. I found her suffering from all the symptoms of Hysterical dyspepsia. Had been under the treatment of one of the most distinguished of our profession who had tried the usual remedies. I prescribed for her a mixture of Pepsine and Bismuth. She took her first application September 7th. I used Dr. Kidder's machine and gave her a general Faradisation. After several applications with rapid improvement

I suggested as auxiliary to the treatment the use of dumb bells. At her next visit she stated that being so much improved she had decided to dismiss half of her domestics and would substitute the broom for dumb bells. She had in all eight applications, and was dismissed entirely cured.

In the spring of 1869 I was called to see Mr. P., age 27 years, who fell from the roof of his manufactory, a distance of fourteen feet, and struck upon his back near or about the first lumbar vertebra. I saw him several hours after, when I found complete paraplegia. On examination I could not detect any external laceration or fracture, but the parts were a little tumid. I ordered cups to spine. After they were taken off, a poultice and sedative mixture for the night. But early in the morning I was called in haste to find him suffering from distended bladder and considerable tympanitis. I catheterized and ordered a calomel purge. Saw him again in the evening; no better. I again used the catheter, and filled his bowels with warm soap-suds. March 6th, still no better. Continued treatment with stimulating embrocations and blisters to spine. March 7th, found one of his friends, an old woman, had put him into a large tub of scalding water. When seen the entire cutis was removed from the scrotum and its surroundings, exposing the sphincter muscle. Although the entire seat was sloughing, he had no sense of feeling more than an icy coldness. I used simple dressings and ordered one of Dr. Kidder's Faradic machines and began the treatment March 7th. I visited him twice a day for a few weeks, and was necessitated to assist nature by the use of catheter and pump syringe daily. The sloughing gradually subsided under the use of the machine, in a few days he began to experience sensation when the negative electrode was applied to the extremities. The treatment was continued three months when he was able to walk about with two sticks (he could not use crutches) with a peculiar dragging motion, and before the close of the year he had recovered the use of all his functions. A little over two years from the time of the accident his wife gave birth to a son.

ART. IV.—*Injury to the Brachial plexus resulting in gangrene of the arm and fore-arm—amputation.* By C. C. F. GAY, M. D., Surgeon to the Buffalo General Hospital.

Mrs. M. A., aged 35 years, was attacked by a person who in-
deavoured to cut her throat with a razor, on February 24th, 1872.
By efforts to defend herself, she received a cut with the razor upon
the right arm, just above the flexure of the elbow joint, extending
across the arm transversely, and deviding the descending branches
of the Brachial plexus.

She was attended by her Physician until March 9th, when I was
called to visit her. She was sitting up in her chair, supporting the
arm upon a pillow which rested upon her lap. On removing the
bandages, the hand, fore-arm, and a portion of the arm were found
to be gangrenous. Suppuration was copious just above the elbow,
and posteriorly, near the axilla.

The patient would not consent to amputation at this morning
visit, but in the afternoon yielding assent, I imputated at the
shoulder; assisted by Dr. McNeal and Mr. Bartow, the latter
compressing the axillary artery with his fingers.

Primary union was obtained, and in three weeks the patient walked
to the Court House, to give testimony.

Remarks.—I could not learn from the history of the case, that
the brachial artery was wounded, although both median and ulnar
nerves were divided.

There was considerable hemorrhage reported at the time the
wound was inflicted, but not sufficient to indicate injury to the
artery. No hemorrhage occurred after the first dressing, nor was
ligation considered necessary by the attending physicians. The
death of the fore-arm was simply and alone the result of the division
of the nerves.

An intimation was made that damages would be brought against
the medical attendant, as the loss of the arm was thought to be
owing to too tight bandaging. But the dressings were properly
applied and renewed daily, so that there seemed no just grounds
for an attempt to mulct the attendant in damages.

During the operation for amputation the axillary artery was so

effectually compressed by my assistant that scarcely any hemorrhage occurred.

Thirteen days after the injury was inflicted, the life of the patient necessitated amputation. The line of demarcation was distinct above the elbow, and the fore-arm had been doubtless gangrenous two or three days before; reducing the time to ten days from receipt of injury to total loss of all vitality below division of the nerves.

Epithelioma of eight years duration—Amputation of the left arm at the shoulder.

Mr. J. S., aged 47 years, residing at West Seneca. I saw this patient October 16th, 1872. Eight years previous to my visit to him, a tumor made its appearance upon the elbow. The disease progressed until two-thirds of the arm and as much of the fore-arm became involved. There had never been much pain present, but the integument had become disintegrated, leaving an ulcerated surface, the offensiveness of which had become intolerable. The ulcerated surface presented an angry and fungated appearance, the edges of which were elevated, irregular and granulated. The discharge was acrid and the skin became eroded wherever this discharge came in contact with it. The disintegrating process had extended so as to involve a large portion of the anterior aspect of both the arm and fore-arm.

The general health of the patient had but recently given evidence of impairment. I advised amputation and proceeded at once to perform it in the presence of several medical gentlemen.

The subclavian artery was compressed by Dr. Barnes. Amputation was made at the shoulder, leaving just enough tissue of the arm to form a flap. Hemorrhage occurred from four vessels which were ligated. Compression of the subclavian did not sufficiently control the hemorrhage. Compression of the axillary artery would have been more efficient. The stump was dressed and primary union obtained.

The patient immediately improved in health, and gained in flesh until the following January, when he began to cough, expectorating blood occasionally. I visited the patient January 27th, 1873,

found him laboring under phthisis pulmonalis of which he died March 2d, 1873.

Remarks.—That Epithelioma is essentially a local affection is evidenced by its duration, and from the other fact as a sequence, that the general system is not invaded or contaminated by the poison until the local affection has existed for a considerable period of time. It may require years to develop general symptoms.

For eight years this man, though laboring under the local disease was comparatively well otherwise. After removal of the diseased arm, and closure of the stump there was not during the remainder of the man's life any pain, tenderness or purulent discharge, yet the system had become infected—a condition that might have been avoided—if radical means had been resorted to at any time during the earlier years of the malady.

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Miscellaneous.

Ovariectomy by Enucleation; Recovery.

Reported by SAMUEL LOGAN, M. D., Prof. of Anatomy and Clin. Surgery in University of Louisiana, and W. H. FORD, M. D., Professor of Physiology in New Orleans School of Medicine.

Prof. MINER's plan of operating for ovarian tumour being still *sub judice*, it seems to be the duty of all who resort to that method to report their results, and under that conviction we record the following case, the early symptoms of which were developed under the immediate observation of Prof. Ford, in whose practice the case occurred.

Mrs. A. H. L., æt. 42; married; multipara; nervous and excitable, subject to hysterical paroxysms; has not menstruated since birth of last child, now 21 months old.

May 12, 1862. Has a tumor in hypogastric region as large as the uterus at four months' utero-gestation, ovoidal in shape, movable.

June 8th. Tumor increased in size until it now fills the abdominal cavity; everywhere tender on pressure, or even to the slightest touch. Dullness or percussion over abdomen; fluctuation in the neighborhood of umbilicus. General contour of Tumour clearly recognizable; vagina and cervix normal; uterus immovable in hollow of sacrum. No fetal heart sound, but a constant murmur closely simulating the placental souffle, most marked on left side.

9th. Patient in great distress, demanding relief; abdomen tense and extremely painful to touch; fluctuation perceptible over the

whole abdomen. Pains, similar to those of labour, coming on every hour or two. The uterine sound could not be introduced more than $2\frac{1}{2}$ inches. Under diet, warm water douches in the vagina, stramonium poultices to abdomen, etc., the acute symptoms ceased after a few days.

The general fluctuation, the presence of bosselated enlargements on the sides of the pyriform mass, the rapid growth, and acute pains, determined the diagnosis in favour of cystic degeneration of the wall of the uterus, or of some of the annexes of that organ.

15th. Chloral at night; abdominal pains especially severe on turning in bed. Bowels regular; urine very scanty and high-coloured. Fever from time to time, but more in the last two days. Pain in the right iliac region. Appetite and digestion good.

25th. During last 48 hours has had a dribbling of clear watery fluid from vagina. Tapped in linea alba $1\frac{1}{2}$ inch below umbilicus, and $1\frac{1}{2}$ pint of glairy, flocculent, citrine fluid escaped during an hour; and as much more during the ensuing 36 hours, when the wound was closed with a bit of strap. Relief decided; very slight inflammation about the puncture. Ordered quinia and iron.

After this, patient was tapped seven times at intervals of from five weeks to six or eight days. The last tapping on October 10th. Fluids evacuated in all cases similar; citrine, glairy, and, towards the close of the tapping, almost puriform. Viscidity most marked in fluids obtained from the harder nodular masses of the left side of the body of the tumor. Punctures gave no trouble. The quantity of fluid drawn off at each tapping varied from three pints to two gallons. The puncture made in the last tapping was intentionally kept open by the patient, in view of the relief from oppression, now very urgent, afforded even at the inconvenience of the constant discharge. Notwithstanding the escape of so much fluid, secretion was so rapid that enlargement continued. Puffiness under the eyes; legs and feet œdematous and cold; appetite fair; digestion imperfect; colicky pains; pulse 85. Girth at umbilicus, 34 inches; from pubis to ensiform cartilage, 15 inches.

Nov. 10, 1873. Ovariectomy having been decided on, it was performed this day by Prof. Logan, assisted by Prof. Ford, and by Drs. A. H. Cage, C. B. Galloway, and C. B. Galloway, Jr., of Canton, Mississippi. The patient having been put under the influence of chloroform, incision was made extending from the point at which the last tapping was performed, and from which the discharge was still issuing, about an inch below the umbilicus to the symphysis pubis. The opening into the peritoneal cavity was commenced below, and extended upwards, so as to be certain not to cut into the tumor, which there was every reason to believe was adherent round the orifice of the last tapping. As a rule, it is advisable to open below even when the above condition is not present. The interval between the peritoneum and the tumor is much more easily found below, where the abdominal walls are reflected from the margin of

the tumour to the pubes, than above, where tumour and abdominal walls are closely applied. When the peritoneum was slit open the expected adhesions were found to exist, but they were easily torn loose. Spencer Wells's large hollow trocar and canula, with gutta-percha tube attached, was then plunged into the tumour through the fistula; but so very much softened had the adjacent portions of the cyst-wall become, that it tore like wet paper, permitting the glairy and semi purulent fluid to flow over the tumour. This complication was promptly met, however, by pressure applied to the lateral abdominal walls covering the tumour, which effectually guided the wave of fluid through the lips of the wound. By this prompt action but little of the escaping fluid entered the cavity of the peritoneum. Most of the cystic contents were evacuated in this way. An immense quantity was thus expressed, most of the other large cysts seeming to communicate with this opening. Indeed, at the last tapping a long canula and trocar had been used and projected in several directions, with the view of effecting just such a communication in order to make the tapping the more effective. After the fluid ceased to flow the usual exploration was made, and the tumour was found tightly and extensively adherent to the abdominal walls on each side. The mass was still so large that it became at once evident that an extension of the incision in the abdominal walls would be required. The incision was, therefore, at once continued upwards and around the umbilicus to about two inches above that point. It was then found that there was also one point of adhesion to the omentum. This was easily separated, and so were the far more extensive lateral connections already mentioned. In performing this part of the operation, particular care was taken to effect the separation at the expense of the cyst-wall, rather than the normal tissues; and the separation was effected with much less trouble than had been anticipated. The tumour was then turned out of the abdomen, and found to be connected with the right broad ligament, by means of a pedicle about two inches broad and about three-quarters of an inch thick. It was quite long enough for clamping, and one of Mr. Spencer Wells's clamps was provided, in case enucleation, which had been determined on, was found inadvisable. Insinuating the index finger through the middle of the pedicle where it joined the tumour, the operator succeeded with perfect ease in carefully peeling each portion with its vessels from the surface of the former, and in a very short time the whole mass was everted without the loss of half a drachm of blood, and the shreddy pedicle was dropped back into the abdomen. There was some little hemorrhage during the operation, but it was mostly venous and from the abdominal walls, the veins in that position having been considerably distended, probably from the pressure of the tumour on the ascending cava. What fluid and blood had settled into the pelvic and abdominal cavity was carefully sponged out. The womb, the remaining ovary, and the other parts

were examined and found perfectly healthy; and the wound was closed by silk sutures extending through all the thickness of the abdominal parietes. The line of incision was then glued up with Richardson's colloid styptic; the abdominal walls were supported with long strips of adhesive plaster running across the wound, and extending well round the flanks; and the line of incision was covered with a piece of lint soaked in carbolic oil (1 part carbolic acid to seven of olive oil).

The patient was then conveyed from the operating table and placed on her back in bed.

She recovered readily from the chloroform, and did not seem to suffer any marked degree of surgical shock. Pulse, one hour after the operation, 120; skin almost normal; mental condition natural.

Tumor weighed, after evacuation of fluid, 16 lbs.; estimated weight of fluid lost during operation, say 8 lbs.; total estimated weight, 24 lbs. Examination by microscope and otherwise shows usual structure of the multilocular ovarian tumour.

The patient progressed favorably. On the tenth day the stitches were removed; union firm along the whole line of incision, except at one point, where a little suppurative action had occurred. An alum wash reduced this in a day or two. An abdominal waistcoat was applied to support the line of adhesion.

Dec. 1st. Progressed very rapid and uncomplicated; patient sat up on the thirteenth day in bed, and was about her room on the eighteenth day. Afterwards continued to improve on cod-liver oil, quinia, and iron. A dull pain in the lower abdomen, felt after the operation, disappeared by degrees. She fattened remarkably, and on the fortieth day menstruated.

At the present writing, more than four months since the removal of the tumour, she is in perfect health.—*American Journal, Medical Sciences.*

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On the Oleate of Mercury.

Mr. BERKELEY HILL states (*Practitioner*, April, 1873), that since this preparation was introduced to the notice of the profession by Mr. Marshall, about a year ago, I have employed it in a large number of cases in hospital and private practice, with the following results: In the first place, if continuously applied, it quickly produces the usual effects of mercury on the system, and if used in sufficient quantity causes salivation. Secondly, it is apt, in delicate fair-skinned persons, to excite violent smarting pain, which, though rarely lasting more than half an hour, if so much, is enough to disgust them with the remedy. The irritation may even cause erythema and slight vesication, though I have never seen any more serious local effect than this. To avoid these undesirable occurrences, Mr. Marshall has devised three preparations of different strengths, containing 20, 10 and 5 per cent. of peroxide of mercury respec-

tively: to the weakest dilution, 10 per cent. of morphia as oleate of that base is added, to allay the irritation from the mercury, and assuage the local pain of inflammation, when used for affections of that kind.

The preparations are best made according to a formula prescribed by Mr. Martindale, the dispenser to University College Hospital: For the 20 per cent. solution, stir 10 drachms of oleic acid in a mortar, while 2 drachms of precipitated peroxide of mercury are gradually sprinkled into it, and triturate frequently during twenty-four hours, until the peroxide is dissolved and a gelatinous solution is formed. The 10 per cent. solution is made in exactly the same way, but the smaller quantity of oxide renders the compound more fluid. The morphia and mercury oleate is made by dissolving one drachm of pure alkaloid of morphia in 5 drachms of oleic acid and mixing the solution with 5 drachms of 10 per cent. oleate of mercury: It is necessary to use the oxide freshly precipitated from an aqueous solution, not one produced by dry heat; and heat should not be employed to dissolve the mercury in the acid, as even very moderate elevation of temperature causes some decomposition of the oxide to take place.

With one or other of these preparations the application of this form of mercury can be continued on even very sensitive skins. When used for inunction, instead of the grey ointment, about a scruple or half a drachm of the 20 per cent. jelly should be rubbed gently into the flank till it is absorbed by the skin, which occurs in about eight or ten minutes, leaving the skin almost dry and not greasy. This may be repeated once or twice in twenty-four hours, of course changing the sight of the inunction each time. The anointed part may be washed next day without fear. This quantity usually causes swelling and slight soreness of the gums in a week, if anointed once a day, and in four days if applied twice daily. Before using the stronger solution it is well to test the skin with the weaker form, lest too energetic application of the oleate should cause painful irritation and trouble. But I have found the 10 per cent. solution most useful as an adjuvant to the ordinary treatment by iodide of potash internally, or for persons whose stomachs do not bear mercury well. For example, in cases of leproid, or tubercular eruptions, relapsing after disappearing more than once, this form of mixed treatment is usually very successful.

The great advantage of the oleate over any other form of mercury, when externally applied, lies in the rapidity of its absorption, which makes it very serviceable as a kind of cosmetic; that is, to paint over syphilitic papules or stains in the face or other exposed parts. For this purpose I direct the patient to rub into the spots themselves, night and morning, a little of the 20 per cent. solution with the tip of the finger—the usual treatment being continued, at the same time. It is remarkable to observe how rapidly the papules sink down and grow pale when the oleate is directly applied to

them. If the 20 per cent. is too stimulating, the weaker ones may be employed, though their effect is less satisfactory.

Again, the oleates are very useful in fissures of the fingers about the nails or in the palms. Rubbing the 10 per cent., or, if there is much soreness, the 5 per cent. solution with morphia, into the fingers, at night, and sleeping in wash-leather gloves, is a very effectual way of healing these troublesome affections. By day the cracks should be well closed by court-plaster and plastic collodion, and gloves worn out of doors.

I have not had much success with the oleate in non-syphilitic affections, but I have not tried it extensively. It has proved a very effective parasiticide for pediculi, as its penetrating power enables it to diffuse itself thoroughly over the scalp and pubis. I have also used it to inflamed joints, as a controllant of inflammatory action, but I have not perceived any clear benefit to be derived from its use in such cases. In syphilitic affections the oleate is most serviceable, being a certain and less disagreeable cutaneous application than ointments, and really hastening the subsidence of papules and other disfigurements of exposed parts of the skin.--*American Journal Med. Sciences.*

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Removal of Superior Maxilla.

Dr. J. J. CHISHOLM in the *Medical Record* says of the best method of removing the upper jaw :

Having for many years taught and practiced Dieffenbach's operation for the removal of the upper jaw as the best method, both as to the ready exposure of the entire bone, and leaving the least deformity as a permanent result, I have been much surprised to find so little mention of this excellent method. Chelius, in his system of surgery, refers to Dieffenbach's method in one line only. In the more recent works of Holmes, Erichsen, Furgerson, Gross, Gant, and others, the operation appears to have been completely lost sight of. Dieffenbach's operation consists in making the incision in the median line of the face, commencing at the root of the nose; a short incision joining the first at right angles; extends from the root of the nose to the inner angle of the eye. The lower lid being drawn downwards, the knife is carried along the entire length of the conjunctival cul-de-sac, separating this lid from its orbital connection, and utilizing the entire length of the lower lid in the horizontal flap. When the flap, as defined by the vertical and horizontal incision, is dissected up, it will lay bare the entire front, and if necessary, side of the face, without having divided any large vessel, or any important nerve branch. With such an exposure, the superior maxillary bone can be isolated with great ease, as every surface of contact with neighboring bones can be clearly brought into view. With no additional incision, I found no difficulty in remov-

ing from the living subject the superior maxilla, malar, and palate bone, which enabled me to extirpate a large fibroid, with extensive adhesions to the roof of the pharynx. After the removal of the maxilla, when the flap is brought back to its normal situation, and carefully adjusted by several points of suture, union speedily ensues. This operation leaves so little deformity that, in the majority of cases, the line of incision will escape detection, unless the scar be sought. The inferior lid retains all of its movements. The sides of the face present their normal appearances, unscarred, with nerves and vessels intact. The eye muscles can be so nicely manipulated through this bold flap, that all the movements are retained. As the suspensory ligaments of the eye ball remain adherent to the roof and sides of the orbit, there is no drooping of the eye ball. Immediately after the suture are placed, I have seen the patient move the eyes in parallel axis, showing perfect control.

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The History of Asiatic Cholera.

By H. A. BUCK, M. D., St. Louis.

“We have good authority for believing that epidemic cholera has its origin in the *Black Death*, or *Oriental plague* of the 14th century. And cholera, unquestionably, in all its various forms has destroyed more lives than all of the other epidemics taken together. We are informed by historians that it swept off one-fourth of the inhabitants of the Old World, in the short period of four years. England lost one-half of its population—London lost 100,000 in four months and other cities in proportion. It was preceded by great revolutions in the earth. From China to the shores of the Atlantic, the foundations of the earth were shaken, the atmosphere was in continual commotion: and endangered by its poisonous influences, both vegetable and animal life. These terrible convulsions are said to have began in 1333, fifteen years before the *plague* broke out in China. According to the traditions of the Chinese, the pestilence was followed by torrents of rain, and great floods, and more than 400,000 people perished in consequence of the floods. A few months afterwards an earthquake caused an extensive range of mountains to sink and disappear, and in its place a lake was formed, more than 100 leagues in circumference—where thousands found a watery grave. And as the water subsided, the flooded districts were drained, foul vapors arose everywhere, from decomposing vegetable and animal matter, made more horrible and poisonous by the odor of putrified corpses, the victims of floods, famines and earthquakes.

It is probably that the atmosphere thus contaminated gave origin to the *Black Death*, whenever the organs of respiration came in contact with it. At a later period it was stated that its origin in

several instances was traced to the pilgrims, who visited the banks of the Ganges, in the observance of their religious rites.

And still later, the havoc committed by the epidemic of Alexandria, suggested official inquiries, and the President of the Board of Health addressed a communication on the subject to the Minister of Foreign Affairs. In this paper it is stated as the opinion not only of the President himself, but of all the scientific and professional authorities in Egypt, that the poison was generated by the crowds of pilgrims periodically visiting the holy places of Arabia. The pilgrims congregate at certain periods of the year, from all parts of the Mohamedan World, to the number of seven or eight hundred thousand.

It is ever a point of religion with them that no Pilgrim should change his clothes during the whole time of his pilgrimage. Under these conditions they are huddled together in enormous crowds beneath the fiery sky of the desert. It is an indispensable incident of the ritual that each pilgrim should sacrifice at least one sheep; the skin and offal of these countless victims are left to decompose under an Arabian sun. The result of all this is that thousands of pilgrims perish on the spot, leaving their bodies to be shuffled hastily under a coating of sand which the first sirocco will disperse; and their clothes to be packed up and carried off as relics to be distributed among their relations and countrymen. The Egyptian minister thinks that here is the seed-plot and hot-bed of cholera.

It is estimated that 4,000,000 people perished in China in the year 1337. Europe was also visited with earthquakes and other atmospheric phenomena. These convulsions continued till 1347, when the plague or cholera, in its primitive form, broke out in the East.

The epidemic entered the Western countries of Asia from China, in the year 1347, and here the historian obtains the first certain knowledge of the character of the disease. From China the route of commerce ran—from thence to Constantinople, the medium of communication between Asia, Europe and Africa. Thus in all directions contagion made its way, and doubtless Constantinople and the harbors of Asia Minor were the great centers of infection, whence it spread all over the world. People were struck down by "*Black Death*" as if by lightning, and the young and strong were more frequently its victims than the aged and infirm. The descriptions of the disease given by historians are rather indifferent. They inform us that sometimes it commenced with bleeding at the nose, which was a sure sign of death. Both in men and women, tumors in the groin, and inside of the thigh appeared at the beginning. These varied in size, but were frequently as large as an egg. Similar tumors appeared afterwards all over the body, and black and blue spots came out on the arms and thighs. These spots were indications of the fatal termination of the disease. No power of medicine brought relief; almost all died in from one to three

days, and generally without fever and other symptoms—such was the form that the "*Black Death*" assumed in 1347, and three years following. In 1360 and 1373, it assumed a milder form, and then it was called the "*Oriental plague.*" The tumors no longer appeared, and bleeding at the nose was seldom known to occur. It has been supposed by excellent medical authority, that the form thus assumed by the "*Oriental plague,*" is identical with the cholera of the present age, and that the term of *Black Death* applied to it, was derived from the livid, and frequently spotted appearance of patients in cases of malignant cholera. The most reliable estimates given, state that China lost 13,000,000 by *Black Death or Oriental Plague.* India was almost depopulated, and Tartary and Syria, and all the adjoining countries were literally covered with dead bodies. Cyprus, it is said, lost all its inhabitants; and ships without crews were seen, long after, floating about in the Mediterranean. It was reported that in the East, excepting China, 23,000,000 fell victims to this pestilence. No climate was a barrier to its devastating and death dealing power; it penetrated the icy regions of Greenland, Iceland, Norway and Denmark.

It reached the British Isles in 1349, and Russia in 1351, and according to all accounts it was not as fatal in the cold climates as it was in the hot climates. Thus we have the form and character of what is supposed to have been epidemic cholera in its primitive state. Quite a period of time elapses before we have any description of this epidemic again, although it is supposed by some to have prevailed in a milder form in these countries where it first made its appearance. It visited London again in the year 1666, and the mortality averaged one-fourth part of the population. During the cholera of 1832, the worse plague that has visited London since 1666, the deaths were only one out of two hundred and fifty inhabitants. This decrease of mortality was owing to the sanitary improvements in regard to cleanliness.

During the latter part of the 17th century, and until the year 1774, the cholera appeared to have confined its ravages almost exclusively to the Hindoos.

Hindoo practitioners appear to have been familiar with its symptoms, or at least a disease closely resembling it, which they called *vishuchi*, a term in their language signifying vomiting and purging. In the first campaigns of the British troops in India, in the year 1774, cholera, presenting all the symptoms known to characterize the epidemic, made its appearance at Madras, and proved very fatal to both the European and native soldiers, carrying them off very quickly after they were attacked. It is asserted that over 60,000 people perished between the years 1774 and 1781. The disease prevailed at various times between the years 1783 and 1790, and always with the same symptoms and with the same fatal results.

In the year 1783, the cholera broke out at the sacred bathing place of the Ganges. This was the year of the great pilgrimage;

it is said 2,000,000 were assembled at this time. In eight days 20,000 fell victims. It did not extend beyond the place of bathing, and ceased on the dispersion of the multitude. In 1817, it broke out again on the banks of the Ganges, causing a greater destruction of life than at any other time. By the end of 1818 its ravages embraced nearly all of Hindostan, and in 1819 it appeared in Java, in the Isles of France and Bourbon, and over India and China. In 1821, in Bagdad, Arabia, and in 1822, in Persia and Syria. In 1823 it broke out in Antioch, Tripoli, and all along the Mediterranean coast. In 1823 and 1827, the disease continued its ravages in China and India—In 1828 the Russian Empire was again invaded. The cold of the preceding winter stayed its progress, but the summer of 1829 found it committing terrible havoc in the same localities. In 1830, it appeared in the Georgian cities, and in Poland. In 1831, Warsaw, St. Petersburg, and all the principal cities of Russia, Prussia, Austria and Italy; and the same year made its appearance in England, Scotland and Ireland. In 1832, in the month of March, it appeared in Dublin, and in May, in Paris.

Its first appearance in the New World, was in June, 1832, at Montreal and Quebec, and during its prevalence the mortality was great. Since its appearance on our shores it has been almost periodical, visiting a place in its epidemic form once in sixteen or seventeen years, and remaining from one to three years during the hot months of the year, if it found a soil congenial for its germs to propagate in. Epidemic cholera has appeared in St. Louis twice at an interval of about sixteen years. On its appearance in 1849, there were some 65,000 inhabitants in St. Louis. It is thought some 15,000 left the city; the statistics give the mortality at 6,000.

Let us compare the mortality of St. Louis with Boston and Baltimore, where strict sanitary laws were enforced in the same years. Boston appropriated a sum of money sufficient to cleanse and purify the streets and alleys and yards. The work was done thoroughly and effectively.

In St. Louis no attempt was made to remove the filth, or any way to improve the sanitary condition of the city, except what may have been done by a few individuals on their own premises.

Now compare the results; Boston, out of a population of 140,000, lost but 327 by cholera, from all causes, 5,000—while in St. Louis, with less than 65,000 inhabitants, 6,000 persons died of cholera alone.

In Baltimore \$40,000 was appropriated by the city council, for the work of purification in anticipation of the coming epidemic. The result was, that out of a population of 160,000, but 853 died of cholera. Showing, I think, conclusively, that cholera can be prevented from appearing in an epidemic form. * * *

How to prevent epidemic cholera? In reference to this subject the first thing to be considered is the fact that cholera is dependent primarily on atmospheric conditions, and proximately on local conditions, impure air, being the most conspicuous. The mysterious

principle, whatever it may be, generated in the great crucible of nature—whether in the jungles of India, the simoons of Arabia, or the craters of Vesuvius—may be carried on the wings of the wind over the surface of the earth, without producing more than a slight disturbance of the functions of animal life, manifested in a tendency to disease of the bowels, and general depression of the vital powers. Another poisonous principle is generated in the laboratories of terrestrial filth. Every city and town sends up its deleterious gases, its disease-laden malaria which combines with the poisonous principle with which the atmosphere is already impregnated, and thus a compound is generated, which may be the fatal cholera-poison.

Predisposition and susceptibility favor the operation of the prevailing cause, therefore sanitary measures should be promptly instituted for the thorough purification of this gas-generating foci all around us in full blast; from the offal in vacant lots; from the alleys reeking without pollution; from the gutters and back yards of tenement houses.

This is where the sanitary labors should begin. Competent sanitarians in every community, great or small, should inspect this work.

Timely and thorough *cleansing* and *disinfecting* is what “stamp out” Asiatic or sporadic cholera, better than any other means yet known to civilization.—*St. Louis Med. Journal.*—*The Clinic.*

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A certain sign for the recognition of Cholera in the early stages.

DR. A. HERMANN has a paper upon this subject in the June number of the *Allgem. Wien. Med. Zeitung*, which is translated in *The Clinic* of June 28:

“All authors are agreed that the first urine after the collapse differs markedly from normal urine in *containing albumen, cylinders, hyaline and granular*, in abundance, and writers are tolerably unanimous in the opinion, that the danger of the typhoid stage is due to the kidney disease which is thus developed.

“The discovery of the author consists in the *detection of albumen, cylinders and epithelium in the urine during the time of the precursory diarrhoea*. If the examination of the urine show negative results, *cholera will not ensue*. The author has had now forty-eight cases in which to establish his discovery as a fact. In not one of these cases has he been deceived in his prognosis. It is very true that in *stadium asphycticum* little or no urine at all can be obtained for testing purposes; yet if catheterization be regularly practised (and it should never be omitted in cholera) enough may be obtained at some time for chemical and microscopical examination. The author does not claim priority in the discovery of albumen in the urine of cholera collapse. Simon and

Hermann called attention to this fact in the third decade of the present century. The author's claim consists in the discovery of albumen in greater or less quantity during the stage of the '*diarrhœa premonitória*.'

"Should an individual in health be suddenly attacked with diarrhœa, even during a cholera epidemic, and should on examination no albumen be found in the urine, cholera will not develop, not even if the individual be in such a position that he cannot protect himself in any way. Such a diarrhœa may even be maltreated and still it will not lead to cholera, but will resolve itself in time, even though it may have reached such a grade as to have been called cholérine or even cholera.

"But if albumen be found in the urine of an individual suffering with diarrhœa—with cylinders and kidney epithelium under the microscope—still the diagnosis of cholera is not absolute of course, as other affections may bring about this condition; yet as this manifestation is constant and never failing in cholera, as the collapse and typhoid condition are only observed in this condition, such a diarrhœa is to be diagnosticated as cholera when the other affections productive of albuminuria are excluded.

"It matters not whether the symptoms be light or severe, when albumen presents in the urine it establishes the existence of true cholera, and the graver symptoms will manifest in a short time.

"The author concludes his paper as follows: New observations have only confirmed me in the opinion before expressed that *however severe apparently choleraic the symptoms may be, the disease is not to be considered as true cholera if albumen be absent in the urine; on the other hand, the most anxious attention is to be directed to a case even in the earliest diarrhœa when the urine is albuminous.*"
—*Phila. Med. Times.*

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Case of Extra-Uterine Pregnancy. . . Gastrotomy successfully performed.

By W. ROSS JORDAN.

The woman aged twenty-nine, was a patient in the Birmingham Hospital for Women. In April last she had inflammation of the bowels, which threatened her life. In July or August she first felt the child, and in September she expected and prepared for her confinement. From this time she for six weeks gradually became smaller in size, after which she fancied she was in labour, being in great pain for three or four days. After that she had frequent shivers and a cold sensation in the abdomen. On the 13th December a swelling in the abdomen not larger than in ordinary pregnancy at six months was discovered, fluctuating a little towards the left side, and on deeper examination a round mass like the

placenta between the umbilicus and pubis and a harder projection to the upper and left border to the tumour. The cervix uteri was pushed up to the right side. The sound penetrating three and a half inches pointed to the right groin and moved the round body felt in the abdominal examination. The recto-vaginal pouch was occupied by a hard rounded mass. On December 21st a puncture with the aspirator was decided upon, and a quantity of chocolate-coloured fluid mixed with white flakes was drawn. Mr. Ross Jordan, from his examination on this occasion, came to the conclusion that the case was one of extra-uterine fetation. Two hours after complete collapse came on, and hemorrhage into the cyst or abdomen was suspected. Five hours after the use of the aspirator an incision four inches long was made in the abdominal wall down to the peritoneum, when the cyst with the placenta under it presented. A clot of blood having been removed, the cyst, with a foot near the external opening, was drawn forward, but the wall of the cyst being thin, it ruptured, and through this opening the fetus was extracted. The placenta was left undisturbed, and the openings of the cyst and the abdominal wall were brought together by sutures of carbolized catgut, leaving an open wound about two and a half inches long, which was covered with a layer of tenax, &c. The patient progressed favorably, and on the 1st and 2nd of January large fragments of placenta were discharged, and on the 10th of April she came to the hospital looking well with the wound quite closed.—*Obstetrical Journal Gt. Britain and Ireland.*

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SANITARY VALUE OF LIGHT.—Professor W. A. Hammond, in *The Sanitarian* for May, argues strongly in favor of a freer admission of light to dwellings and school-rooms. After mentioning numerous illustrations of the effect of this agent upon normal and abnormal conditions of the body, he says :

“As has already been intimated, the management of the light in the sick-chamber is rarely the subject of intelligent and scientific action. In anæmia, chlorosis, phthisis, and in general all diseases characterized by a deficiency of vital power, light should not be debarred. In convalescence from almost all diseases it acts, unless too intense or too long continued, as a most healthful stimulant, both to the mental and physical systems. The evil effects of keeping such patients in obscurity are frequently very decidedly shown, and cannot be too carefully guarded against by physicians. The delirium and weakness which are by no means seldom met with in convalescents kept in darkness, disappear like magic when the rays of the sun are allowed to enter the chamber. I think I have noticed the wounds heal with greater rapidity when the solar rays are occasionally allowed to reach them, and when they are as far as possible exposed to diffused daylight, than when they are kept continually covered.

"In this country it is rarely the case that disease or injury is induced by excessive light. Occasionally, however, we meet with eye-affections due to excessive light, either coming directly from the sun, or reflected from water, snow, or sand, or resulting from the intense light of a flash of electricity passing near the individual. Bright artificial light may also cause derangement of the visual organs. A child of my acquaintance was rendered permanently amaurotic by looking intently at a bright object while her photograph was being taken.

"The practical application of these imperfect remarks is this, that care should be taken both in health and disease to insure a sufficient amount of light to the inmates of houses, and that it is impossible to rear well-formed, strong, and robust children unless attention is paid to this requirement. Sun-baths, or apartments in which the solar rays can fall upon the naked body, are doubtless highly advantageous to health, and rooms for this purpose could probably easily be constructed in or on most of our city houses. At present a chief object of city families seems to be to devise means for keeping the sunlight out of their houses. That this is contrary to nature needs no argument. The world is said to be underfed, it is certainly underlit as we manage it. Let us then, to use the dying words of Humboldt, have '*Mehr Licht.*'"—*Med. Times.*

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Editorial.

Volume Thirteen.

With the present number we commence our thirteenth volume, trusting to the profession for help to make it more intrusting and instructive than any of its predecessors. The Editor has not been able for the last few months on account of illness, to give the JOURNAL much personal attention, but with comparatively restored health, now hopes for renewed and more satisfactory labor. To select from Medical literature the true and valuable,—the practically good, and reject the improbable, untrue and worthless requires much knowledge and experience and is a task which if poorly performed makes a JOURNAL worthless.

It has been our aim to furnish a reliable and practically instructive JOURNAL and our success though far short of what we hoped, has yet been exceedingly gratifying and satisfactory, and we now look back upon the twelve years of editorial labor and take pride in seeing how much we have been endorsed and sustained by the profession.

Those active thinking men who have furnished us so many original papers, some of them of great merit, will please accept our warmest thanks and an urgent invitation to continue the highly prized favor. We have but little to

promise; the future is all unknown; successes and failures reveal themselves by time; it is well to hope, not wise to dread.

THE BUFFALO MEDICAL AND SURGICAL JOURNAL hopes to grow better, more instructive and more entertaining as it grow older, but what is old is not always true, and what is new is not always better than the old and tried; only by combining the wisdom of age with the progress of youth and vigor, will it fully deserve the favors it has thus far received. Hoping to merit approval we shall rely upon the profession for help to make the JOURNAL all that can be required of it.

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Distribution of the Medical and Surgical History of the War of the Rebellion.

Complaint is very general as to the manner of the distribution of this truly valuable work. It appears that the public libraries, the Medical Journals and the Members of Congress received nearly the entire edition, and that it is impossible to obtain the work by direct purchase. The volumes given Congressmen were, of course, designed for judicious distribution in the several representative districts, Society Medical Libraries, Medical College Libraries, Hospital Libraries, and similar institutions having claims prior to private citizens, or the political supporters or personal friends of the representatives. It would be absurd to suppose that these volumes were given to Representatives for any other than judicious distribution; and still it appears that they are offered *for sale*, as we see by a New York paper, showing that "somebody" is offering to sell the volumes designed for appropriate gratuitous distribution. If the United States pay representatives in scientific and professional books and throw upon them the burden of sale, then there may be in this no just ground of complaint. It is to be greatly deprecated that so valuable a work cannot be obtained by purchase, if not otherwise, so that all physicians who desire can obtain it. The compilers of these volumes have accomplished a great work and the results of their labor should be placed in a position where the profession may profit by it.

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Items in Brief.

—Puerperal Fever has been so prevalent in New York City of late as to compel certain of the practitioners there, the *Record* says, to send their patients out of town to be confined.—The South Brooklyn Dispensary was changed by recent act of Legislature to the Southern Dispensary and Hospital. Dr. G. W. Friou, surgeon to the institution favors us with an article this month on Electricity.—Dr. J. J. Caldwell of Baltimore, has kindly sent us a copy of the Constitution and By-Laws of the Maryland Epidemiological Society. This

Association embraces some of the most active practitioners of Baltimore and vicinity, and its meetings are largely attended.—On Hospital Sunday in London, from £20,000 to £30,000 was contributed in the various churches in the city for the support of the city Hospitals. Could not some such plan be introduced in Buffalo?—Dr. S. W. Butler is rapidly sending out circulars calling for information for the forthcoming Medical Register and Directory of the United States. It is desirable that the names of all physicians be included in this Directory, and medical men will confer a favor upon the publisher by forwarding their addresses at once to Dr. Butler, 115 S. Seventh St., Philadelphia.—According to the *Philadelphia Medical Times*, Dr. Martin, Prof. of Theory and Practice of Medicine in Hahnemann Medical College in that city recommends “where no indication for special medication is found” that nux vomica be given to colored people “with reasonable assurance of success.” We are left in the dark regarding the size of the dose or the kind of success implied.—Dr. Milton Jay, Prof. of Surgery, in the Bennett Eclectic Medical College, Chicago, reports a case of Fracture of the Femur (*Chicago Med. Times*) in which, after being treated twenty-nine days by extension, he found by actual measurement two inches elongation. It seems to us as though there was some stretching some where, either in the leg or the story.—In a minute examination of the morbid anatomy of the sympathetic in syphilitic patients Dr. Petrow found, in twelve cases which he examined (*Virchow's Archiv.*) thickening (hyperplastic process) of the connective tissue frame-work; and changes in the ganglion-cells. These consisted in abnormal pigmentation, in colloid change, and in proliferation and enlargement of the epithelial layer surrounding the cells.—Dr. Wheeler (*Boston Med. Journal*, May '73,) reports a case of fatal vaccination, of a man with a crust taken from the arm of the patient's child. He arrives at the conclusion that vaccination from the crust was more dangerous than from lymph.

PERSONAL.—Dr. Burrows has been re-elected President of the Royal College of Physicians of London, an office which he has filled for the last four years.—*Record.*—Dr. Mary L. Wadsworth, a graduate of Mount Holyoke Seminary and a former practitioner in Springfield, Mass., is now family physician to the Sultan of Turkey.—*Record.*—Prof. Chas. L. Ives of the Medical Department of Yale College, has been elected to fill the chair of diseases of the mind and nervous system in the Medical Department of the University of New York City. Dr. David P. Smith of Springfield, Mass., has been nominated for the professorship of Theory and Practice of Medicine, lately occupied by Prof. Ives.—Dr. Tyler Smith, the well known Obstetrician died from the effects of Cerebral Hemorrhage on the 3d. ult. Dr. Smith has been in ill health for some time and symptoms of Brights Disease and arterial degeneration had been detected. As a writer on Obstetrics, Dr. Smith had a wide reputation.

Books Reviewed.

Dental Caries and its Causes. An Investigation into the Influence of Fungi in the Destruction of the Teeth. By Drs. Leber and Rottenstein. Translated by Thomas H. Chandler, D. M. D. With Illustrations. Philadelphia: Lindsay & Blackiston, 1873. Buffalo: T. Butler & Son.

The authors do not pretend to present a monograph on the subject of Dental Caries, but to simply give the result of their own observations. The book consists of four sections. Part first gives a resume of the investigations made up to the present time into the Nature of Dental Caries. This gives in a brief space an account of the more important investigations which have been made, and the conclusions arrived at by different writers. Part second considers the anatomical alterations in teeth during Caries. Part three is devoted to a consideration of the progress and symptoms of Caries of the teeth, and part four to its causes. The influence of acids in producing Caries is duly considered—and the conclusions arrived at lead to some valuable therapeutical facts. The authors attach much importance to the agency of *Leptothrix Buccalis*, a fungus which is almost constantly found in the Buccal Cavity, unless care is taken to rinse the mouth frequently. In an examination of forty persons by Mr. Bowditch those only were found to be free who cleansed their teeth several times a day, and at least once with soap. The book is well written, and the views of the authors clearly stated. It will be read with interest by all, and is especially valuable to Dentists.

A Handbook of Medical Electricity. By Herbert Tibbits, M. D., L. R. C. P., London. With sixty-four illustrations. Philadelphia: Lindsay & Blackiston, 1873.

This little book is published not with the expectation of presenting any new ideas on the subject of electricity, or of controverting old theories. It was written in order to place in the hands of the general practitioner a guide to the application of electricity which would make its use both satisfactory to the physician and beneficial to the patient. The author, as medical superintendent of a hospital for paralyzed and epileptics, has had abundant opportunity of observing the value of electricity as a therapeutical agent. His observations are carefully made and his conclusions stated in simple language. The nomenclature adopted by the author is briefly explained in the opening pages which will materially assist the reader in the study of the work; next follows a consideration of the instruments which the author has found to be of most service, and whose price does not place them beyond reach of all.

The author gives in conclusion some simple rules for the application of electricity, which are admirably plain and uncomplicated, and will materially assist the practitioner in the use of electricity. Our own experience in the use of this agent has been limited and unsatisfactory, and from what we have seen of its use in the hands of others, we have been unable to draw any very encouraging conclusions, this may, however, be the result of a lack of knowledge concerning its proper application, and we are far from condemning its use or of doubting its utility in the large number of cases placed on record by those skilled in its practical application. Should other cases present themselves wherein the use of electricity would seem to offer any inducements, with the directions of the author before us its application could be made in a systematic manner.

The book is presented in a pleasing and convenient form, and is printed in large, clear type; the illustrations are probably intended to enable the reader better to appreciate the teachings of the author, but were the text no clearer an exponent of the author's views than are the illustrations, we fear the reader would be left in the dark indeed. For those in search of a practical handbook in electricity we have no hesitation in recommending the one under consideration.

A Report on the Origin and Therapeutic Properties of Cundurango.

By W. S. W. Ruschenberger, M. D., Medical Director U. S. N.,
President of the Academy of Natural Sciences Philadelphia, etc.
Washington: Government Printing Office, 1873. Published by
Order of the Navy Dep't.

This report is one which was presented in April 1872, to the Surgeon-General of the Navy on the Origin and Therapeutic Properties of Cundurango. The report on the origin of the drug is based upon that of Dr. Ayers, Assistant-Surgeon U. S. N., who was directed by the Surgeon-General to collect botanical specimens and such information as he could obtain relating to Cundurango.

Dr. Ayers was at the time stationed on the coast of Peru and at once proceeded to the locality where Cundurango was to be found. After traveling over a large portion of country, being absent from his ship some thirty-nine days, Dr. Ayers was able to forward to the Bureau of Medicine and Surgery Cundurango, leaves, flowers and fruit, comprising ten varieties.

The origin of the reputed cure of Cancer by Cundurango seems to be shrouded in several conflicting reports. The reports of cases of cure by South-American Physicians shows that they differ somewhat from the generally accepted views of cancer. Dr. Eguiguren, who seems to have first tested its value in the year 1869, remarks, that the cases which he treated, "were already in the form of fungus harnatodes and none in the state of rawness."

The story is told of the Indian woman who wishing to give her husband eternal relief from an "internal cancer" whose existence we are left to infer she recognized herself, administered a decoction of the wood of cundurango, in stead of the fruit, which was said to be an active poison. Imagine her surprise to find that her husband at once began to rally. Another version of the story places the affection external rather than internal and characterizes it as being "sores which emitted an intolerable odor and were covered with maggots." In both cases there was marked improvement. The Archbishop Rio-frio informed Dr. Ayers that the man had leprosy. There is also a tradition among the people of his native place that it was syphilis of a severe character of which he was cured. Be this as it may, he had been dead over forty years when Dr. Ayers was there, so the discovery of the virtues of cundurango was not so *recent* after all.

The report cites cases, reported by several South American Physicians, of cancer, syphilis, asthma, etc., in which cundurango was used with reputed benefit.

The most interesting part of the report is that concerning the plant itself. According to Dr. Destrugé, Cundurango belongs to the order Asclepiadaceæ, third tribe, which corresponds to Asclepiadaceæ Vera, first division, Astephanaë, whose characters are that the limb of the corolla is without scales, and the stamens without appendage or corona.

This division comprehends only five genera in none of which can cundurango be classed, it therefore forms a new genus. As Dr. Destrugé has not given a name to this genus it is suggested by the author that it be called *Pseusmagnetus equatoriensis* (from *ψευσμα*, a lie, a fraud, and *γεννητης*, a parent, a producer,) which seems to us a very appropriate name.

The specimens forwarded by Dr. Ayers were labeled:—Cundurango blanco, two varieties of cundurango de paloma, Cundurango de tumbo grande, de platano, de tumbo chico, cascarilla, saragosa, amarillo, and a variety growing near Guayaquil, ten varieties in all which are described to some extent in the text. Cundurango blanco or white cundurango is the variety which is used as a cancer cure.

An analysis of the plant by Dr. Antisell published in the *Medical Record* shows that the therapeutic position of the plant is among the aromatic bitters.

It seems rather strange that after being known in South America for over forty years it should be suddenly introduced into the U. S. as a new remedy for cancer, upon the testimony of a few ignorant Indians.

We have been censured by the press for speaking too strongly against this remedy it being insisted upon that it was capable of curing cancer. We recommend that those who were inclined to blame us read this report, in which they will find that upon careful examination of the cases in S. America, Dr. Ayers was of the opinion that the diagnosis was not very *carefully* made in the cases I reported *cancer*, they will also learn that upon trial both in this

country and England by careful and observing physicians the opinion was arrived at that as a cure for cancer cundurango was perfectly inert.

The report is embellished by twenty-one full page photographs of cundurango leaves, wood, flowers and fruit, and by one of the leaves of a plant called Chinininga obtained by Dr. Ayers in S. America which is administered there as a remedy for syphilitic skin diseases. As a scientific work its only value lies in the description of a new plant and in the fact that it will remain as a monument of the credulity evinced by the American people in accepting cundurango on so small and unreliable a recommendation as a remedy for Cancer.

The Passions in their relation to Health and Disease. Translated from the French of Dr. X. Bourgeois. By Howard F. Damon, A. M., M. D. Boston: Jas. Campbell, 1873.

The author of this work, if we take the title as a guide, proposes to speak of the relation of the Passions to Health and Disease. He divides his production into two parts: Love and Libertinism, and then treats his reader with a review of some of the most disgusting phases of Parisian life. We see nothing in the work to recommend it to the reader and much to condemn it. In fact did it not receive the sanction of an American Physician in good standing, whose name we are sorry to see connected with it, we should look upon it as the advertisement of a quack worthy only of being classed with the productions of those who make their capital upon the judicious use of the phrases "Early indiscretion," etc., etc.

This is designed for popular reading and with all its faults, it states many facts connected with the reproductive functions of poor humanity which the public will be interested in. Indeed, it is a book which will be read, it has been written to be read and nothing can suppress the reading of this and all similar books. That any one will be much the wiser or any better for its instructions is more doubtful.

Family Thermometry; A Manual of Thermometry for Mothers, Nurses, Hospitalers, etc., and all who have charge of the Sick and the Young. By Edward Seguin, M. D. New York: G. P. Putman & Sons, 1873.

This is an excellent little manual of Thermometry for the use of Mothers and Nurses. We fear however that the mother in cases of sickness can not as a general thing, be prevailed upon to make careful thermometric observations, but will be the rather inclined to rely upon the physician. As a handbook for Nurses and beginners in the study of Human Thermometry it will be of great value, and where heads of families can be prevailed upon to follow its teachings it will doubtless be the medium of much valuable information.

A Treatise on the Principles and Practice of Medicine; Designed for the use of Students and Practitioners of Medicine. By Austin Flint, M. D., Prof. of Principles and Practice of Medicine and of Clinical Medicine in Bellevue Hospital Medical College. Fourth Edition, Carefully Revised. Philadelphia: H. C. Lea, 1873. Buffalo: T. Butler & Son.

The excellent work of Dr. Flint is so widely known and prized, that anything more than a brief notice of the appearance of a fourth edition will be unnecessary. Embracing all departments of the Practice of Medicine Dr. Flint has in a style at once clear and condensed placed in the hands of practitioner and student a work which in many particulars is without a peer.

The five years which have elapsed since the publication of the third edition have witnessed many advances in the science of practical Medicine. To keep pace with this advance Dr. Flint has thoroughly revised the former edition making numerous corrections and additions. These additions are scattered through the whole work, the most noticeable change however being in the department of Nervous Diseases. Dr. Flint's work will continue to merit the confidence of the profession, and the improvements made in the fourth edition will cause it more than ever to be regarded as the best American text book on Practical Medicine.

PERIODICALS AND PAMPHLETS.—The American Agriculturist published by Orange, Judd & Co., of New York, is a well known, very able and enterprising publication. It is furnished to the public at a minimum rate and is crowded with valuable articles. Among its excellent features we notice the monthly *expose* it presents of the medical humbugs that are having their run. Messrs. Judd & Co. also publish the *Hearth and Home*, an illustrated family paper issued weekly.

As a premium to subscribers they present with the "Agriculturist" a Chromo entitled "Mischief Brewing," and with "Hearth and Home" one called "The Strawberry Girl." We have to acknowledge the receipt of these Chromos, and can honestly pronounce them to be excellent. They offer these two papers with both Chromos at the low price of \$1.75 for the year.

The first number of the New Orleans Medical and Surgical Journal is announced to appear July 1st. The Journal will be issued on every alternate month, and will contain one hundred and fifty pages. The Journal is to be under the editorial management of Dr. S. M. Bemis. We extend to the New Journal our best wishes for its success.—The *Globe* is the name of a new monthly magazine published in this city by Mr. E. L. Cornwell. Each number consists of sixteen pages well filled with instructive reading matter. It numbers among its contributors some of the best writers of the city and vicinity, and well deserves the support of our citizens.

Books and Pamphlets Received.

Skin Diseases: Their Description, Pathology, Diagnosis and Treatment. By Tilbury Fox, M. D., Lond., etc. Second American, from Third London Edition, Re-written and Enlarged. New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

Pharmaceutical Lexicon: A Dictionary of Pharmaceutical Science, containing a concise explanation of the various subjects and terms of Pharmacy, with appropriate Selections from the Collateral Sciences. By H. V. Sweringen, Member American Pharmaceutical Association, etc. Philadelphia: Lindsay & Blakiston, 1873. Buffalo: T. Butler & Son. By Subscription-only. Price Sheep \$7.00, Cloth \$6.00.

Contributions to Practical Surgery. By Geo. W. Norris, M. D. Philadelphia: Lindsay & Blakiston, 1873. Buffalo: T. Butler & Son. Cloth, Price \$4.00.

Chemistry: General, Medical, and Pharmaceutical. Including the Chemistry of the U. S. Pharmacopœia. A Manual of the General Principles of the Science and their Applications to Medicine and Pharmacy. By John Attfield, Ph. D., F. C. S., Fifth Edition. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

On the Treatment of Diseases of the Skin: With an Analysis of eleven thousand consecutive cases. By Dr. McCall Anderson. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

An Introduction to the Study of Clinical Medicine: Being a Guide to the Investigation of Disease, for the use of Students. By Octavius Sturges, M. D., Cantab., etc. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

The Mechanism of the Ossicles of the Ear and Membrana Tympani. By H. Helmholtz. Translated from the German by Albert H. Buck and Normand Smith, of New York. New York: Wm. Wood & Co., 1873.

On Ovariectomy. By J. Marion Sims, M. D. Reprinted from N. Y. Medical Journal, Dec. 1872 and April 1873. New York: D. Appleton & Co., 1873.

The Etiology and Indications for Treatment of Irregular Uterine Action During Labor. By Wm. T. Lusk, M. D. Reprinted from New York Medical Journal, June 1873. New York: D. Appleton & Co., 1873.

Thirtieth Annual Report of the Managers of the State Lunatic Asylum, Utica, N. Y., for the year 1872.

An Eye Case in Court. By C. A. Robertson, A. M., M. D. Albany, 1873.

A Report of the Rochester City Hospital for 1872.

Ophthalmic and Aural Surgery Reports. By Julian J. Chisholm, M. D. Baltimore, 1873.

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Original Communications.

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ART. I—*A Paper read before the Montgomery Co. Medical Society.*
Illinois, June 1873. By T. D. WASHBURN, M. D.

The President of the last National Medical Association in St. Louis, in his address uses the following language :

“ Let us throw away all puerile notions about the dignity of our calling and approach the people through the only channels by which they can be reached—the newspaper and the Lecture-room. This is our work for the future—to educate the people.”

Again he says after giving them to understand, he does not wish to do more than “ spread abroad such sound ideas of enlightened hygiene as will enable the people to co-operate with us in correcting all these formidable obliquities—physical, mental and moral, which are insidiously polluting the stream of humanity.”

“ Such publications as your president now proposes cannot be misconstrued—they cannot be tortured into a violation of the code,” and then adds if they can let us alter or amend the code, etc. These are *wise* and most *timely* words: coming from the most representative body and a representative man, well should they be heeded.

Has not the time arrived, when we should make an advance in this direction? Can we afford to let our enemies occupy this vantage ground, and bring their batteries and small arms to bear on us, and we remain silent?

How is the public mind in regard to the great preacher of the

nineteenth century, upon whom the vilest slanders and most shameful insinuations have been heaped from reputable and disreputable sources? His warmest friends admit the time has come to *speak out* and deny, or investigate the charges.

How did Infidelity in France and this country *first* wield the press for the rapid dissemination of false religion and unbridled license, by scattering leaves, tracts and newspaper articles broad cast, and how soon did the religious world seize the same agency to disseminate truth and purity wherever the art of printing was known.

We have hardly been honest to ourselves in this matter. We boast of having no secrets to conceal; our best attainments and most wonderful results, our choicest remedies, and most approved formulæ we never attempt to hide from the public; whoever enters the profession has access to all the grand results of generations gone before. We have no *blue* book or *cabalistic* signs, known only to the initiated. Our whole Science is open to any intelligent mind, and we have always been ready to give a reason for the medical faith within us to both *sick* and *well*; but as a profession we have been inclined to put a ban on all who proposed to instruct the Public. We have severely censured the display of successful practice either in medicine or surgery, we have even questioned the propriety of *Specialities*. We have been jealous of those, to whom ourselves and the public conceded special accomplishments.

We have kept in the ruts of preconceived prejudice, and educated bigotry far beyond any other *learned* profession. The Pulpit does not hesitate, while it *publicly* appeals to the masses on the most accessible rostrum in the land, to spread far and near old and new truths through the Press.

The Lawyer is ever advertising his wares at the most prominent and public locality in the County. He is always before the people in the Court-room, on the political rostrum and in the press; every judicial opinion is published in the press as well as in their official organs; and *why* should the *medical* profession be enforced to put their "light under a bushel," and muzzle their lips and their pens, while *ignorance, empiricism* and *pretension* boldly arrogate to themselves, knowledge, science and philanthropy by their garbled ex-

hibitions in public, in their itinerant mountebanks; by their brazen assurance of *success* and *progress* on the public corners, in the press, by cards, hand-bills, Insurance Companies, divinity affidavits, and every other conceivable and inconceivable way?

Why these things should be, and *our* practice and ethics require of us a false modesty and an inappropriate silence, I do not understand. In fact under the head of "duties of the profession to the public;" (Code of Ethics) we are instructed to "be ever ready to give counsel to the public, in relation to matters especially appertaining to our profession, as on subjects of medical police, public hygiene, and legal medicine." What farther charter do we want? It is our *practice* more than our ethics perhaps at fault. If Science is truth, publish it. If our profession is meritorious and right, it need not fear to enter the lists and challenge the utmost scrutiny. If it is as beneficent, noble and fine as the fathers and founders contended and meant it should be, why not enlist the Press, and every other popular agency we possess to plant it in the hearts of the people, and show them the true way? Why not rise in our might and put out these false lights, which have been held up to the people and which they have ignorantly followed?

They look to us as their natural guardians and protectors, and justly so, while we fail to recognize our responsibility and allow them to perish. *We* are more to blame than they. It is our business to give them light, to warn, instruct and encourage. But under *false* views, and wrong precedents, we fail to give the note of warning, and they are left, the legitimate prey of every noisy pretender and unprincipled and ignorant charlatan.

Let me read you a specimen, cut from a Kansas Paper of last month signed "Exchange," evidently doing good duty for the H. S.

A FAMILY DOCTOR.

The oldest medical practice is that of the family. Long before doctors or even priests were intrusted with the care of the sick, the parent performed that office, and to this day, the first and often most important medicine is given by the head of the family. The father or mother first notices the invasion of disease, the headache, chill, pain or hoarse cough, or other symptoms which indicate the presence of the enemy, and they too give the first medicine. Now to do this wisely and successfully, is to arrest the disease and save

the patient. If unskillfully or at random, you not only do not benefit but injure. Humpherey's Homeopathic Specifics are intended to meet this want: In each family case is a book of directions, which fully instructs the parent as to what the disease is, provide the remedy for it, and show how to give it. With such a simple case, costing but a few dollars, a family is provided for emergencies, and will save largely in sickness, suffering and expense.

—*Exchange.*

The address of HUMPHEREY'S HOMEOPATHIC MEDICINE CO. is 502 Broadway, N. Y.

Thus does the "*ignis fatuus*" of infinitesimals cajole the public, and with a few grains of general truth, attempt to conceal the fatal hook of *nihilism*.

Because *toleration* is right is it in the ascendant? Because *equality* in civil rights is recognized by the Constitution have the *people* so accepted it? No reform or advance can be made without a healthy public sentiment, and this public sentiment must be organized to be efficient. You cannot sell *coal* for *diamond*, though the elements may be there.

We number *ten* to *one* of our enemies, but they have captured the Press and by their persistent noise and bluster confuse the public and paralyze the truth.

We have County, District and State organizations, but we are hedged in by such an oppressive sense of our dignity, such solicitude for our position and Ethics, such exclusiveness for our professional rights and decorum, that we have not given *legitimate* publicity to much of our labor and practice, thereby depriving ourselves of public sympathy and confidence. We have failed to influence the legislation of the Country. We have not even secured the privilege of dissecting the worst criminal or any other cadaver legitimately, and yet every year bears witness to some suit of Mal-Practice for want of this very knowledge, which legislation requires and denys.

We see unsuspecting and innocent invalids all over our Country made bankrupt, plundered, robbed and left to perish by the most rascally Medical Shysters,—unprincipled humbugs and designing quacks, and no voice lifted, or efforts made, to protect life or property. Farmers can rise like a *Nemesis* in their power and grandure and change the whole course of legislation, seize the judiciary, and

give law and enforce it too, in a single season, just by a little co-operation, or quiet organization; while we "*dummies*" sit silent, see humanity crippled, crushed and butchered, sent to their long home by false medicine and *doctrine*;—know how to arrest it, but confirmed fatalists, mumbling "what is to be, will be,"—never utter a protest, or give any alarm of danger. It is time this state of things was brought to an end. But how? Shall we violate our Ethics? Shall we secede? Shall we put ourselves outside of the pale of sympathy with the profession? Shall we go over to the enemy, and become irregular? No! none, nor either.

The National Association has endorsed by its silence the recommendation of its presiding officer, and *now* is the propitious time to agitate, yes; *agitate* is the word, agitate in our own boundaries the inalienable rights of man and the profession. Flash the bright light of truth on the public mind, through the daily press; iterate and reiterate the gross, glaring wickedness practiced on the simple, ignorant and unsuspecting by these *itinerant* sharks, *half educated* home doctors and the crowd of medical shysters and pretenders.

We have the *ability*, if we had the *will*; and every community has enough facts and figures if properly arranged and presented to make their ears tingle and face crimson. We can better shape public *medical* sentiment, than lawyers can the *political*, or clergymen the *theological*, for we number more and have better access to the masses, and it is from sheer neglect we have allowed such a false state of things to exist; we have *slept*, while the enemy has sowed tares.

But you say a mountain of ignorance and prejudice is to be overcome; very well, let it stimulate you the more; it is largely the result of your *own* neglect. Throw off this lethargy; arouse to duty! surround yourself with the best lights on Physiology and Hygiene and place facts and figures before the public;—tell them, how *proper* living will ensure good health,—what will protect from contagion—what to do and how to guard against endemic and epidemic disease. Paint in full colors the abuse of liquor, wine, beer, tea, coffee and tobacco. Teach them the effect of *sudden* changes, the necessity of appropriate clothing—diet—air, exercise and bath—

ing. All these, the masses know but little about. Selections from our Journals could be given, imparting useful information. Take for instance the last *Medical Examiner* of June 15th, an extract from the *Medical and Surgical Reporter* "Is Hard Water wholesome?" demonstrating briefly, that it is much more wholesome than *soft* water. The influence of *locality, season* and a thousand other items, coming before us, could be compressed into a seasonable and entertaining article at least every month,—a taste and relish would thus be created, agreeable to publisher and reader, and the people gradually educated to *right* views, and placed on their guard against the false and dangerous. Will you do it? or will you sleep on, regardless of the life and happiness of many whom you love?

If these views are false, prove them so, and show us a better way, if true, awake to duty, cry aloud—and spare not, endorse them by action. If you know a community or an individual to be in danger, you commit a criminal act if you neglect to warn them; you are the custodians of their health, and greatly responsible for their moral, mental and physical obliquities. Will you give the alarm? or let them go, where hope and health can never reach them?

(NOTE.)—Since this paper was read, we find the following by the President of the Ohio State Medical Society, published in the "Clinic" of June 21st.

It seems strange to me, that some of our enterprising Journalists, instead of having some half dozen or more reporters employed to record the trivialities of every day life, do not employ at least one eminent medical writer, whose duty it shall be to set forth clearly and simply the best means of husbanding the vigor of youth for the weakness of old age, for criticising closely practitioners in medicine; thoroughly ventilating traveling imposters; to begin a warfare against patent nostrums.

* * * * * As Physicians and philanthropists we should not be content to simply denounce such a curse to the afflicted, but more, to look upon the most direct means to reach the sufferers, who are day by day poisoning themselves.

To this end a column of a single popular daily paper would do more good than all the medical journals combined."

ART. II.—*A report of Five Cases of Colles Fracture, treated after the plan of Prof. E. M. MOORE, M. D.* By Dr. B. L. HOVEY, of Rochester, N. Y.

Mrs. V., aged 24 years, was thrown from a Carriage, June 19th, 1872, and striking on the palm of the right hand, fractured the radius one inch from the carpal end. Dr. Hutchinson, of Utica, saw this patient with me at the time, and diagnosed the injury as stated.

The fracture was reduced, and held in position by compress, secured by adhesive straps. The patient used the hand in knitting on the 16th day after the injury, and the dressings were removed on the 18th day. A perfect cure resulted.

Frank Gauber, aged 58 years, fell from a tree, July 26, 1872, producing a fracture of the inferior Maxillary bone and a fracture of the right radius $\frac{3}{4}$ of an inch above the wrist joint, with dislocation of the carpal end of the ulna. This patient also had a concussion of the dorsal vertebra, with other severe injuries.

The injury to the fore-arm was reduced by manipulations, after the plan of Dr. Moore, and secured by compress and adhesive plaster bandage, in the usual plan of his new method of treating such injuries. On the thirty-fifth day the dressings were removed, and the cure perfect.

In this case the dressings were left on longer than required, except as a caution, on account of the restless state of the patient.

Mrs. A. P. F., of Troy, N. Y., aged about 50 years, fell from a chair while standing on it, Sept. 3d, 1872, at the Clinton Hotel in this City, striking on the palm of the left hand, fracturing the radius one inch from the carpal end of the bone and dislocating the ulna at the lower end.

This case was treated as the preceding one, and the patient was sent to her home in Troy on the third day after the injury. The subsequent treatment of the case was rendered by my friend Dr. H. B. Whiton, of that city.

The result of the cure was perfect, as is shown by a letter I received from the Doctor, under date of Sept. 27. He says "your case of colles fracture has resulted in a perfect cure and this day I removed the dressings." You will observe that the cure was com-

pleted on the twenty-fourth day after the injury. The doctor further says in the letter referred to, "I was on the business committee of the State Society when Dr. Moore read his paper, and am glad to have seen this and other cases confirming his simple and beautiful treatment; I think many who have not seen such perfect cures result from other modes of treatment, would be tempted to deny that there had been a fracture."

A lad aged 13 year, while at play with his fellows, fell from an eminence striking on his hands. He was immediately brought into my office, and the injury readily discovered. The right radius was fractured nearly one inch above the wrist. The evidence was slight crepitus, deformity and pain.

The treatment was reduction, secured by compress and adhesive plaster. This lad suffered but little from the injury, and on the fourteenth day the dressing was removed and the cure perfect.

Sept. 26th, 1872, Mrs. W., aged over 60 years, received a blow striking the left forearm on the posterior side two inches above the wrist fracturing the radius at that point. Severe inflammation of the joint and hand followed the injury. Then very extensive swelling, redness and pain, which continued two weeks in an acute pain. The fracture after the reduction was treated after Dr. Moore's plan, and the union is perfect without deformity, though up to this time the patient has been unable to use the hand. The result of this case is due more to the inflammation than to the fracture. The inflammation of the hand was of a sub-acute form and presented a different appearance from that usually seen in those cases of colles fracture which terminate in deformity or an imperfect cure. The hand is puffy and tender, though there is perfect mobility of all the joints by manual force.

I am fully convinced by my own experience of the value of the simple and effective treatment presented by Prof. Moore.

ART. III.—*Rubber Bands as Aids in Stethoscopic Auscultation.*

Notes by J. W. SOUTHWORTH, M. D., Toledo, Ohio.

It was my good fortune a year or so ago, to discover while using Rubber Bands around the margin of the chest piece of my Stethoscope in order to make it conform better to the inequalities of the surface; that it not only answered the purpose intended, but also fulfilled to my great delight the other most desirable objects, viz: the entire abolition of the roaring tubular quality of the sounds as heard previously, and also rendered them less loud, in fact, *making them correspond almo. t exactly* with those heard by the unaided ear.

But this is not all. By its means I found myself able to auscultate to my entire satisfaction through several thicknesses of clothing, and even through a starched shirt bosom. This latter I have repeatedly tried and always with better success than by the ear alone. Of course the less clothing intervening the better, the skin however need never be made bare.

Fretful children and infants can thus be auscultated without the annoyance and delay, and exposure to cold, incident to removing the chest clothing. The only precautions to be taken are to steady the instrument and press it well against the chest, after smoothing out the folds of the clothing and not letting the latter come in contact with any part but the rubber. It also makes the physical exploration of the "fair sex," whether for thoracic or abdominal affections, a far less indelicate procedure; an advantage which both patient and physician will appreciate.

I hope some of our instrument makers will see this and make the *smaller* chest piece of Camman's instrument with a rim to put a rubber band on.

An ordinary elastic band $\frac{1}{2}$ inch wide by 2 inches in length, found in the stores, will just fit the *larger* chest piece of Camann's stethoscope. It is made to stick on by the aid of a little gum arabic, tragacanth or flour paste, so as to lap over the inner margin of the rim, almost as much as the outer one. The elasticity of the rubber makes it fit snugly, and modifies the vibrations as they are conveyed the rigid tubing from the chest. It is in reality just about the same density as the cartilages of the human ear, thus simulating the normal ear sounds, and doing away with that exag-

gerated intensity and tubular quality, which, obtains in all the (rigid) tubular stethoscopes, and which misleads most of those who are not experts.

If any are disposed to be sceptical about this let them try it for themselves.

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ART IV.—*A Case of Renal Tumor.* By DR. DENMAN, Monroe County N. Y.

F. C., the subject of this paper, was the child of healthy Irish parents, and was considered a healthy child until six months old, when his mother discovered a “lump” in his right side, below the short ribs.

She describes it as being about $2\frac{1}{2}$ or 3 inches in diameter and nearly round at that time, and quite firm. A few weeks after this, and before the parents had consulted a physician, the child had an attack of hæmaturia, quite excessive at first, but subsiding in a couple of days. Occasionally after this he would pass clots of blood, but never had another attack of hæmaturia. He continued to grow finely until eight or nine months old, the tumor gradually increasing in size in the meantime. After this time, if he grew at all, it was more slowly; the limbs lost their plumpness, and the skin lost its ruddy, healthful appearance, and notwithstanding the administration of remedies prescribed by various practitioners, the tumor continued to increase in size.

The functions of the kidneys, as well as the other abdominal viscera, appeared to be properly performed. The urine, however, was highly colored, and gave forth a strong odor continually, and there was but a small quantity retained at a time by the bladder, much of the time during the day it was dribbling away as it was secreted.

I first saw the child when he was about twenty-two months old. His muscular system at this time was greatly emaciated, and he presented a general chlorotic appearance. At this time he had ceased to walk, and his feet and legs were infiltrated with serum. His appetite was very good, and he enjoyed sitting in his chair or wagon, or lying upon the floor playing with his toys.

His abdomen was very greatly distended; its walls were very tense and uniform in shape, the base of the thorax, however, being greatly distended, this giving the abdomen and thorax together a conical form.

There was general dullness upon percussion over the abdomen, but no fluctuation.

The surface was smooth, and the skin marked with a net-work of veins.

He lived four months after this, gradually becoming more emaciated and more and more helpless, owing to the increased size of the tumor, and probably, also, to a constant loss of strength. The last few days of his life he had severe paroxysms of coughing, his mother thinking he had the whooping cough. His appetite continued good to the last, and he died in a paroxysm of coughing while eating his breakfast, on the morning of the 5th of last September, aged two years and about two months.

Twenty-eight hours after death, assisted by Drs. Starkey, Behan and Gandy. General appearance of the cadaver much the same as that presented by the body four months before, with the exception of a greater emaciation of the muscles, and an increase in the size of the abdomen, the walls of which were very thin and tense. Upon exposing the tumor, it was found adherent to the peritoneum at a couple of points, and to the colon and small intestines quite generally.

It occupied the whole of the right side and front of the abdominal cavity, crowding the intestines to the left side of the spine. The bladder was not examined. The other abdominal viscera were only examined in situ, but presented a normal appearance. The right kidney was absent; the tumor weighed ten pounds; was cylindrical in form, about seven inches in diameter and eleven inches in length, rounded off at either end. Upon cutting into it the interior presented a cheesy appearance.

Having the tumor in the office of Prof. Moore, of this city, for examination, his son E. M. Moore, Jr., discovered an ureter on its surface, which upon being dissected up to its origin was found to be pervious and opening; a part into a pelvis which communicated with a portion of normal and apparently healthy kidney; and the

remaining part into another pelvis, or what appeared like one, which communicated with the tumor by several apertures, which were extended into deep cells in the substance of the tumor.

The microscope showed the white cheese-like substance of the tumor to be cellular.

I have not been able to learn that there was any test made for albumen in this case. This is to be regretted, as it might have been a guide had albumen been found, to the cause of the pathological change.

Rokitansky says:—We find fibrous masses of various extent and shape developed in the products left by inflammation and Bright's disease.

Dr. Bright, in his volume on abdominal tumors, gives twelve cases in which they were connected with the kidney, one of which was cystic; six were puriform collections, and the remaining five were malignant, all occurring in adults.

Dr. Wood speaks of one case of puriform collection weighing sixty-eight pounds.

Reports of cases of this kind, are, I think, quite rare.

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Miscellaneous.

Ovarion Tumour removed by Enucleation.

By WALTER BURNHAM, M. D., Lowell, Mass.

CASE CXCIX.—*Ovariectomy*.—On the 17th of last month, I was called to visit Miss A. W., of Vermont, aged 22, who has been suffering from the inconvenience of an enlargement of the abdomen for about four years. She had menstruated regularly, and had but little pain and inconvenience, except from the size and pressure. She could exercise freely, but not rapidly; and chose to be upon her feet a considerable portion of the time, as the sagging of the tumour relieved the pressure upon the lungs and heart.

I arrived there, in company with Dr. Sherwood, of Fairfield, at about ten (10) o'clock, A. M., and made a hasty examination, and soon was satisfied that I had a unilocular cyst only to contend with, and, also, that there were not extensive adhesions; but as I could only move it to a limited extent, I also concluded that it had only a short pedicle. I advised Dr. Sherwood that we had better make

preparations and operate the same day. He at once sent a messenger for some other medical assistants, who were prompt at the appointed time. The table was prepared in the usual manner, and a tub placed under the table to receive the contents of the tumor, and at 1:30, P.M., she was dressed for the occasion and placed herself upon the table without assistance. Chloroform was administered by her attending physician till she was in an anæsthetic state, when the napkin was changed for one moistened with ether, and immediately I was informed that she was ready for the operation. My first incision was made two inches below the umbilicus, and carried down over the linea alba about three inches to the peritoneum by a free cut; then I seized the peritoneum with the forceps, and carefully cut through it by a horizontal stroke of the scalpel, when I introduced a grooved director, and completed the incision through that membrane with a bistoury, as far as the angles of the incision through the skin. About two pints of serum flowed from this incision, which caused a little delay. I then introduced T. S. Wells's ovarian trochar into the cyst and drew off near fifty (50) pounds of clear, limpid serum, which passed into the tub under the table, through a three-fourths inch rubber tubing that was attached to the trochar. This done, I drew the sac through the incision upon the surface of the abdomen. I had previously informed Dr. Sherwood of my intention to enucleate the cyst in this case, and explained to him the process, that he might intelligently assist me if required.

I then made a small slit through the peritoneal coat near the pedicle, and with the handle of my scalpel separated the two coats from each other to a small extent, until I could grasp them in either hand, and at once concluded the separation by pulling them apart, and thus removed the entire sac proper as belonging to the tumor; while that portion composed of peritoneum was laid back upon the abdomen, that I might examine it, and wait a little for hæmorrhage to start, if at all. The effects of the atmosphere, though a high temperature, soon contracted and corrugated the peritoneum to less than half its size, when I separated the cyst from it. On examination of the inner surface of the peritoneum, I found the vessels spread out upon it in a complete net-work, like that of an inflamed conjunctiva largely magnified; but there was no hæmorrhage, except one small artery where I divided the peritoneal coat; and here a small clot had formed, and I thought best to put on a ligature, as I did also on one upon the omentum, leaving the ends out at the lower angle of the incision, to keep it open for the discharge of any matter that might be deposited in the cavity.

After waiting more than an hour to allow the force of the heart to return, the sac was covered by a warm napkin before returning it into the abdomen. But finding no bleeding, I then placed it back into the cavity of the abdomen, and closed the wound by three sutures, one of which I passed through the edge of the peri-

toneum where I made the slit to secure that point to the opening, in case any clot should form and require suppuration to remove it. Over this, adhesive straps and a compress of cotton, to fill the vacuum of the abdomen, were placed upon her, secured by a straight bandage.

I have made one hundred and ninety-nine (199) ovarian operations, and, so far as the removal of the tumor and completion of the operation was concerned, this was done sooner by six minutes than I have ever before performed it; and without any attempt at haste. But this method has the advantage also of not requiring any ligatures to bleeding vessels, or the pedicle, or any clamp even, for as there are no vessels cut there are none to bleed. But, as this was the first time I had made the operation in this manner, I thought it prudent to leave it so I could watch it myself for an hour.

I believe Dr. Miner, of Buffalo, N. Y., was the first to recommend this mode of treating the pedicle, and much credit is due to him for what seems to me a very great improvement over all others; both in convenience to the surgeon and in the safety of the patient.

After the delay in the dressings until the ether was fully exhausted, she was dressed for the bed and carefully laid into it, and the eighth of a grain of morphia given her. She soon after fell into a quiet sleep for an hour, and, waking, complained that she had had no dinner, and was hungry. Took a cup of gruel, which was repeated through the night as she demanded; took another eighth of a grain of morphia in six hours, and slept half the night.

18th, 6, A.M.—Had some headache; pulse had increased to 100; and, after inquiry, I found she had suffered for two hours with retention of urine. I drew off about a quart of water, which relieved her head and the pulse returned to 80.

May 31, received a letter stating that she had been doing well all the time, had good appetite, etc. She is now nearly well, the sutures removed, the ligatures have both come away, and the wound all closed; but I do not think it best to allow her to go out too soon, or to move about the house much.

I shall be glad to see other surgeons adopting Dr. Miner's plan by enucleation, and let the profession know the results.

I consider this case as cured in two weeks, although it is prudent to require her to remain quiet for several weeks more. I have never closed the wound or allowed it to close, until all the ligatures have come away; and I have many times seen a great advantage in having the ends to manipulate with where abscess has formed, and I have never yet seen any objection to their presence. Besides I have several times known serious harm, and even fatal results, where other surgeons have cut the ligatures short and closed the abdomen over them. Abscesses have formed and opened in the perineum by the rectum, vagina, and at the point of incision. In all of my cases, I have had but one where abscess or suppuration

has followed the operation with bad results. That one occurred twenty (20) days after, and rapidly terminated fatally, and it was not till after a *post-mortem* examination that an abscess was suspected, so rapid was the progress.—*Boston Med. and Surg. Journal.*

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The Treatment of Nervous Disorders in Syphilitic Patients.

In concluding a series of articles on Paralysis, Convulsions and other Nervous Affections in Syphilitic subjects, in the *Lancet*, Dr. THOMAS BUZZARD, says :

“ So much has been incidentally said in these papers respecting the treatment of diseases of the nervous system dependent upon syphilis that but little remains to be added upon this point. Ricord’s views as to the most appropriate treatment for the different stages of constitutional syphilis may be thus epitomised. In the primary stage, mercury. For secondary symptoms, when these are uncomplicated, mercury; when they are blended with those of a tertiary character, the treatment is a mixture of mercury and iodide of potassium. In the tertiary stage he relies upon iodide of potassium. And this scheme would probably represent very fairly the views of those who have had large experience of the disease. In the class of cases, however, with which we are specially concerned, as I have before described, it is not by any means always possible to say whether the symptoms of nervous affection which are observed belong to the secondary or tertiary stage. Our treatment therefore must be to a certain extent tentative. My own plan is always to commence, in a case of this kind, with iodide of potassium. In a majority of instances this drug, which will often require to be pushed to large doses, will be sufficient to bring about a cure of the symptoms, or at least a very important improvement. If, however, after three or four weeks of such treatment, employed with sufficient boldness, the improvement is not marked, I give mercury, which will sometimes act with remarkable effect. The preparations which I chiefly employ are, the perchloride and the red iodide; and I do not know that preference, for any particular reason, is to be given to one or other of these forms. As a matter of practice, I think I have found that the red iodide, given in solution of iodide of potassium, is less apt to cause irritation of the abdominal organs than the perchloride. It is very seldom that either causes salivation. Where it is desired to produce, and to keep up for some time a slight action on the gums, this can be effected in the usual manner by appropriate doses of blue pill or grey powder. The French very largely employ the green iodide, a preparation but seldom used in England, probably because it is unstable, some biniodide being apt to form in it when it has been long kept.

A word as to the dose of iodide of potassium. After a good deal of hesitation, and trial of various quantities in a considerable num-

ber of cases, I feel convinced that in syphilitic affections of the nervous system it is often necessary to employ doses of this drug which are far beyond those usually ordered. In several instances I have observed something of the following kind to take place. An improvement up to a certain point has been produced by doses of iodide of from ten or fifteen to twenty grains three times daily. The patient has then remained at this stage, or progress has been very slow, whilst continuing to take this amount. On increasing it, however, by rapid steps to thirty, forty, sixty, or even ninety grains three times a day, the case has responded immediately and *pari passu* to the original quantity of the drug. There are two patients in the hospital at the present time who are striking instances of this effect. In each the dose was pushed gradually to ninety grains three times a day, with marked beneficial effect, and I may add that the patients themselves express an unhesitating opinion upon this point. There is nothing new of course in the employment of large doses. Forty years ago the late Dr. ELLIOTSON used to give as much as two drachms three times a day,* and with remarkably good results. But of late years, as a general rule, the dose has been so moderate, that to many practitioners the employment of ten grains at a time is only gradually arrived at, and with some caution. No doubt in a very large number of cases a comparatively small dose is all that is required, and in practice, therefore, it is well to begin with a dose of ten grains, and increase it if necessary. I feel tolerably sure from repeated experiments that the iodide may be used, if occasion require it, as freely as the bromide of potassium, and that the opportunity of doing great good in syphilitic nervous affections is nearly as often missed by the employment of inadequate doses of the former drug as used notoriously to happen in respect to epilepsy from the exhibition of two small doses of the latter. Symptoms of iodism, very like those of severe nasal catarrh, will occasionally present themselves, but just as frequently, so far as I have seen, when the amount of salt employed is small as when it is considerable, and it is very rare indeed that the use of the drug has to be given up on this account. Occasionally, too, a kind of large pustular acne is a disagreeable consequence of its administration, but this is not so common as where the bromide has been given.

Whether iodide of potassium, or mercury, or both be employed, a very long continuance of the treatment seems always to be required, and an immediate resumption of it at the slightest indication of relapse. In certain cases, arsenic and iron may be used with advantage in addition to these means, bromide of potassium may be added in cases of convulsion, and electricity may be employed to help the nutrition of wasted muscles; but practically the treatment of this class of nervous affections is the treatment of the constitutional disorder."

*The Lancet, 1832.

Tattooing the Cornea.

By HENRY W. WILLIAMS, M. D.

"The removal of conspicuous blemishes of the cornea by a safe and nearly painless process of tattooing deserves to be regarded as one of the most valuable recent improvements in ophthalmic surgery.

Although known to the ancients from the time of Galen, it had quite fallen into oblivion; and, though not having the importance of those capital operations which preserve or restore the sight, it yet confers a great benefit upon patients by ridding them of what is often a marked or even a repulsive deformity.

The central part of the leucoma may be tinted with india-ink, to represent the pupil, and the marginal portions of the opacity with brown, blue, or other water colors, to correspond with the tint of the iris in the other, healthy eye. The ink should be rubbed up with water to the consistence of a thick paste, and may then be preserved for use, in a fluid condition, by adding glycerine.

The process of pricking in should be begun at the lower part of the space it is intended to cover. Wecker uses a spring elevator, to keep the lids separated; but this is more complained of than the operation itself, and is not necessary. It is sufficient to press the lids open with the thumb and finger, which may be covered, as suggested by Warlomont, with a bit of rag, to prevent slipping and to absorb the tears. A cataract needle, an instrument composed of several very fine sewing needles bound together and inserted into a handle, or any delicate pointed instrument, may serve for the tattooing. A little of the thick pigment being taken up on the needle and placed upon the cornea, a large number of punctures are rapidly made, through the epithelial layer only, over the surface it is proposed to color, and the pigment is then gently rubbed into the punctures with the end of the finger.

Usually there is not much sensitiveness in the parts, and it is sometimes possible to accomplish nearly as much tinting as is needed, over a considerable space, at a single sitting. In other more sensitive subjects this cannot be done, and the tattooing must be repeated, perhaps three or four times, to obtain the desired result. Generally, so much can be gained at a single performance that a patient appreciates the resulting benefit and willingly consents to a repetition of the tattooing.

If possible, the use of forceps to hold the eyeball should be dispensed with. If used, the conjunctiva should be taken hold of above the cornea, so that, in case the coloring matter should reach the punctures made by the forceps, the stain which would result may be so placed as to be concealed by being covered by the upper lid.

This operation should not be performed in cases where we find only a recent opacity of the cornea, as in many of these instances

we may expect a gradual absorption of the cloudiness, especially if the patient is young. Of course it is needless to resort to this means, intended mainly for cosmetic effect, where both eyes are sightless, unless in exceptionally great deformity. But, where one eye is perfect, the removal of a blemish from the other is often a great boon to sensitive individuals, especially to ladies.

Scarcely any precautions are needed after this little operation, and it may safely be repeated in a few days, sometimes in a day or two if desirable. It may be undertaken by any physician having a delicate touch, even if quite inexperienced in eye operations. It should not be done, however, while any lingering irritation of the internal parts of the eye is present. It is especially adapted to cases of dense opacity, either partial or affecting the whole extent of the cornea. It may also be resorted to with advantage in some special conditions, where the cornea is transparent, but where it is desirable virtually to limit the area of the pupil by excluding some of the pencils of the rays of light; as, for instance, in some cases where iridectomy has been done, or in conical cornea."—*Boston Med. and Surg. Journal*.

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The Controversy on Septicæmia.

After a long interruption, the French Academy of Medicine has again had the subject of septicæmia brought under its notice by Professor VULPIAN, who has communicated the results of the numerous experiments he has undertaken in his laboratory, and which he thus summarises :—1. When rabbits or guinea-pigs are inoculated with the blood of a human being who has died of gangrene of the lung, and consequent septicæmia, they soon die, and their blood can prove, when injected into other animals, just as rapidly fatal. 2. To produce fatal results with blood which has been allowed to putrefy spontaneously and by exposure to the air, it is necessary to inject a considerable quantity, as much, in fact, as a cubic centimetre. The blood of the animal thus poisoned, however, acquires very virulent properties, and a much smaller quantity proves effective. 3. In certain cases the animals die at the expiration of several weeks, and the lesions consequent on purulent infection could then be demonstrated. 4. Blood taken from those affected with typhus fever never produced septicæmia in rabbits or guinea-pigs. 5. Well-marked differences in the characters of bacteria and vibrios are demonstrable in different instances, and VULPIAN thinks these differences may possess an important influence on the activity of infection. 6. Vulpian regards true pathological septicæmia as distinct from that produced by experiment, and suggests the name bacteræmia for the latter.—*Lancet*.

Infantile Paralysis.

In his very able work on "Localized Electrization and its application to Pathology and Therapeutics," Dr. Duchenne de Boulogne makes some valuable remarks on infantile paralysis.

In the chapter entitled "Atrophic Paralysis of Childhood," the author gives a finished study of this affection by adding to his own work the results obtained by Laborde, Cornil, Duchenne (fils), Prevost and Vulpian, Lockhart Clarke, Charcot and Joffroy, Roger and Damaschino.

The disease, which is generally announced by fever, may, contrary to the opinion maintained by Roger and Laborde, be in some cases entirely apyretic.

Soon, as is well known, a great number of muscles are paralysed, and the author remarks that the electro-muscular contractility disappears on the seventh day.

This point is very important, for the paralysed muscles which at the end of this time preserve a part of this contractility are not slow in recovering their motility, and that the more quickly as the irritability is less weakened.

The works of the authors above cited have established in a solid manner that the atrophic paralysis of childhood is a particular disease of the spinal marrow, but whilst some make out a sort of diffused myelitis without precise localization, MM. Charcot and Joffroy have above all sought to show that the lesion is primitively circumscribed to the cells of the anterior regions of the cord. The facts observed by MM. Roger and Damaschino were contrary to this hypothesis, and in the presence of this difficulty Dr Duchenne pronounces no opinion.

The rules of treatment are very simple. At first antiphlogistics but no electrization. At the end of three or four weeks one practises localized muscular excitation, for the double purpose of remedying atrophy and preventing deformities. Continuous currents are not borne by children on account of the pain produced at the point of application of the rheophores.

It is habitually believed that the disease of which the symptomatic whole is now designated under the name atrophic paralysis of childhood is special to that age. Dr. Duchenne de Boulogne meanwhile has equally observed it in the adult, and he proposes to designate this variety under the name of *acute anterior spinal paralysis of the adult* (by atrophy of the anterior cells of the cord). Clinical observations show that the disease is the same as in the child; but the anatomy is at fault.

It should be mentioned that for the most part Duchenne adheres to his views as to the superiority of Faradic electrization (or the induced current). He is thus in opposition to Remak, who prefers the continuous current.

In a communication to the Société de Biologie, M. Vulpain remarks that to explain the rapid loss of muscular contractility in infantile paralysis, he imagines that a degeneration analogous to that which results from section of these nerves occurs in the nerves supplying the nerves which become atrophied. The phlegmasic process which attends the febrile disturbance, so frequent at the beginning of the disease, and which arises in the grey substance of the cord, destroys the normal relations between the nervous fibres and the cells, and thus strikes with degeneration the nervous cords deprived of their trophic centres

If one finds after death only a simple atrophy, with preservation of the nervous tubes which have become more or less thinned in the anterior roots and the motor nerves, it is because the autopsies were made at a very advanced period of the disease when an autogenic restoration has been produced in the nervous threads primitively attacked with granular degeneration.

In progressive muscular paralysis lesions of the grey substance occur slowly and less rapidly destroy the connexions between the nervous fibres and their cells, and are only followed after the lapse of some time by the loss of muscular contractility.—*Gaz. Med.*, p. 9, 1873.—*Obstetrical Journal, Great Britain and Ireland.*

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Carbonate of Ammonia in Scarlet Fever.

By G. J. S. CAMDEN, Esq., Rhyl.

The following treatment of scarlet fever has come down from master to pupil through four or five generations of medical men, —to myself from a partner I joined in 1828—therefore extending over a period of nearly 150 years. I was nearly losing a patient, when my partner told me if I persisted in treating scarlet fever *secundum artem* I should lose many. He then told me what he had been taught by his master, and had used for thirty years with the greatest success. I adopted his system, and am fully satisfied with the results. Never give emetics or aperients, nor bleed, nor use leeches, nor do anything to lower the power of life, but give ammon. carb. on the very onslaught of the disease, the earlier the better, when it will cut the disease short. I used it as follows:—
 ℞. Ammon. carb. gr. x. vel gr. xij, aquæ ʒ iv., ʒ vj., vel ʒ viij.—for 16 years and above. ℞. Ammon. carb. gr. viij. vel gr. x., aquæ ʒ iv., ʒ vj., vel ʒ viij.—12 years to 16 years. ℞. Ammon. carb. gr. vj. vel gr. viij, aquæ ʒ iv., ʒ vj., vel ʒ viij.—6 years to 12 years. ℞. Ammon. carb. gr. iv. vel gr. ʒvj., aquæ ʒ ij. vel ʒ iij.—4 years to 6 years. ℞. Ammon. carb. gr. ij. vel iv., aquæ ʒ j. vel ij.—2 years to 4 years. Unless distilled water be used it must be cold boiled rain-water filtered, the dose to be taken every two, four, or six hours, according to the severity of the throat symp-

toms; the quantity of water to be regulated on the same principle. The worse the throat the stronger the dose of ammonia, the smaller quantity of water, and to be given most frequently. The choking from the ammonia is instantly relieved by a small quantity of cold water, but if done without the better. If the power of life is at a low ebb, wine or teaspoonful of brandy, and the same of water between each dose, and beware of aperients. I have waited five or six days. The foregoing prescriptions I sent to a lady in Ireland, who had seen the effect in eleven cases, in her own house. In the original treatment in cases in which the tonsils had become gangrenous, the following was used as a gargle:—*R.* Rad. pyrethri \mathfrak{z} ij., aquæ \mathfrak{z} xvj., decoque ad \mathfrak{z} x. et cola; adde syrup. rheados \mathfrak{z} ij.—*M.* Gargar. sæpe utend. My partner used it whilst with me but once; I never used it, though I had one extremely severe case with gangrenous throat, through the nurse's negligence. There were twenty-two patients in the house—a school—and none died. I only used the ammonia and the brandy. In each case the child recovered. I never used leeches but once—the child being delirious—and then put on only two, and as soon as they came off stopped the bleeding. In my severe case ascites supervened, which nothing relieved. After several months in dread of paracentesis the umbilicus ulcerated, the cavity emptied, the child recovered, and grew a fine young woman. One great essential is the room kept cool and well ventilated.

Some few of my medical brethren have followed the treatment on my telling them, and were as much satisfied as myself; but most are incredulous. I never lost a dozen patients from scarlet fever in the course of twenty-five years, though I lost two in forty-eight hours in one house; but that was the abominable situation of it—the corner of a small wood into which the drainage from a large farm yard ran in close proximity.

About the year 1838 (I think) there was a letter in the *Lancet* in which the use of ammon. carb. in scarlet fever was mentioned as a new discovery by a German M.D. Since then two letters have appeared in the *Times* from Dr. C. Witt—one on December 1, 1858, the other I forgot when. Of diphtheria I know nothing, but believe it to be only another phase of scarlet fever. Of the sequelæ you have less after the ammonia treatment, having seen but little, and, should anasarca supervene, it will readily yield, as I have of late years found (with alternate doses of quinine as a tonic), to liberal doses of potass. bicarb. (Howard's) with potass. nitrat. taken in a large quantity of water. The potass. nitrat. I use is to be obtained only at powder makers'. It has been melted by heat and kept so for two or three days, so that all water of crystalization is driven off. I mention this as I have always used it, and fancy I should not get a similar effect from any other. The sudden retrocession of the eruption I never knew to be of consequence; but the most severe and frequently fatal cases are usually those in which the

eruption does not appear, and these cases are more frequent than is supposed, and are not suspected till too late. To my eye there is such a peculiar appearance of the throat it cannot be mistaken.—*Medical Times and Gazette.*—*Braithwaite's.*

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On the Pathology and Diagnosis of Acute Bright's Disease.

By Dr. GEORGE JOHNSON, F.R.S., Physician to King's College Hospital.

While acute Bright's disease is usually associated with a more or less copious epithelial desquamation, there may be no desquamation of renal epithelium, and either no tube-casts or only small hyaline casts in the urine; while in other cases, either with or without epithelial casts, there may be casts crowded with small exudation-cells. The appearances which I have described are sharply defined in some cases, while in others they gradually merge into each other. Epithelial casts and desquamation may be abundant or entirely absent, or present in moderate amount. The casts with exudation cells may be numerous and unassociated with epithelial casts, or the two forms of tube-casts may be combined with and replace each other in variable proportions. It is certainly interesting, and, I think, of some practical importance, to note these different appearances in the urine.

In all the cases of acute Bright's disease to which I have hitherto referred, although the microscopical appearances in the urine are various, the general symptoms and the physical and chemical characters of the secretion are alike, and in particular the presence of a large amount of albumen is a constant phenomenon. Now, I have to tell you that we sometimes, though rarely, meet with cases of acute general dropsy in which the urine, although scanty, contains not a trace of albumen. In the great majority of cases acute Bright's disease and acute albuminuria are synonymous terms; but in these few exceptional cases the latter term is inapplicable, for the urine is not albuminous. Dr. Blackall described two cases of acute general dropsy after scarlet fever, in which the urine was not coagulable either by heat or by nitric, or, as he calls it, "nitrous" acid (*op. cit.*, p. 12 to 21). Dr. Roberts gives the history of two cases after scarlet fever, both fatal—one acute, the other chronic (On Urinary and Renal Diseases pp. 24 and 400.) Dr. Basham has reported the case of an adult in whom general dropsy followed exposure to wet and cold. He recovered (*Lancet*, August 1867). And I have notes of four cases that have come under my own observation. Three of these cases recovered, and the fourth was improving when he was lost sight of. In two of my cases the dropsy followed scarlet fever, and in the other two it was, probably a result of exposure to cold. In two of the cases neither albumen nor tube-casts could be discovered throughout; in one a trace of albumen was found on one occasion; and in the fourth, after

general dropsy had existed for six weeks without albumen or tube-casts a trace of albumen and some hyaline casts appeared.

Now what is the explanation of these rare, remarkable, and exceptional cases? I have neither seen nor heard of any satisfactory explanation of them, and I am not prepared to give you one; but I venture upon one or two suggestions and queries. There is reason to believe that suppressed action of the skin is a powerful concurring cause of the dropsy which is associated with albuminuria; and this, perhaps, is the explanation of the frequent association of dropsy with the renal disease which results from scarlet fever or from exposure to cold and wet. In both these classes of cases the functions of the skin must obviously be more or less impaired—in the one by the specific inflammation, and in the other by cold; whereas diphtheritic albuminuria, without implication of the skin in the morbid process, rarely, if ever, gives rise to general dropsy. Then the question arises, Is it possible that suppression of the cutaneous secretion may alone cause acute general dropsy without the implication of the kidneys? May acute general dropsy result from a metastasis of the perspiration from the skin to the areolar tissue and the serous membranes? And may the scanty secretion of urine in these exceptional cases be a result of the morbid transfer of water to the tissues where the dropsical effusion takes place, as, by a reversed action, the perspiration is checked and the skin of a diabetic patient rendered dry by the copious flux of liquid through the kidneys? I am not prepared to answer these questions. In most cases of acute dropsy without albuminuria the urine has been scanty and high colored. In one of Dr. Roberts's cases the urine was scanty almost to suppression, only two drachms having been voided in twenty-four hours; "it contained casts, but not a trace of albumen." The form of tube-casts is not mentioned. The total quantity of urine voided during the last seven days of life amounted to between six and seven ounces. No autopsy was permitted. In the second case the urine contained neither albumen nor casts, but it was scanty and high colored; and, death having occurred after an illness of five months, "the kidneys were found to be good examples of the smooth white Bright's kidney." In this case it would seem that, although there was no albuminuria, there was some structural change in the kidneys. Dr. Wilks has published in the sixth volume of the *Pathological Transactions* a remarkable case of general dropsy, with a peculiar form of renal disease, but without albuminuria, in a woman aged 35. The urine passed amounted to about twelve ounces in the day, of specific gravity 1012, and not albuminous. A few days before death the urine became less in quantity, and for the last four days none was obtained. The kidneys were pale and large, their combined weight being seventeen ounces. The cortical portion was seen by the naked eye to be scattered over with small round dots like grains of sand. On a microscopic examination these were found to be the

Malpighian bodies, the capillaries of which were covered over with mulberry-like masses of oil-globules, while the tubes were healthy.

It may hereafter happen to some of you to have the opportunity of throwing additional light upon the pathology of these rare and exceptional cases of general dropsy not dependent on heart-disease and unassociated with albuminuria.

We have seen that the chief varieties and modifications of acute Bright's disease with albuminuria are the following:—1, with epithelial desquamation (desquamative nephritis); 2, without desquamation, either with or without small hyaline casts; 3, with exudation-cell casts, either with or without epithelial casts and desquamation. Lastly, we have, as an entirely distinct class of cases, rare, exceptional, and obscure in their pathology, acute Bright's disease, or at any rate acute general and febrile dropsy, without albuminuria.

Changes in the Blood.—The effect of acute Bright's disease is not only to cause an admixture of blood-constituents with the urine, but also to bring about a large accumulation of urinary materials in the blood. While the urine is usually more or less bloody, the blood becomes in a greater or less degree urinous. Dr. Christison was the first to announce the fact that the blood in these cases contains a large amount of urea and that urea is found in the dropsical and inflammatory effusions (Edinburgh Medical and Surgical Journal, October 1829). Not only is the blood altered by an accumulation of urinary materials, but also by a loss of its own normal constituents. The density of the serum is reduced from 1030 or 1031 to 1022 or even 1020. The loss of density is greatest when the urine has been most albuminous; and it is probably explained by the escape of serum through the kidneys. The hæmoglobin or coloring matter also diminishes rapidly, the normal proportion being 1,335 in 10,000. Dr. Christison found it reduced, after a few weeks' illness, as low as 955 in one case, in another to 564; and in a young man ill for three months and a half subsequent to scarlet fever, who had never been bled before, it was only 427. At the commencement of the disease the loss of coloring matter is less rapid than the extreme pallor of the patient would seem to indicate; and it is probable that the blanched appearance of the skin is partly occasioned by the quantity of water in the subcutaneous tissue.

Etiology.—Acute Bright's disease may occur at all ages from infancy to extreme old age. The two most frequent causes of acute Bright's disease with dropsy are exposure to wet and cold and scarlet fever. Either of these causes is alone sufficient to excite the disease; but their combined action—exposure to cold during the progress of scarlet fever—is a most powerful determining cause of the malady. Diphtheria is a frequent cause of albuminuria; but, as I have before said, diphtheritic albuminuria is rarely associated with dropsy. Amongst the less frequent causes

of acute albuminuria are measles, erysipelas, pyæmia, the absorption of poisonous materials from the uterus after parturition, rheumatic fever, the malarious poison, typhus and typhoid fever, cholera, and, lastly, excessive eating and drinking, more especially when combined with dyspepsia. In the majority of cases acute albuminuria, resulting from other causes than scarlet fever and exposure to cold, is unassociated with dropsy, and its history belongs to that of the disease with which it is associated as a complication. We shall find hereafter that albuminuria resulting from one or other of the various causes here referred to sometimes leads to a chronic and incurable degeneration of the kidney. Excess of alcohol is a more frequent cause of chronic than of acute Bright's disease. A remarkable case of transient alcoholic albuminuria occurred when Dr. Baxter was house-physician to our hospital. A man between twenty and thirty years of age was brought in one night by the police. He was unconscious, and breathing stertorously. He was believed to be drunk, and a large quantity of vinous liquor was pumped out of his stomach. The unconsciousness remaining, uræmia was suspected, and some urine drawn off with the catheter was "loaded with albumen." He was then put into bed, cupped over the loins, and a purgative given. When Dr. Baxter visited the ward in the morning he found the man sitting up and clamoring for his discharge. He said that he had been very drunk over night, but now he had nothing the matter with him. He passed some urine, which was found of normal color and specific gravity, and without a trace of albumen. He then left the hospital in triumph. The temporary albuminuria was the result of renal congestion while the excess of alcohol was being excreted by the kidneys.

Diagnosis.—In most cases of acute Bright's disease the symptoms are so obvious, that the disease can scarcely be overlooked or mistaken for any other. The only case in which there is a possibility of acute albuminuria being unrecognized are those in which it is unassociated with dropsy. But, the existence of albuminuria being discovered, it is not always easy to determine whether this is the result of a recent acute attack, or of a chronic degeneration of the kidney. We shall be in a better position to discuss this important practical question after we have studied the various forms of chronic Bright's disease. Meanwhile, however, I may tell you that, as a rule, high colored, smoky and blood-tinged urine, of high specific gravity, is an indication of a recent acute attack; and equally so is a copious sediment composed of epithelial and blood-casts, or of exudation-cell casts, alone or mixed with epithelial casts. The appearance of oily casts and cells, in combination with numerous epithelial casts, does not materially affect the diagnosis. On the other hand, urine of low specific gravity and very pale in color, yet highly albuminous, is usually evidence of chronic disease; and this evidence is strengthened by the appear-

ance of numerous oily casts and cells unassociated with epithelial or exudation-cell casts. Large hyaline casts in *pale* highly albuminous urine point to disease not only chronic, but in an advanced stage. We shall return to the subject, and discuss it more fully in a future lecture.

Prognosis.—Acute Bright's disease has a tendency to terminate in complete recovery. It is essentially a curable disease, as much so as acute bronchitis or acute pneumonia. The earlier the patient comes under treatment the better is his prospect of recovery; and, on the other hand, the longer the symptoms have continued without signs of amendment, the more grave does the prognosis become. The prognosis is, on the whole, more favorable in the young and middle-aged than in those more advanced in years; but the disease may prove mild and tractable even in very aged persons. For obvious reasons, the prospect of recovery is better in the case of those who can avoid exposure to cold and other injurious influences, than when the patients' circumstances are less favourable.

In favourable cases a copious secretion of urine, of comparatively low specific gravity and of paler colour, with a diminishing amount of albumen and decrease of dropsy, are amongst the earliest signs of amendment. Albuminuria is usually the last symptom to disappear. The time of its disappearance varies, in different cases of recovery, from a few days to many months. If the urine continue albuminous for more than six months, it becomes more and more doubtful whether it will ever cease to be so; but I have seen cases of complete recovery after albuminuria had continued for one, two, and even three years. So long as the urine continues albuminous, in however slight a degree, although the dropsy and all other general symptoms may have passed away, recovery must be considered incomplete. Acute Bright's disease, although, as a rule, a curable, is not unfrequently a fatal disease. There are some symptoms and complications which indicate a case of more than ordinary peril; such as a very scanty secretion of highly albuminous urine; frequent and distressing vomiting; great anasarca, with a tendency to erysipelatos inflammation of the skin; dropsical effusion within the chest, either in the pleura or the pericardium, or both, with urgent dyspnoea; inflammation of the lung, or pleura, or pericardium, or endocardium; severe and persistent headache, which is apt to be followed by convulsions and by coma, with a brown and dry tongue. All these are symptoms of grave, though not always of fatal import. When the renal disease is acute, and therefore essentially curable, recovery sometimes occurs after the most formidable symptoms of uræmic poisoning have been present.

A consideration of the exciting causes of the renal disease forms an element in the prognostic indications. When Bright's disease results from some inherent constitutional defect, without obvious exciting cause, it is generally more intractable than when it is directly due to exposure to cold or to the influence of some specific

blood-poison, as, for instance, that of scarlet fever or erysipelas. To all general rules of this kind there are exceptions, and each case requires a separate and careful study.

Let me impress upon you one point of practical importance. Before you pronounce a patient to be entirely free from his malady, be careful to test the urine, not only after rest and fasting—*i. e.*, in the morning before breakfast—but after food and exercise. Albuminous urine is usually more copiously so after food and exercise; and you will sometimes find that, while the urine before breakfast is quite free from albumen, that which is secreted after a meal is decidedly and even copiously albuminous. In some cases exercise has even more influence than food in exciting renal congestion and albuminuria.

An attack of acute Bright's disease confers no immunity from future attacks; on the contrary, the disease may occur more than once in the same subject, a result of either inexplicable predisposition, or of a liability resulting from a first attack. I think my experience warrants the statement that when acute albuminuria has resulted from some non-specific cause, such as exposure to cold and wet, or excessive eating and drinking, it is more likely to recur than when it has been excited by a specific morbid poison, such as that of scarlet fever, which, as a rule, does not occur a second time in the same individual; but I have known patients so unfortunate as to have two attacks of scarlet fever, and each attack complicated with albuminuria.—*British Medical Journal*.—*Braithwaite's Retrospect*.

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Atropine as an Antidote to Opium.

By Dr. JAMES JOHNSON, Medical Officer to the Chinese Hospital, Shanghai.

Without entering into detailed remarks on individual cases, I may observe that, on every occasion when atropine was injected, the patient was at that time, or very shortly afterwards, in a state of the most profound coma, and utterly insensible to the cold douche, galvanism, or any other remedial measures, and the general condition was as follows:—Pupils firmly contracted to a pin's point, and immovable; conjunctiva and surface of cornea insensible to touch; face pale; lips, eyelids, and nails livid; pulse weak and irregular; respiration slow and stertorous; extremities cold, and the state of the body generally such as to give it the appearance of a lifeless mass. It was in this condition that the wonderful power of atropine showed itself. The quantity ordinarily injected was half a grain, and its effects were, that in from ten to twenty minutes the pupils began to dilate slowly, and after an hour or more the face became flushed, the respiration soft without stertor, the pulse stronger. Within two hours the full effects of the drug were usually manifested—*viz.*, widely dilated pupils, flushed face,

hot skin, tranquil, slow breathing, diminished frequency and increased strength of pulse, followed by calm and tranquil sleep, from which the patient was easily waked after three or four hours. The indication for repeating the injection of atropine was the failure of the first dose to produce within two hours the dilated pupil, flushed face, and slow, steady, tranquil breathing. The dose injected varied according to the degree of coma; when very profound, half a grain was the usual dose; when only partial, a quarter of a grain, repeated afterwards if necessary. The action of the atropine was very uniform—dilating the pupil, strengthening and steadying respiration, and lessening the frequency and increasing the strength of the pulse. Of the fatal cases in which atropine was used, the first one reported lived for eighteen hours, and the action of the atropine was very manifest, as the patient partially recovered consciousness, and did not perish from the comatose effects of opium, but from exhaustion following that condition. In the second fatal case the patient was only two hours and a half under treatment, and died from cerebral apoplexy. The third was under treatment a little over two hours, and died from cerebral effusion. The fourth was two hours under treatment, and died from exhaustion. The fifth was under treatment for five hours, and died from convulsions. The sixth also died from convulsions, and was under treatment for three hours and a half. During the past seven years, upwards of three hundred cases of opium-poisoning have come under my observation in this Hospital. In the majority, where the patient was brought within an hour or two after swallowing the poison, the ordinary treatment—by emetics, stomach-pump (when required), cold douche, moving the patient about, stimulants and coffee—was successful; but in the worst of cases, when the hapless patient was in profound coma, and insensible to cold douche, galvanism, and artificial respiration, remedies were often of no avail, and the wretched suicide died.

In July, 1869, I first injected atropine subcutaneously in a very bad case of opium-poisoning, and although it failed to rescue the patient, I was so struck by its effects that I resolved to make a further trial of it. The class of cases in which the wonderful powers of atropine as an antidote to opium-poisoning are most marked, is where profound coma exists; and for such a condition I know no other remedy. You may try to drag the patient about, use the cold douche, carry on artificial respiration assiduously, give stimulants of every description; all in vain—the patient remains comatose and lifeless. Administer atropine, and the effects are marvellous: the pupils dilate; the face becomes flushed; the respiration loses its stertorous character and becomes slow and tranquil; the pulse is diminished in frequency and becomes stronger; the patient slumbers peacefully for several hours, and at last wakes up conscious. I have said that all the cases reported in which atropine was used were of a severe kind, and that the treatment by

emetics, &c., in milder cases was usually successful; but in some instances I have observed very unfavorable changes set in very rapidly, even in the mildest cases of opium-poisoning. This has happened so frequently that I have come to the conclusion that whenever there is contraction of the pupil and great drowsiness after the evacuation of the contents of the stomach and the moving about of the patient for a little, it is always advisable to exhibit a small dose of atropine, so as to bring the system under its influence. I may remark that in no instance have I seen any bad effects following the subcutaneous injection of atropine. After recovery the patients complained of great lassitude, dryness of throat, double vision, &c., but they usually recovered from these symptoms very soon. The conclusions I have come to with reference to the treatment of cases of opium-poisoning are—

1. That in mild cases, when the patient is seen within one or two hours after taking the poison, and is conscious and able to move about, with pupils uncontracted and movable, the ordinary treatment by emetics, &c., will usually suffice for recovery; but the greatest watchfulness and care are necessary, for even in the mildest cases dangerous symptoms speedily set in. As a rule, whenever there is great drowsiness, with contracted pupils, after the evacuation of the contents of the stomach and moving about of the patient, it is advisable to bring the system under the influence of atropine at once.

2. The state of the pupils is of the first importance. Whenever they are firmly contracted to a pin's point, there is danger; although the patient for the time may seem but slightly affected, sooner or later coma inevitably comes on. It is, therefore, advisable in such cases to use atropine at once.

3. That in cases when the nervous centres do not respond to the cold douche and moving about the patient, it is not only useless, but mischievous, to persist in attempts to drag the individual about, as it only increases the exhaustion, which is one of the greatest dangers in cases of opium-poisoning. The treatment for such cases is to place the patient in the horizontal position, and inject the atropine subcutaneously, and, if necessary, assist with artificial respiration, and, in case of exhaustion, to strengthen the circulation by applying warmth and counter-irritation to the limbs, and by the administration of stimulants, such as coffee, ammonia, brandy, &c., internally.

4. That in all cases of profound coma from opium-poisoning, with perfect insensibility, firmly contracted pupils, and stertorous breathing, atropine should be exhibited at once, and the patient carefully supported afterwards by the administration of coffee, ammonia, and stimulants.

5. That, when the system is fairly under the influence of atropine, with respiration tranquil, however slow it may be, it is undesirable to interfere by artificial respiration, as it only embarrasses the

breathing and interferes with the tranquil sleep which usually follows the exhibition of atropine.—*Medical Times and Gazette*.—*Braithwaite's Retrospect*.

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On the Treatment of Chronic Dysentery.

By STEPHEN H. WARD, M.D., F.R.C.P.

The first thing to be insisted upon is rest in bed, and in the recumbent position, in which the bowels are best kept quiet.

Diet stands next in importance to rest. That kind of diet should be ordered which gives least work to the alimentary canal, and which is most likely to be assimilated should the mesenteric glands be implicated, and which will send down to the large bowel a minimum amount of irritating waste material. Milk is the best form of nourishment in these cases; flour boiled with milk is a good combination; farinaceous articles of diet are also admissible. As a rule, the patients do better without alcoholic stimuli; but where there is much prostration these must be given.

It is important that an even temperature should be maintained in the bed-room or ward by night as well as by day. It had long been remarked that patients passing, say, twenty stools in twenty-four hours, would pass a large proportion of them in the night-time. The action of the skin, which it is desirable not to check, can be evenly maintained in bed. Dr. Ward has found the application of a broad flannel roller in some cases to do good by carrying out the indication of support and local surface-warmth. During the period of convalescence, flannel next the skin, and otherwise adequate clothing, are essential.

Special remedial agents render important service in the relief of various symptoms. An occasional dose of opium at night, where there are irritability and restlessness, may be given, not to lock up the bowels, but with a view of procuring sleep. A dose of castor oil, guarded with laudanum, is often of service in bringing away scybalous fecal matter that has been retained, and caused griping and distress. For the tenesmus from which some patients suffer so much, an injection of starch and opium is the best remedy. The possibility of irritation being kept up by hemorrhoids must not be lost sight of. The severe and oft-repeated straining in the earlier stages of the disease gives rise at times to prolapsus ani, which in the more advanced stage may become a source of annoyance, and require surgical aid.

The complexion and course of chronic dysentery may be modified by the association of some special cachexia, as that of scurvy, ague, or tuberculosis. Where such exists the treatment will have to be modified. Where there are evidences of scorbutic taint, lime or lemon-juice must be given. It is here that the Bael fruit, which has enjoyed so much repute in India, will be found useful. If there be any old malarious influence at work, the symptoms will

exhibit periodicity—the patients will perhaps be worse on alternate days, and then quinine will be the remedy. Where cough, hectic, etc., point to the tuberculous diathesis, cod-liver oil and tonics are indicated.—*Half-Yearly Abstract.*

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Editorial.

Laws of New York Establishing and Regulating the Office of Coroner.

Almost every one familiar with the workings of the present Coroner system has seen how imperfect and unsatisfactory it is. It is a very ancient, important, honorable and responsible office, designed originally for the certain and early detection of crime and protection of human life. The law regulating the duty of the coroner makes it necessary to investigate the causes of death whenever there is suspicion of crime, and in violent and sudden death. The former is the true and legitimate object of the office, but there is no more reason for a Coroner's inquest in cases of sudden death than in any other death.

If a man drops dead on the street, or is found dead in his bed it is no evidence of crime, indeed it is presumptive proof of innocence, such cases are rarely ever associated with guilt. Rupture of vessels in the brain, Aneurism and some diseases of the heart terminate suddenly in death, but leave no suspicion of crime, so that sudden death is no ground of inquest unless there are other circumstances calculated to awaken suspicion of guilt. When an old man turns over in his bed and dies unexpectedly to his friends, a Coroner's inquest is an absurdity and often times an outrage. The cases of violent death as it is called, do not as a rule involve any criminal intent, but they might all be safely left to the discretion of these officers, if their discretion was left to govern in the premises and their salaries not dependent upon services rendered. As it is, we suffer inquest before we are fairly dead, in view of the contingency that we may possibly die, and our *ante-mortem* statement is sometimes taken when the probabilities of death are as remote as ever. The competition in the coroner business is one of the greatest objections to the present system. In Erie County we have four Coroners while in reality we do not deserve but *one*. One Coroner for Erie county with an adequate salary and he required to investigate all cases which he might deem necessary, would relieve us of nine out of ten of the Coroners inquests.

A few years since we published some complaints by a correspondent against the workings of this business and suffered Coroner's inquest next day, in the verdict being charged with murder in several instances and saved from gallows by timely interference of a friendly Coroner. We do not mean to find any fault with these officers, at all; they are all very *efficient* and wholly *alive* to

the true interests of the offices they hold. But we should be protected by making the office a salaried one, and thus get rid of the intolerable nuisance of having one or two Coroners appear, like Banquo's ghost, at our banquets even, ready to make *ante mortem* and *post mortem* examination whether we die of our own carelessness, or by the unfriendly hand of another, or the merciful visitation of God. This office should be held by a Physician, but he should be also a *Judge*, independent to select, impartial to decide, with full powers to investigate, receiving ample pay, and in all respects above suspicion. Some unimportant legislation was had last winter upon this subject, but nothing which reaches the root of the evil. The work done is not perhaps overpaid, but Erie County Coroner's account might be advantageously reduced to one-tenth the usual amount, with great advantage to some who die, and to nearly all who live and pay taxes annually.

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Is Niagara River Water Healthy?

We have been invited to give opinion upon the hygienic influence of our water supply, a subject which we have thus far carefully avoided. Perhaps in our next number we may be able to give some facts concerning it. Absence of disease directly tracable to its use as cause, and apparent purity in chemical analysis cannot make Hamburg Canal water good coffee, or satisfy Buffalo people that they can safely drink or advantageously bath in it during at least a portion of the year. Bad and unsatisfactory as it is, we are yet unwilling to misrepresent it, or accuse it of murder or manslaughter unjustly.

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Items and Remarks.

BY E. N. BRUSH.

In some remarks, made in assuming the chair at the recent meeting of the Buffalo Medical Association, to consider the sanitary condition of the city, Prof. JAS. P. WHITE, so well expressed the sentiments of the majority of those present that we present our readers with an abstract thereof, as we are unable to give a full report of the meeting. He said:

“The medical man is and should be looked upon as a guardian of the public health. He should consider it his duty, to warn the people against the approach of any destructive epidemic, and to teach them by a proper observation of sanitary rules to ward off its fatal results. During the five epidemics of cholera through which I have passed in this city since 1832 and of which I am, I believe, the only surviving physician then in practice, I have observed, that until the authorities and citizen learned that only by putting the city in a correct sanitary condition could the inroads of cholera be prevented, that the mortality was frightful. When however they came to realize the fact that filth and squallor were its chief auxiliaries, and took proper measures to insure

cleanliness, and proper hygienic laws were enforced, a marked decrease was noticed both in the number of cases and in the mortality from cholera. What have we then learned from these five epidemics? We have learned to prevent in a large degree the approach of cholera, by hygienic means, and when it does appear, by prompt and active measures to save the life of the patient. The subject of prompt attention to those attacked with cholera should be brought before the people, for it is only in the early stages of the attack that we can hope to be of benefit to the patients, and they should realize the importance of calling their physician as soon as the first symptoms present themselves.

In our desire to place our city in a good sanitary condition we must not overlook the fact that personal cleanliness is as much to be desired as the cleanliness of our surroundings, and this fact should be urged upon the citizens.

We have learned to prevent the approach of cholera by proper sanitary conditions and it now remains to be seen whether our city is in such condition.

I do not know that I have seen the streets in a more filthy condition for years than they were in the early spring and summer months. Much has been done to obviate this condition, yet much remains to be done. The contractors should be made to understand that the filth must be removed. I am pleased to observe that within the past few weeks the Board of Health have been making active exertions to place the city in a better condition as regards cleanliness. They should be sustained and encouraged in their endeavors.

One, of the many nuisances of which I might speak, is the practice of wetting or sprinkling the streets when in a filthy condition. There could scarcely be suggested a practice which seems so harmless, and yet is so full of pernicious results. It is well known that as a rule dry dirt is innocuous but as soon as it is placed in a favorable condition, one of moisture, a process of fermentation takes place, disease germs are produced and the poisonous emanations are exhaled to contaminate the air. The wood pavements are in this manner rendered an active source of miasm. The broken wood fiber, and excrementitious animal matter, when damp and exposed to heat, rapidly undergoes decomposition, and imperceptibly poisons the atmosphere. The habit of sprinkling the yards and sidewalks at night is especially bad, as the rays of the sun are then lacking to cause rapid evaporation and the surroundings remain damp and unhealthy during the night, creating an unhealthy and miasmatic atmosphere. Another source of contamination, which I am glad to see is to be abated, and to which I can but refer, is the swill nuisance. In many localities the swill and garbage is thrown into the streets and alleys, presenting an active source of disease. It is to be hoped that the conditions of the present contract will be strictly enforced. The privy vaults in certain portions of our city are placed upon the surface, and a person can on nearly all occasions recognize the effluvia arising therefrom. This is a matter of which the Board

of Health should take cognizance, and all owners of badly sewered or overflowing vaults should be made at once to abate the nuisance.

The present indications are that cholera in its onward march may visit Buffalo, unless we prepare ourselves against it. It may be guarded against by proper hygienic measures, and the authorities should be urged to immediate and prompt action. They should be encouraged and sustained in their efforts thus far, and the citizens informed of the necessity of co-operating with them in the work of putting the city in a proper sanitary condition.

Should the association think it proper, a committee might be appointed to advise and co-operate with the Board of Health in their efforts.

The negligence of the proper persons has left many of the nuisances unabated, which now at this season it would be injudicious to attempt to remove. Much however can yet be done. The experience of other cities has demonstrated that by hygienic means cholera can be policed and kept at bay, and it remains for Buffalo to add another to the list of examples, proving that epidemic cholera can be prevented.

—At the fire in Boston, of May 30, *Dr. Jourdain's Gallery of Anatomy*, was destroyed. This institution was a type of its kind. At a meeting of the Boston Society for Medical Observation, resolutions were passed petitioning his Honor the Mayor to refuse to grant a new licence to the proprietor. In his reply to the committee appointed to communicate with him, the Mayor said that the proprietor of the *Gallery* had not applied for a new licence, but that if he did, such application would be met with a prompt refusal whenever it was made. He also informed the Society, that he had refused a license recently for a similar institution on Court street. This is really as the *Boston Medical and Surgical Journal* styles it "A Triumph of Morality."

—The managers of the Harrisburg, Pa., Hospital are in trouble, the attending staff of the institution having in a body resigned. The cause of the trouble arose from the attempt of the Board to introduce Homœopathy into the institution. Two physicians on the Board of Managers also resigned. The physicians were sustained in their action by the County Medical Society, the members individually pledging themselves not to accept any position in the Hospital until the old staff was reinstated. It looks as if the managers would have to adopt Homœopathy entirely or lose the one hundred dollars which they invested in a case of Homœopathic remedies.

—*The Philadelphia Medical Times* in speaking of the case of Absence of the Uterus, recently reported in this Journal, and the bad treatment which it received previous to falling into Prof. White's hands says: "Our cotemporary who publishes this case, discreetly, and perhaps wisely, gives only the initials of the first two medical attendants; but it seems a shame that such monstrous and inexcusable ignorance can not be exposed, so that it may at least be avoided." We claim for our profession that during the past century we have

made rapid and wonderful advancement in our means of diagnosis and methods of treatment, and pride ourselves upon the certainty with which we can detect the seat of anatomical lesions; yet were we to give the names of those whose "monstrous and inexcusable ignorance" we frequently observe, we should be in continual hot water. What would the Editor of the *Times* say on observing a case of Congenital Hernia tapped for Hydrocele, and a case of fractured femur with four inches shortening, treated for one week with liniments, etc, as a simple contusion. Yet both these cases fell under our observation recently in one day. Fortunately in the one case the child was placed upon its back when the operation was made and the Hernia reduced itself before the trocar was inserted. In the other case the patient did not live to ask any *disagreeable* questions.—The Annual Announcement of the College of Physicians and Surgeons of Syracuse, says: "The course of Ophthalmology will consist of lectures on the Anatomy, Physiology and Diseases of the Ear. —The report of the meeting of the American Institute of Homœopathy in the *Cincinnati Medical Advance*, affords some most amusing reading. Evidently the editor could not find much in the papers read before the Institute to comment on, so he turns his attention to the members themselves, and speaks of different members after the following manner, giving their names in each instance, the sagacious man, the radical man, the disputatious man, the earnest man, the silent man, the funny man, the serious man, the scientific man, the talkative man, the handsome man, the polite man, and so on. We notice in this report that the paper of Dr. Gregg, of this city, was voted stale. Some of the papers were spoken of as valueless, others as shooting over the heads of some of the members, and the whole meeting according to the *Advance*, was characterised by too much talk. The statement of Dr. Gilchrist, of Tidououte, Pa., that Homœopathy can cure every known disease, called forth an incredulous smile. It certainly seems a little boastful to say the least.—The same Journal speaks of the failure of an effort to throw overboard the election of one of the board of censors, because she happened to be a lady. We suppose if *she* had happened to have been a gentleman it would have been all right. —Articles two and four in the original department of this number were read at the meeting of the Medical Association of Central New York, in June, 1872.—A new Journal, or rather an old one revised, the *Peninsular Journal of Medicine*, has made its appearance. We welcome it to our exchange list.

ERRATA.—In Vol. XIII, No. I, Aug., 1873, page 36 last line for "harmatodes," read "hæmatodes." Page 37, last line for "cases I reported *cancer* etc, read "of reported *cancer*."

Books Reviewed.

A Guide to Urinary Analysis, for the use of Physicians and Students. By Henry G. Piffard, A. M., M. D. New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

The subject of Urinary Analysis receives too little attention from practitioners and students; it being looked upon as requiring too much knowledge and skill in chemical manipulation to be undertaken, and beyond the occasional use of heat and nitric acid in testing for albumen in the urine the majority of physicians may be said never to make an attempt at urinary analysis.

It is the object of the work before us to place in the hands of physicians and students a hand-book which by its simplicity of direction and comparative freedom from error, will make the practical application of its teachings at once easy and pleasant.

The author does not advance his work as one presenting methods whereby the more delicate and accurate analyses are to be made, but as presenting a manual of analysis sufficiently accurate for the purposes of clinical research.

The book is divided into seven chapters with an appendix, embracing various tables. The text treats of the collection and measurement of Urine, Apparatus Reagents and Standard Solutions, Color, Reaction and Specific Gravity, Estimation of Solids, Estimation of Normal Constituents, Detection and Estimation of Abnormal Constituents and Detection of Medicinal and other Substances. The work is one which should be in the library of every practitioner, and can not be too heartily recommended to students in search of a manual of Urinary Analysis.

The Principles and Practice of Surgery. By Frank Hastings Hamilton, A. M., M. D., LL. D., etc. Illustrated with 467 Engravings on wood. Second Edition, Revised and Corrected. New York: Wm. Wood & Co. 1873.

It is so short a time since we had occasion to notice the first edition of Prof. Hamilton's work that it is almost unnecessary to say anything further than that a new edition has been issued. The typographical errors of the first edition have been corrected, a few modifications made in certain statements made in the first edition, and a few important facts have been added. The index has also been greatly extended, which will be recognized by the readers of the book as a great improvement.

Among the additions which have been made we notice a mention of the mode of evacuating the bladder by Deaulafoy's Aspirator, and a short para-

graph on Renal Calculi. Other new and important observations have been noted in various portions of the work. The improvements are all of much value, and the new edition presents many advantages over the former one. As a text book for students it is equal to any, and we can heartily recommend it to both students and practitioners.

Text-Book of Physiology, General, Special, and Practical. By John Hughes Bennett, M. D., F. R. S. E., etc., with twenty-one Photographic Plates. Philadelphia: J. B. Lippincott & Co., 1873. Buffalo: H. H. Otis.

This work embraces in a small space all that is of importance to a text book of Physiology. The subject matter is arranged under the following heads: I. General Physiology including Chemistry of the Tissues, General Histology, Physical and Vital Properties of the Tissues, On Life and Vitality. II. Special Physiology comprising Nutrition, Innervation, Reproduction and Death. Part III. Practical Physiology is divided into three sections including Practical, Chemical, Histological and Experimental Physiology.

The illustrations are placed at the end of the book and although sufficient in number it seems that their clearness has in a great measure been sacrificed to space.

The subjects are treated to as great an extent as is generally desirable in a text book, and the ideas advanced are in accordance with the accepted opinions of the day. A careful perusal of the work will well repay any student of Physiology.

Manual of Chemical Analysis as applied to The Examination of Medicinal Chemicals. A Guide for the determination of their Identity and Quality, and for the detection of Impurities and Adulterations. By Frederick Hoffman, Ph. D. New York: D. Appleton & Co., 1873. Buffalo: Martin Taylor.

This is a work which will be of great value to Druggists and others in the habit of dealing with Medicinal Chemicals. The directions for ascertaining their identity and purity are well given and are such as can be easily applied by the majority of those wishing to use them. The work is amply illustrated, most of the apparatus used being figured in its appropriate place. As a work of reference for pharmacists and pharmaceutical students, it merits their careful attention.

The work consists of some three hundred and eighty pages and is printed in clear plain type, handsomely bound in cloth.

Contributions to Practical Surgery. By George W. Norris, M. D., Philadelphia: Lindsay & Blakeston, 1873. Buffalo: T. Butler & Son.

A large number of the articles in this work have previously appeared in print, and some have attracted considerable attention both in this country and abroad. They are now for the first time brought together in book form and the result is one of the best contributions to surgery which it has been our lot to peruse for some time. The number of subjects treated in the work are not large, but those presented are handled in so complete a manner as to leave nothing to be desired. The paper on Compound Fractures, is entirely new, and many additions have been made to the other papers embracing clinical histories drawn from hospital practice. The most notable addition is that made on the occurrence of false joints. The first paper is upon the occurrence of non-union after fracture, and embraces one hundred and eleven pages. It is a full and complete review of the whole subject, embracing a consideration of the various theories concerning its cause, and the different methods of treatment which have been used. From this article it will be seen that non-union after fracture is most frequent in the humerus and femur, that the mortality after operations for cure follow the same law as after amputations, viz., that the danger increases with the size of the limb, and the nearness of the operation to the trunk. Failures are found to be most frequent in the humerus, and in middle-aged and elderly than in younger subjects. The author also arrives at the conclusion which will we think meet the views of all that the seton and its modifications is safer and speedier than resection or the caustic.

The treatment of Deformities following Unsuccessfully Treated Fracture is next considered. The views advanced are such as will meet with the approval of the profession; an interesting account of several operations are given in this connection.

The paper on Compound Fractures, is to us one of the most interesting, of the many interesting articles in the book. The author's long service in the Pennsylvania Hospital have given him an experience which will entitle him to speak with authority. The paper discusses in a complete manner the practical treatment of compound fractures, and will be found in most particulars to agree with generally accepted views. We can hardly agree with the writer in leaving all splinters of bone which are adherent to the soft parts to become spontaneously detached. We have been in the habit of removing all splinters whether adherent or not, when there was no probability of their becoming again united to the shaft, and have yet to see any serious result either in the length of the limb or the union of the fracture. On the contrary we have in several instances seen both limb and life lost from the neglect to remove these splinters. In this connection it may be well to notice that although the author has not had a large experience in removing the ends of bones to facilitate the reduction of a compound fracture he speaks with favor of the operation. In

this he meets with our highest approval. Although it has been, and is doubtless, practiced needlessly in many cases, yet we can call to mind many instances wherein much trouble from necrosis etc., would have been saved, and a better result secured in the end, had a resection been made at the first dressing.

Statistics of the cases of amputation performed at the Pennsylvania Hospital from Jan. 1850 to Jan. 1860, and a paper giving the statistics of the mortality following the ligature of arteries comprise the next two articles. An account of a case of Varicose Aneurism at the bend of the arm, is the concluding article of the book. The book is printed on smooth heavy paper and is handsomely bound. We have been very much interested in reading the various articles, and recommend it to our readers as a work from which much valuable information can be obtained.

Chemistry; General, Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia. A Manual of the General Principles of the Science and the application to Medicine and Pharmacy. By John Attfield, Ph. D., F. C. S. Fifth edition. Revised from the Fourth (English) Edition by the Author. Philadelphia: H. C. Lea, 1873. Buffalo: T. Butler & Son.

The many readers and admirers of the former edition will be pleased to learn of the publication of a new edition of Prof. Attfield's work. The favor with which the previous edition was received, and the praises which it received from all has induced the author to prepare the present edition with especial reference to the American Profession.

The chemistry of the preparations and *Materia Medica* of the U. S. Pharmacopœia has been introduced into this edition, which is some seventy pages larger than the former. The chapter on the General Principles of Chemical Philosophy has been enlarged and entirely revised. The work is so well known to the majority of Medical students that it requires no further notice from our hands of its general contents, and we have only to heartily recommend it to their careful study.

Skin Diseases. Their Pathology, Diagnosis, and Treatment. By Tilbury Fox, M. D., London. Second American from Third London Edition, Re-written and enlarged. New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

Since the publication of the first American Edition of this work, it has largely increased in favor among American practitioners and received the highest commendation from all who have had the pleasure of reading it. Its many admirers will be pleased therefore to learn that a new edition has been published under the editorship of Dr. Henry, who had the honor of introducing the former edition to the attention of American Dermatologists. The

present edition is so much improved and enlarged over the former one however that its recognition would be almost a matter of difficulty.

Much has been added that is entirely new, and the contents of the first edition have undergone a complete revisal, many new thoughts having been added and obsolete ones expunged. A large number of illustrations have been introduced into this edition, taken in a large measure from the works of German authors. Dr. Fox has not hesitated to take advantage of the labors of other dermatologists both Continental and American, and has in every instance given them credit for whatever he has borrowed. Each disease is treated of in sufficient fullness to be clearly understood by the intelligent reader, and the present edition of Dr. Fox's work may be safely said to be the best English treatise on skin diseases extant.

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Books and Pamphlets Received.

Clinical Electro-Therapeutics, Medical and Surgical. A Hand-Book for Physicians in the Treatment of Nervous and other Diseases. By Allan McLane Hamilton, M. D. New York: D. Appleton & Co., 1873. Buffalo: Martin Taylor.

The Cerebral Convulsions of Man, represented according to original observations, especially upon their development in the Fœtus, intended for the use of Physicians. By Alexander Ecker, Prof. of Anatomy, University of Freiburg, Baden. Translated by Robert T. Edes, M. D. New York: D. Appleton & Co., 1873. Buffalo: Martin Taylor.

Insanity in its Relations to Crime. A Text and a Commentary. By Wm. A. Hammond, M. D. New York: D. Appleton & Co., 1873.

Report upon some of the recent Researches in Neuropathology. By Wm. B. Neftel, M. D. Reprint from No. 5 Archives of Scientific and Practical Medicine.

Clinical Notes on Nervous Diseases of Women. By Wm. B. Neftel, M. D. Reprint from Nos. 3, 4, and 5 Archives of Scientific and Practical Medicine.

Spectrum Analysis of Old Blood Stains. By S. Waterman, M. D. Reprint from No. 5, Archives of Scientific and Practical Medicine.

The Effects of High Atmospheric Pressure, including the Caisson Disease. By Andrew H. Smith, M. D., Surgeon to N. Y. Bridge Company.

The Proper Treatment of Children, Medical or Medicinal. Being the Annual Discourse before the Massachusetts Medical Society, June 4th, 1873. By Charles E. Buckingham, M. D.

Infant Feeding and its Relation to Infant Mortality. Reprint from New York Medical Review.

Transactions of the Medical Society of the State of West Virginia, June 1873.

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Original Communications.

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ART. I.—*Amputation at the Shoulder Joint.* Remarks and Cases.

By J. F. MINER, M. D.

The rule in Surgery, which seems to be fully established, that the nearer the body the greater the risk in amputations, suggests the propriety in hip and shoulder joint operations of considering carefully any measures of procedure calculated to diminish this risk. Prof. McGraw, of Detroit, suggested the capital idea in hip joint amputations of removing the bone from the acetabulum, when practicable, and dividing the soft parts at a greater distance from the body, thus avoiding the division of so great amount of tissue, and really removing the amputation to the junction of the upper and middle third, or even lower than this point in some cases. I had practiced upon this idea in injuries of the shoulder joint, but had not considered the importance of the principles involved until reading his paper, when the value of the suggestion was better appreciated.

In injuries of the bone and soft parts about the shoulder, it is not very unusual to be able to remove the shattered bone from the joint, and divide lower down upon the arm the lacerated soft parts, thus retaining, after recovery, some portion of the soft parts of the arm, which in the usual method of amputation at the shoulder joint were wholly sacrificed. These boneless stumps are of no great value in the motions or adjustments of artificial arms, but they are

not altogether useless; they maintain the contour of the shoulder, and above all, it is believed that oftentimes the risks attending the operative procedure are greatly lessened, and the operation, in controlling hemorrhage and tying the vessels, much simplified. The results of some recent cases have impressed me with the conviction that when the system is greatly reduced by loss of blood or from effects of long continued disease, the value of this procedure cannot be over-estimated.

A patient entered the General Hospital, at my request, for the purpose of exsection of a part or the whole of the humerus, as found necessary. Being bloodless and suffering from profuse purulent discharge, it was hoped that increase of strength and flesh might be obtained by a few weeks delay of the operation. Disappointed in this, it was soon apparent that he must lose his arm or life, or probably both, the disorganization of the arm being complete, having become a suppurating mass from within five or six inches of the joint throughout. The idea of making the usual operation of amputation at the shoulder joint was scarcely feasible, as our patient was hardly alive and could not be expected to bear much operative interference. The diseased bone was divided near the middle with a chain saw and the upper fragment carefully detached from the soft parts and glenoid cavity, and removed. The vessels were now easily controllable by grasping through the soft parts, and at a distance of about five inches from the joint the soft parts were divided, the vessels tied and parts approximated and retained by adhesive plaster, and warm water dressings applied. To the surprise of us all, the patient did not seem to suffer from the operation, no blood was lost, and but little living tissue was divided. He made a good recovery, gained rapidly in flesh and strength, and left the hospital in three months fully recovered.

The second case of this character was from railroad injury. The attempt to save the arm having failed, Dr. Green, of Buffalo, invited me to amputate at the shoulder joint. Mortification had left a line of demarkation four or five inches from the joint. The bone was shattered and now partially separated from the soft parts. With but little hope of saving the life of this patient, we yet removed the bone to the joint, divided what of tissue remained alive at about five inches

distant from the body, laid the parts gently together, retaining them with plaster, and applying warm water dressings. This patient recovered without an unpleasant symptom after the operation, from a condition of depression and bloodlessness, which according to my observation is generally fatal.

My third case is a recent one, and more strongly impressed me with the advantages of removing the bone first and then dividing soft parts at as great a distance from the body as circumstances will permit. A young man had an arm lacerated and completely destroyed by railroad accident. The soft parts were torn to within about four inches of the body, the bone broken to near the joint, the fragments loose and pointing into the flesh in all directions. The patient, suffering from shock and loss of blood, was so nearly pulseless that it seemed scarcely proper to make any interference; but after delaying for the effects of stimulants a little, the head of the bone was carefully disarticulated from the glenoid cavity and the brachial artery ligated. After this, the remaining soft parts were divided at a distance of about four inches from the body, and the parts loosely approximated with a suture or two and adhesive strips. The patient rallied and gradually recovered. This process consists in simplifying the operation as much as possible, and in this I believe consists the advantage of the procedure.

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ART. II.—*A Case showing the Danger of Error in Diagnosis.* By MILTON G. POTTER, M. D., Professor of Anatomy in Buffalo Medical College.

On the night of October, 3, 1870, I was called to attend Mrs. O. in confinement, she being at the time of my visit a perfect stranger to me. She was delivered at 4 A. M., Oct. 4th, of a male child, after a natural labor of about four hours duration. This was her first confinement. During the labor she complained bitterly of pain in the left side, and also of pain in the left thigh. This pain, however, in the thigh and side, had been a source of constant complaint during the period of her pregnancy, and the pain in the side had been frequently present during the last two years. The

afterbirth was detained about half an hour, when it was delivered without special aid from me. The labor was a remarkably clean one; the expulsion of the placenta being accompanied with no clots and no hemorrhage. Upon applying the bandage I was impressed with the large size of the abdomen and the unusually high position which the womb retained. It was, however, itself not of abnormal size. Assuring myself that my patient was not still pregnant, I made inquiry about her natural size, and was informed that during the year preceding her pregnancy, she had been unpleasantly large. Her bowels had moved freely twice during the night, the result of a cathartic she had herself taken, and she had also made water, both before and during my visit. Her pulse was 74, and as her womb was well contracted, I felt safe in leaving her, though I confess I did not have any well defined reason for her size. At 4 P. M., twelve hours after the delivery of Mrs. O., I was summoned, in great haste, to see her servant, who had been flowing profusely. She had already fainted, and was in syncope when I arrived. Examination showed the womb above the pubis, the vagina occupied by large clots, and the os open and flaccid. The servant was at once given Brandy, Ergot and Morphine and a bandage tightly applied. She confessed that she had had a miscarriage; had herself taken the foetus out of doors; returned to her room; then delivered the placenta, carried that also out of doors; had again returned to her room, and that she had flowed continuously from the time she started with the afterbirth until she fainted after her return to her bed. The condition of the rooms through which she had passed, (one of which was the room occupied by Mrs. O.), was abundant proof of her confession. At this time Mrs. O. is found considerably excited and tremulous—has not slept—is very much annoyed, fearing that she will again see the girl. She will not be comforted, but is startled by every noise, and thinks that that “terrible girl” is again coming through the room. Her pulse is 84 and she has urinated freely, using the bed-pan. \mathcal{R} Morphia Sulph. gr. ss., repeat in two hours if not quiet. 8 P. M.—Mrs. O. still excited; has taken a grain of Morphine since 4 P. M., and again urinated in the bed-pan. The

discharges from her are thought about normal in quality and amount. She is so large, however, that I am induced to reapply the bandage and examine the abdomen more closely than I have hitherto done. The womb, which could be felt distinctly before and after the expulsion of the placenta, cannot now be so clearly defined. Its fundus appears above the umbilicus, but its body is concealed behind a hitherto unrecognized tumor. The tumor is found to fluctuate and occupies the portion of the abdomen, between the umbilicus, symphysis, pubis and crest of left ilium. Without making the existence of this tumor known, I enquired if the patient had ever had any trouble in the region occupied by it. She replied that she had suffered a great deal of pain there during the last two years; that in the Summer of 1868, when it began, she was very sick for about two weeks, having, as her physician said, inflammation in this region, and, further, that she could, since this sickness, frequently feel a tumor there as large as an orange, and as frequently it would disappear and could not be felt. It would come and go. She had felt it, and had a great pain in it during her pregnancy. It had not before been examined by a medical man. It was at this time as large as a foetal head. Diagnosis unilocular cyst of left ovary
Pulse 80.

℞ Pulv Opii, gr. vi.

Eng. Ext. Hyoscyami.

Pulv. Camphoræ, aa gr. xviii.

Ft. pilulæ No. XII.

Take one every two or four hours, as needed.

October 5, 8 A. M.—Patient has not slept any during the night, and is much excited because her servant is still in the house. She has passed water involuntarily to some extent during the night, and, after a voluntary effort, urinated on cloths early in the morning. Her left leg is considerably swollen, and pits upon pressure. The abdomen is so large that I removed the bandage and re-examined it. The right lateral half of the abdomen is considerably larger than natural and tympanic. The left lateral half is larger the right, but dull and even flat upon percussion. Fluctuation is again recognized. Fearing still that the womb may be in some

manner occupied, I request a vaginal examination. While I am preparing to make this the patient voids a considerable quantity of urine. The finger applied against the os reveals nothing abnormal, except that it is very high up. The pelvis is apparently free. The fundus can be felt with the left hand on the abdomen, while the right forefinger is against the os. The fluctuating cyst was thus found to be neither a part of the womb nor connected with it, and the diagnosis already expressed was confirmed to my entire satisfaction. Her pulse was 82 and she was flowing about normally.

℞ Potassii Bromidi ℥ii every two hours, with Pulv. Opii gr. iss, if not quieted by the third dose of the Bromide.

Oct. 5, 9 P. M.—The servant girl has been removed to the hospital. My patient has been sleeping. Pulse 82. Continue treatment.

Oct. 6, 9 A. M.—Slept well during the night and is greatly refreshed thereby. The milk is coming and the child is regularly applied to the breast. After pains are present. She has control over urination and has made water freely. Whole aspect much improved. Pulse 72 and soft. Pain is only complained of in the tumor and left leg. The abdomen is still terribly distended and there have been during the night frequent eructations of gasses from the stomach. Her hearing is now considerably impaired, though she has taken no Quinine.

℞ Bismuthi Sub. Carb., gr. v., every three hours, with anodynes, as required.

Oct. 7, 9 A. M.—Has been very comfortable since last report, Her sleep during the night was somewhat interrupted, probably from the pain and annoyance which the escape of gases from the rectum and stomach occasions; complains of distension in the rectum and of general abdominal fullness. Has urinated normally. Pulse 76.

℞ Olei Ricini, ℥ss.

Oct. 8, 9 A. M.—Bowels moved twice yesterday, with relief. She has passed a comfortable night. Urine, however, has again come involuntarily from her several times in small amounts. She has made water once by voluntarily effort during the night. Pulse not recorded. Is seen by Dr. Smith.

1 P. M.—Am summoned on account of a chill. She has pain in her leg and over her womb. Pulse 120; abdomen larger; urinates involuntarily; has just taken a domestic dose of whiskey and is much excited.

℞ Morphine Sulph., gr. ss. at once; repeat in gr. $\frac{1}{4}$ doses every two hours till tranquil. Also Quinine, gr. iii, every 4 hours, with beef tea and brandy; hop fomentations over the abdomen.

6 P. M.—Has become quiet; pulse 112.

9 P. M.—Condition unchanged; continue treatment; the lochia have ceased.

Oct. 9th, 9 A. M.—Pulse 114. Urinates involuntarily, but in amount sufficiently large.

10 P. M.—Lochia re-established, though pulse are 120.

Oct. 10.—Continues much the same. Fomentations are omitted and the bandage reapplied. Throughout the remainder of her sickness she experienced great relief from the bandage when tightly applied. The history of this patient from October 10th to October 18th, the day of her death, is one of fatal puerperal metritis, with nothing in it of special interest save that, with three exceptions, she urinated involuntarily during these seven days. The amount, however, passed during each day was regarded, both by the nurse and myself as abundant. She was seen three times by Dr. Smith, once by Dr. Rochester, and once by Dr. Potter, of Lancaster. Dr. Rochester was particular in his examination with reference to urination, and was abundantly satisfied that she made water enough. Dr. Smith first saw the patient, Oct. 8th, when the tumor could be well defined, and concurred with me in my diagnosis.

Dr. Rochester saw the patient, Oct. 15th, when her condition was such as to render an examination for ovarian tumor improper, though the well marked dullness in the side, and my history of it, led him to suspect its existence.

The patient died at 4 A. M., Oct. 18th.

Post-mortem, 8:30 P. M., same day, in presence of Drs. Rochester, Smith, Strong, and myself. Rigor mortis is not well pronounced; abdomen is still terribly distended; percussion shows tympanitis and dullness as before death. Upon opening the abdomen no fluid is found in the peritoneal sac, nor was there any evidence of in-

inflammation of that membrane. The intestines are so full of gases that they roll out and almost conceal the tumor. By puncture these are made to collapse, and the cyst is exposed. It occupies the left lateral half of the abdomen, nearly as high as the umbilicus, but does not extend much beyond the linea alba. It is found not to look exactly like an ovarian cyst; it is not full of fluid; its walls are not tense; its contents are very fluid. On this account we are led to examine the sac more closely. It is found attached to neither ovary nor womb; but, by a broad surface, the side of the sac is firmly adherent to the plane of the Ischium and the attachment tapers as it reaches the pectineal line. Below, it is continuous with the urethra, and we find no other bladder except it. It contains between four and five quarts of urine and the walls do not collapse after evacuation. The walls are thin. The uterus presented the usual marks of inflammation.

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ART. III.—*Puncturing the Bladder above the Pubis.* By W. C. RAYMOND, M. D., Cambria, Niagara Co., N. Y.

It is generally conceded I believe, that "Puncturing the Bladder above the Pubis" is seldom necessary and that only in cases of enlarged prostate complicated with impermeable stricture, and but seldom performed. Hence my apology for reporting the subjoined case as its favorable termination might induce for it a further trial.

Was called July 17th, 1873, to see Leverett Sperry, aged 70 years and three months, an American, occupation a farmer, of spare habit, subject for many years to attacks of Asthma, suffering from retention of urine of thirty-six hours' standing from strictures and enlarged prostate.

I succeeded without much difficulty in introducing a large sized Gum Elastic Catheter, although the strictures seemed quite strong, and relieved the bladder of nearly a quart of urine, repeated the catheterization the next morning, after which time the patient passed the instrument himself until the evening of the 20th of July, when I was again summoned, found him suffering from retention and, although I could pass the catheter the whole length without difficulty, it did not relieve the bladder but was attended with considerable hemorrhage.

Judged that he had in his haste and suffering passed the instrument as far as one of the pockets, or folds of the urethra when by force he pushed it on and formed an artificial passage.

I concluded to tap the bladder, above and at point close down to the pubis, below where the peritoneum is reflected over the bladder, which I did with a lancet, making a free external opening I passed the lancet directly into the bladder, introducing a Gum Elastic Catheter of considerable length, which enabled me by depressing the end in the form of siphon to relieve the bladder of about pint and a half of decomposed blood, mucus and urine, when the patient expressed himself as feeling pretty well, not having suffered very much from the shock of operation, notwithstanding he had taken no anæsthetic.

Rested well through the night. Visited him next day, washed out the bladder with warm water, gave mucilaginous drinks with mild diet, washed out the bladder daily. At the end of a week introduced the catheter through the urethra and evacuated the bladder, and he now passes water both through the natural and artificial openings. He strenuously objects, having the artificial opening closed, as it might call for a repetition of the operation some time.

He expresses himself as being quite as well now as he had been for months before the operation.

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ART. IV.—*A case of Colles Fracture with Luxation of the Ulna.*
By CHAS. BUCKLEY, M. D., Rochester, N. Y.

Miss Agnes—, aged 20 years, residing in this city was employed in Kimball & Co's. Tobacco Factory.

On the 22d of January, 1872, she was engaged in attending a machine for packing tobacco in bags; part of this machine consists of a lever which descends and ascends to and from a table. While engaged in preparing bags for packing, her attention was called to another part of the building, at this time she was resting the lower end of the humerus on the table, the forearm being flexed on the arm and the radial border of the hand upturned, when in this position the lever descended on the hand, producing

a colles fracture and a *compound luxation* of the ulna. This case is an interesting one in consequence of the luxatiou being compound instead of simple as usually occurs.

The appearance of the ulna was precisely the same as described by Dr. Moore, in an article read by him at the meeting of the New York State Medical Society, in 1870.

The carpal end of the ulna projected through the integument and internal annular ligament three-fourths of an inch, having the triangular fibro cartilage torn off.

The opening through the ligament resembled the external abdominal ring, its fibres being separated and firmly grasping the projecting end of the ulna.

Ether was administered and reduction accomplished with an audible snap which was remarked by the by-standers and Dr. Moore's dressing applied.

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Miscellaneous.

Foul Wells as a Cause of Typhoid Fever.

By D. COLVIN, M. D., Clyde, N. Y.

Fearing that there yet may be some who doubt the drinking of impure water to be a fruitful cause for the development of typhoid fever, I deem it to be my duty to contribute to the columns of your journal some recent experience I have had, and which is, I think, sufficient proof of the fact.

I was recently summoned many miles into the country for the purpose of visiting the son of a farmer, fifteen years of age. I found him with the usual symptoms of typhoid fever.

While in attendance, and within four days, I was asked to see another son, aged ten, in an adjoining room.

He was then confined to the bed the greater part of the time, having had the symptoms attending the prodromic period for about a week. Not yet suspecting the real cause, I made no particular inquiry relative to the condition of the premises except so far as related to the cellar. I found that to be, with a slight exception, free from any poisonous matter.

Within three days I was again asked to see still another child, a little girl aged seven, who was suffering almost precisely as were the other two.

I then began an investigation relative to the house-drain, and found, so far as I then deemed it necessary to examine, nothing which I considered of sufficient cause to produce the particular illness.

But when within three or four days my attention was again called to another child, aged twelve years and four months, I concluded there must be some cause, aside from contagion, which could be discovered. I might add that the children composing the family numbering eight in all, and that upon summoning the balance, and instituting the necessary inquiries, I found that two of the remaining four were complaining of "not feeling well." "Some diarrhœa, with chilly feelings and headache."

I then desired the drain, which received the slops of the house, to be thoroughly opened. It ran in the direction of the well, the water of which was used for the family's general use, although it passed it to the right some four feet. Upon inspection, the following day, I found that there was a perfect communication between the drain and well at a point directly opposite the well, so that all matters thrown into the drain passed directly into the well. And found all the surfaces of the drain beyond this opening perfectly dry.

I might state that this occurred at "a very dry time," and the water in the well, as I was informed, was much lower than it had been in years. Its use was at once abandoned, but its effects did not cease until the two children who were then slightly ailing, and the mother, took to the bed, and all passed safely through a severe trial of the disease, save the mother, who succumbed to it in six days from the time she went to bed.

The only ones of the family who escaped the terrible scourge were the father and oldest daughter; unless the youngest child, which was still nursing when the mother was seized, was amenable to it (which I very much doubt).

I will not extend this paper by any farther remarks, as it will now occupy too much of your valuable space.—*Medical Record*.

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Of the use of Chlorate of Potash and Glycerine Injections for the Ulcerations in Chronic Dysentery.

Under the above title Dr. MEAD gives (New York Medical Journal, Sept., 73,) a report of two cases of Chronic Dysentery treated by this method. We copy his remarks in full and the report of Case I.

Probably one of the most intractable of the various diseases that inflict humanity is chronic dysentery. It will, undoubtedly, take a prominent place in the medical history of the late civil war, as far as camp diseases are concerned. The disease is essentially a chronic ulceration of the mucous membrane of the rectum and colon, and may continue the entire length of both, but is usually confined to the former. Ulcerations may, however, exist in the

smaller intestines, but with these I have nothing to do at present, nor with any of the ulcerations produced by scrofulosis, cancer, or as sequelæ of syphilis.

The disease in the first instance is undoubtedly produced by some irritant coming in contact with the part, after the general health has been undermined by the acute dysentery, or it may be by typhoid fever; and I deem it not impossible for the ulcerations to be superinduced by any disease that may depress the general health, together with the application of the irritant.

This irritant may be any thing that will induce an inflammation of the mucous membrane. Probably the acrid secretions of the intestines themselves produce more cases than all other causes. Violent and long-continued purging with drastic cathartics may prove the cause; corrosive sublimate is also mentioned as a possible cause. It may, perhaps, be a question whether the ulcerations of Peyer's patches in enteric fever can result in chronic ulceration of the large intestine. Whatever may be the cause, the subsequent history is the same. The ulceration that takes place in the first instance is substantially the same that we sometimes see in the mouth and fauces, produced by some disorder of digestion or other cause, and would be equally amenable to treatment could we but make the same direct application of our remedies, and prevent the continued presence of the original or some other irritant. The subsequent history of the ulcerations in the two locations, provided there be no medication, is very different. Those of the mouth will probably recover, while those of the colon and rectum will probably continue to grow worse.

This tendency is probably the result of the bad condition of the general health, the presence of unhealthy acrid fæces, the nervous irritation of the inflammation, the frequent desire to go to stool, and tenesmus; the straining and contractions of the muscular coats of the intestine, causing the rubbing together of the diseased and other portions of the bowel, thus increasing and spreading the ulcerations by the application of the diseased secretions to the otherwise healthy tissue. Sometimes the ulcerations, after a variable length of activity, seem to pass into a state of quiescence, and their surfaces become covered with a whitish membrane. During this state of quiescence, the patient often deceives himself into thinking he is getting the better of the disease; but, in a short time, owing, as he supposes, to some indiscretion on his part, either in exposing himself or indulging his appetite, he finds himself worse off than before. This attack, however, is produced by a renewed activity of the ulcers, without throwing off the membranes that have been formed over them, but by breaking either through them or by their sides. After another time of activity, they again become quiescent, and other covering membranes are formed over the first. The disease thus goes on, the membranes continue to thicken, until the patient dies from the continued

drain on his system, or is cut off by some inter-current disease that under ordinary circumstances might be of but little moment. I have seen the coats of the colon and rectum from one-fourth to a third of an inch in thickness at the seat of ulceration, where the patient had died of this disease.

The treatment in this condition, usually recommended, consists in the use of opium, quinine, iron, alcohol, bismuth, astringents, a strict diet, etc. With what success these remedies have been used, let the tombstones and hospital death-records report. That medicine given by the mouth can have any decidedly remedial effect upon the ulcerations of the colon or rectum, is extremely questionable, and especially if the remedy be nitrate of silver, sulphate of copper, or any simple astringent.

Flint says ("Practical Medicine," third edition): "Chronic dysentery is one of the most intractable and hopeless of diseases. * * * The treatment of chronic dysentery relates first to the local affection. Remedies to allay irritation and to promote the healing of ulcerations are indicated. But, unhappily, in the great majority of cases, there is very little probability that a cure will be effected, and all that can be hoped for from judicious treatment are palliation of symptoms and prolongation of life."

'The ulceration itself is purely a local disease, and should be treated locally, and, instead of astringents, a stimulant to the mucous membrane should be used. The objects of treatment should be to heal the ulcerations, and to induce such a healthy action of the part as to throw off the whitish membranes that have been formed over them. The remedies that have been found efficient in ulcerations of the mucous membrane of the mouth, etc., should, by a reasonable inference, be equally efficient for ulcerations in any other part of the alimentary tract. And such I have found to be the fact.

My treatment is, to inject into the bowel half a drachm of chlorate of potash rubbed up in half an ounce of glycerine, and mixed with three to four ounces of warm water, two or three times a day, the patient to be confined to the bed with instructions to hold the enema as long as possible. The first injection will not be held over half a minute, and not that length of time if the rectum be much affected. But in a few days the trouble in this respect will be greatly overcome, and, as the ulcerations heal, greater tolerance of the medicine will be evinced. After these injections have been used for from seven to ten days, the whitish membranes and *debris* of the ulcers, provided it be an old case, will be passed with the stools, looking like scraped lint. This occurred in the first case I had, to the no small surprise of my patient. The general health of the patient, of course, needed continued attention, and such medication as the case indicated was prescribed.

The two following cases I give as showing the result of this method of treatment:

CASE I.—Came under treatment June 4, 1868. D., aged twenty-seven years, light, fair complexion, light-colored hair, hazel eyes; formerly of Connecticut, and colonel of one of the regiments of volunteers during the late war. Was first attacked in July, 1861, while on duty with his regiment in Virginia. Afterward ordered to South Carolina, where he remained on duty until his health completely failed, and he was forced to resign and return home. From the time of his attack until I took charge of his case he had been under the care of good physicians, and had undoubtedly received the benefit of the best treatment as laid down by our authors. He informed me, however, that he had not had a natural stool since his first attack, and that all the effect the medicines seemed to have was simply to keep him alive. The amount of medicine that he had taken was astonishing, and especially so as he had lived through it all, saying nothing of the ravages of the disease. And, as may be supposed, his faith in the medical profession was as near *nihil* as possible, so far as his own case was concerned. At this time, June 4, 1868, he was having from twenty to thirty stools in the twenty-four hours, was in a very weak, anæmic condition, with hardly strength enough to stand alone. His muscles were atrophied and flabby, the skin dry, pulse very weak, and in all respects he appeared incapable of living more than a week. The general appearance of these patients just before death is too well known to need any further description of this one, as he was in all respects a typical and a classical one.

I commenced the use of injections at once, prohibited the use of opium and whiskey, which had always been ordered him in great quantities during the whole of his sickness, and were doing him much more injury than benefit. Subnitrate of bismuth, in forty-grain does, suspended in mucilage, three times a day, with quinine, iron, strong beef-tea, beefsteak, eggs, etc.; in fact, gave him the most powerful diet as to kind and quantity he could take, and leave the least amount of *debris* to pass the intestines. The injections at first were returned as soon as thrown up, but produced a decided impression upon him. It seemed to him, he said, "as though they would take his breath away," and the pain for some time was intense. But, in a short time, the unpleasant sensations became less prominent, and, although it was several days before he could hold the injection for an hour, yet the tenemus and desire to go to stool, together with the passage of mucus and pus, were all most sensibly improved within a very few days, and at the end of twelve days the stools were reduced to eight or ten in the twenty-four hours. He continued to improve in all respects until his health was restored, except a partial cirrhosis and functional disorder of the liver, produced by the long-continued use of alcoholic liquors that had been prescribed for him. There was a good deal of tenderness of the bowel, which continued for nearly two years,

but, up to the present time, he has had no return of his old trouble that could not be controlled by hyoscyamus and tannate of bismuth, and has had no return of dysentery for at least two years. His stools are natural in all respects, his appetite good, and his diet as miscellaneous as one need wish. He was under treatment three months before he was able to resume his duties at the office and work all day.

* * * * *

The history of these two cases, before I commenced their treatment, was derived from the patients themselves. They are both intelligent men, have some knowledge of medicine, and are perfectly trustworthy in all their statements.

I am well aware that it is not safe to draw conclusions from a few successful cases treated in a different method from that advised by the standard authors; but, when they admit that their method nearly always proves fatal, we are certainly justified in endeavoring to discover some new plan, "and when found make a note of it."

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We copy the report of the following remarkable case from the *Medical and Surgical Reporter*, Dr. S. W. Butler, Editor, for September, 1857. We have recently seen and conversed with Dr. Seaman concerning the case. He showed us the portions of bone removed, which correspond with the report below. Dr. Seaman had the kindness to present the specimens to the Buffalo Medical College Museum, where it will be treasured as a remarkable curiosity. He informs us that the patient is still alive and in full possession of all his faculties. A few months after the accident he married, and is now the father of five or six children. The eldest, a girl, for some time after her birth presented a nervous, frightened look, similar to that observed in the father by Dr. Seaman during his sickness. The patient complains of no pain or unnatural feeling in the parts, the only inconvenience experienced being a sense of fullness at the seat of injury when engaged in too active exertion, or when stooping over. Were it not for the fact that we are personally acquainted with Dr. Seaman, and have seen the fragments of bone removed, we should hesitate in presenting the case to our readers as being worthy of acceptance.—] ED.

A Case of Loss of Nearly Half of the Bones of the Skull, with Exposure and Sloughing of a Portion of the Brain.

By WM. W. RUTHERFORD, M. D., of Harrisburg, Pa., and H. SEAMAN, M. D., of Millport, Chemung Co., N. Y.

On the morning of the 23d of July, about three o'clock, I was requested to visit Mr. Edward Thomas, at Highspire, a village on the Pennsylvania Canal, six miles east of Harrisburg, who was

said to be seriously injured by his head striking against a canal bridge whilst asleep on the deck of his boat.

I reached Highspire about 4½ o'clock, and found Mr. T. in bed, his hair filled and matted with blood, his vest, shirt, upper part of his pantaloons and bed saturated with it, and a horrible looking rent in the scalp from the right superciliary ridge to the occipital bone. The wound was filled with coagulated blood, which stood up high above the level of the surrounding parts, and some blood still oozed from the wound. In a cloth, on a bench on the opposite side of the cabin, was rolled up a portion of the malar bone, some fragments of the os frontis, and the entire right parietal, detached from its fellow along the sagittal suture, and from the occipital along the lambdoidal suture, or perhaps taking some part of the occipital bone with it, together with the squamous portion of the temporal bone. It was as clear of soft parts as if it had been removed from the dead subject with scalpel and saw.

His pulse was small, moderately frequent, and rather feeble; skin rather below the natural temperature, but not much. Said he did not suffer much pain. His mind was perfectly undisturbed, quick and vigorous. I asked him if the sight of the right eye was impaired; he closed the left with his hand and said the vision of the right was perfect. He had no feeling of faintness, sickness of stomach, or any symptoms of concussion of the brain. The diminished force and volume, and increased frequency of the pulse were, I think, owing entirely to the loss of blood.

I suggested to Dr. Putt, who was in attendance with me, that it would be very difficult to dress the wound in the position in which Mr. Thomas was then lying. Mr. Thomas said he would sit up, and immediately got up and seated himself on a chair in the middle of the cabin floor.

We removed the hair an inch and a half or two inches from each side of the wound with scissors, and then shaved the scalp with a razor. I then examined the wound carefully with my finger, and found two loose pieces of bone about the superciliary ridge, which I removed. I then took a pocket-case spatula and commenced at the posterior angle of the wound, and removed a sufficiency of the coagulum to allow the edges of the scalp to be brought together by suture, then proceeded to remove some more and introduce another stitch, &c., until I had the wound in its whole extent very neatly brought together. In the clots which I removed I did not discover any discharged brain, nor did I get a sight of the membranes of the brain, for I was apprehensive if I removed the coagulated blood entirely that fresh hæmorrhage would ensue. Indeed I concluded the less the brain was meddled with in that unprotected state the better.

The dressing occupied an hour or perhaps more, at the end of which he rose to his feet and removed his vest and shirt and put on a clean one; he then took off his pantaloons, and being handed a

clean pair, poised himself on one foot and thrust the other into the leg of the pantaloons, changed feet, and thrust in the other leg, drew them up, buttoned and adjusted them with care, just as if nothing had happened to him, and walked over to his bed and laid himself down. He was not aware he had lost so much bone, or perhaps any, for it was concealed from him.

About 6½ o'clock I left him after applying a wet towel to his head, and at ten o'clock saw him again in company with two of our Harrisburg physicians, as the boat passed through the locks at this place.

Considerable reaction had occurred; his pulse was full, tolerably strong, and about 80; skin warm, mind clear but little pain, scarce any drowsiness, and his feelings he said quite comfortable.

If it were not for the fact that two physicians of this place, and Dr. Putt, of Highspire, have seen the patient, together with Dr. Seaman's letters, I should doubt the propriety of publishing it in a respectable medical journal, for really it is almost too marvelous for belief. Here is a man with nearly half of his skull torn away without any cerebral disturbance whatever, indeed without any symptoms to indicate the injury he has received except the torn scalp and the hemorrhage. Thus I conclude a hasty but truthful statement of the case as it came under my observation.

Since the accident, I have learned that it was produced by the end of one of the suspension rods which holds the string-pieces to the arch, the end of which projected below the timbers.

The boat was a very large one, used in carrying down coal, was returning empty, and floated very high, which accounts for the disaster.

MONTOURSVILLE, July 30, 1857.

DR. RUTHERFORD—

DEAR SIR: My brother-in-law, Edward Thomas, the boat captain whose head was so seriously injured by a bridge with so much loss of the bony structure, which was dressed by you on the morning of the 23d inst., near Harrisburg, requests me to write to you, and inform you that he is still living, and in full possession of all his mental faculties.

The dressing has not been removed from the wound, but he is apparently doing well. He sleeps comfortably during the night and occasionally during the day. His appetite for food is good, and he complains bitterly of the low diet to which he is subjected. Pulse ranges from 70 to 78, soft, and circulation equal. No preternatural heat of the skin. Complains of some dull pain in the head, helps himself up with ease, but when he starts up suddenly, as he sometimes does, from sleep, there will take place immediately considerable hemorrhage from the wound. On the whole, he is very comfortable, and hopes are beginning to be entertained by his friends of his ultimate recovery.

I have practiced medicine and surgery twenty-six years of my life, and had supposed that I had witnessed almost every form of human injury and suffering, but never before have I met any injury which would compare with this, and the patient so long survive after its infliction. For your gratification (as I presume you did not measure,) I will give you the actual measurement in a straight line across the concave surface of the piece of skull broken out, which now lies before me. You will recollect it was of an oval form, and I find it measures $6\frac{3}{4}$ inches in its longest diameter, and $5\frac{3}{4}$ inches in its shortest diameter.

With such a loss of the bony covering of the brain and the violence of the blow necessary to remove it, the great wonder is that the patient is still alive and comfortable, on this, the eighth day after the accident.

Yours Truly,

H. SEAMAN.

—————
MONTOURSVILLE, August 5, 1857.

DR. WM. W. RUTHERFORD—

DEAR SIR: Your very obliging letter of the 2d inst. is received, and it affords me much pleasure to comply with your request to keep you informed of Edward Thomas' condition

This is the thirteenth day since he received the injury, and strange as it may appear, he is evidently doing well. During the first ten days succeeding the wound, there was considerable and frequent returns of hemorrhage from it, which would occur on almost every effort to sit up or even turn over in bed, but was readily arrested, in most instances, by the more frequent application of ice water. Since suppuration has commenced the bleeding has ceased.

I removed your dressing on the eighth day, and found the sutures all sloughed out, and no union of the wound by the first intention. The edges of the wound were widely parted, the scalp hanging in a fold over the ear, leaving a portion of the surface of the brain the length of the wound and one and one-half inch wide exposed to view. I have since, and with much difficulty, shaved off the entire scalp and brought the edges of the wound nearly together by adhesive straps, supporting them by the application of a bandage to the entire head. The tightness of these dressings was made to depend on the feelings of the patient. Suppuration is gradually going on, and granulations forming over the surface of the dura mater. All his symptoms at present are favorable. Intellect perfect, appetite good, pulse varying from 76 to 90 in a minute, tongue clean, skin nearly natural, strength holds out well, sits up occasionally from one to two hours at a time, and his friends are beginning to entertain a hope of his ultimate recovery. The cold wet cloths are still applied, as they have been faithfully from the first, to the persevering application of which I think he owes his life and the comparatively comfortable condition he now enjoys.

You will please accept the thanks and the gratitude of the patient and his friends for your skillful and persevering effort to save the life of this young man in one of the most hopeless conditions ever falling under the notice of the medical profession. I shall be much obliged, not only to you, but Dr. Butler also for a copy of the number of the *Reporter*, containing a notice of this case. I will endeavor to keep you posted in reference to its progress.

I remain yours truly.

H. SEAMAN.

MONTOURSVILLE, August 8, 1857.

DR. WM. W. RUTHERFORD—

DEAR SIR: Again I write to inform you of Edward Thomas' condition. Since I wrote you last he has been improving rapidly. I have just finished dressing the wound, and find the floating scalp firmly attached to the dura mater in every part, and covered by it, except the exposed portion, a strip three-fourths of an inch wide by six inches long, and this is entirely covered by strong and healthy granulations. I have continued to dress the wound with long adhesive straps, keeping it clean by the use of a sponge and warm water.

He does not complain of as much pain in his head and ears as formerly, and sits up in a chair two or three hours per day. His appetite is good, rests well at night, and has been walking about the house this afternoon without much apparent fatigue. At present he is recovering very fast, and if no unfavorable change should take place, he will soon be quite well.

In a former statement which I made to you in reference to the amount of skull bone broken out, I committed an error by not having compared the portion broken out with that left. I there said "nearly one-third of the entire skull is broken out," but should have come nearer the truth, had I said nearly one-half instead of saying one-third. I had forgotten to mention above that his intellect remains undisturbed, and that considerable of the lower part of the right front lobe of the brain was so injured that it has sloughed away.

This case presents considerations for the physiologist and phrenologist, some of whom may jump to the conclusion, that men, in this fast age, do not require such cumbrous bony structures, filled with so much chaff called brains, as many of us carry on our shoulders.

I remain yours, &c.,

H. SEAMAN.

Rendering Hard Waters Soft.

It is well known that water usually owes its hardness principally to the presence of the soluble bicarbonates of lime and magnesia, and that by the addition of caustic lime these salts are precipitated in the form of insoluble carbonates. Since the introduction of this method of rendering hard water soft, much difficulty has been experienced in ascertaining just how much lime to add in each case. If an excess of lime is added to water used for a steam boiler, the lime itself deposits when the water is concentrated, and augments the incrustation which it was intended to prevent.

From carefully conducted quantitative chemical analysis, it is possible to calculate very nearly the quantity of lime required. A simpler, quicker, and cheaper method is, however, a volumetric one, invented by John Stingel, of Vienna. A saturated solution of pure quick-lime in distilled water is first made and allowed to settle. It is then decanted, and the quantity of lime in solution is determined by titration, as follows: 10 cubic centimeters of nitric acid, of one tenth the normal strength, is colored red by a few drops of tincture of litmus. Into this the lime water is allowed to drop slowly from a graduated pipette, until the litmus indicates that the solution is neutral. Since 54 parts of nitric acid will be neutralized by 28 parts of oxide of calcium, or pure quick-lime, it is only necessary to divide 28 by the quantity of lime solution employed in neutralizing 54 parts of acid, to find how much pure lime was contained in one cubic centimeter of the solution.

Some of this saturated solution of lime is now allowed to drop slowly from the pipette into 100 c. c. of the water to be operated upon, stirring the latter continually. At first it remains clear, owing to the slight solubility of the carbonates of lime and magnesia, and when at length it gets cloudy, the precipitate dissolves on stirring. This point also having been passed, the precipitate finally refuses to dissolve, and the liquid remains milky. The addition of lime solution is to be continued as long as it increases the turbidity. If flakes of carbonate of lime and magnesia separate, it contains too much lime already, which is proved by taking out a drop on to a piece of tumeric-paper, or if much excess is present nitrate of silver will also show it.

Having ascertained how much of the test solution is required for 100 c. c. of the water to be used, and knowing also the amount of lime in that quantity of the test solution, it is easy to calculate how much lime must be added to soften any given quantity of the hard water. The lime actually used not being perfectly pure, it will of course be necessary to determine the percentage of insoluble matter in it, and also ascertain how much of the water used will be required to dissolve the requisite amount of lime.—*Boston Journal of Chemistry.*

Rules for the Management of Infants during the Hot Season.

Rule 1. Bathe the child once a day in tepid water. If it is feeble, sponge it all over twice a day with tepid water, or with tepid water and vinegar. The health of the child depends much upon its cleanliness.

Rule 2. Avoid all tight bandaging. Make the clothing light and cool, and so loose that the child may have free play for its limbs. At night undress it, sponge it, and put on a slip. In the morning remove the slip and dress the child in clean clothes. If this cannot be afforded, thoroughly air the day-clothing by hanging it up during the night. Use clean diapers, and change them often. Never dry a soiled one in the nursery or in the sitting-room, and never use one for a second time without first washing it.

Rule 3. The child should sleep by itself in a cot or cradle. It should be put to bed at regular hours, and be early taught to go to sleep without being nursed in the arms. Without the advice of a physician, never give it any *spirits, cordials, carminatives, soothing-syrups, or sleeping drops.* *Thousands of children die every year from the use of these poisons.* If the child frets and does not sleep, it is either hungry or ill. If ill, it needs a physician. Never quiet it by candy or cake; they are the common causes of diarrhœa, and of other troubles.

Rule 4. Give the child plenty of fresh air. In the cool of the morning and evening send it out to the shady sides of broad streets, to the public squares, or to the park. Make frequent excursions on the rivers. Whenever it seems to suffer from the heat, let it drink freely of ice-water. Keep it out of the room in which washing or cooking is going on. It is excessive heat that destroys the lives of young infants.

Rule 5. Keep your house sweet and clean, cool and well aired. In very hot weather let the windows be open day and night. Do your cooking in the yard, in a shed, in the garret, or in an upper room. Whitewash the walls every spring, and see that the cellar is clear of all rubbish. Let no slops collect to poison the air. Correct all foul smells by pouring carbolic acid or quick-lime into the sinks and privies. The former article can be got from the nearest druggist, who will give the needful directions for its use. Make every effort yourself, and urge your neighbors, to keep the gutters of your street or court clean.

Rule 6. *Breast-Milk is the only Proper Food for Infants.*—If the supply is ample, and the child thrives on it, no other kind of food should be given while the hot weather lasts. If the mother has not enough, she must not wean the child, but give it, besides the breast, goat's or cow's milk, as prepared under Rule 8. Nurse the child once in two or three hours during the day, and as seldom as possible during the night. Always remove the child from the

breast as soon as it has fallen asleep. Avoid giving the breast when you are over-fatigued or overheated.

Rule 7. If, unfortunately, the child must be brought up by hand, it should be fed on a milk diet alone, and that, warm milk out of a nursing-bottle, as directed under Rule 8. Goat's milk is the best, and next to it, cow's milk. If the child thrives on this diet, *no other kind of food whatever should be given while the hot weather lasts.* At all seasons of the year, but especially in summer, there is no safe substitute for milk to an infant that has not cut its front teeth. *Sago, arrow-root, potatoes, corn-flour, crackers, bread, every patented food, and every article of diet containing starch, can not, and must not be depended on as food for very young infants.* Creeping or walking children must not be allowed to pick up unwholesome food.

Rule 8. Each bottleful of milk should be sweetened by a small lump of loaf sugar, or by half a teaspoonful of crushed sugar. If the milk is known to be pure, it may have one-fourth part of hot water added to it; but if it is not known to be pure, no water need be added. When the heat of the weather is great, the milk may be given quite cold. Be sure that the milk is unskimmed; have it as fresh as possible, and brought very early in the day. Before using the pans into which it is to be poured, always scald them with boiling suds. In very hot weather, boil the milk as soon as it comes, and at once put away the vessels holding it in the coolest place in the house—upon ice if it can be afforded, or down a well. Milk carelessly allowed to stand in a warm room soon spoils, and becomes unfit for food.

Rule 9. If the milk should disagree, a tablespoonful of lime-water may be added to each bottleful. Whenever pure milk can not be got, try the condensed milk, which often answers admirably. It is sold by all the leading druggists and grocers, and may be prepared by adding, without sugar, one teaspoonful or more, according to the age of the child, to six tablespoonsful of boiling water. Should this disagree, a tablespoonful of arrow-root, of sago, or of corn-starch to the pint of milk may be cautiously tried. If milk in any shape can not be digested, try, for a few days, pure cream diluted with three-fourths or three-fifths of water—returning to the milk as soon as possible.

Rule 10. The nursing-bottle must be kept perfectly clean; otherwise the milk will turn sour, and the child will be made ill. After each meal it should be emptied, rinsed out, taken apart, and the tube, cork, nipple, and bottle be placed in clean water, or in water to which a little soda has been added. It is a good plan to have two nursing-bottles, and to use them by turns.

Rule 11. Do not wean the child just before or during the hot weather, nor, as a rule, until after its second summer. If suckling disagrees with the mother, she must not wean the child but feed it in part, out of a nursing bottle, on such food as ha

been directed. However small the supply of breast-milk, provided it agrees with the child, the mother should carefully keep it up against sickness; it alone will often save the life of a child when everything else fails. When the child is over six months old, the mother may save her strength by giving it one or two meals a day of stale bread and milk, which should be pressed through a sieve and put into a nursing-bottle. When from eight months to a year old, it may have also one meal a day of the yolk of a fresh and rare boiled egg, or one of beef or mutton-broth into which the stale bread has been crumbled. When older than this, it can have a little meat finely minced; but even then milk should be its principal food, and not such food as grown-up people eat.

For the convenience of mothers, the following recipes for special forms of diet are given:

Boiled Flour, or Flour Ball.—Take one quart of good flour, tie it up in a pudding-bag so tightly as to get a firm, solid mass, put it into a pot of boiling water early in the morning, and let it boil until bedtime. Then take it out and let it dry. In the morning, peel off from the surface and throw away the thin rind of dough, and, with a nutmeg-grater, grate down the dry, hard mass into a powder. Of this from one to three teaspoonsfuls may be used, by first rubbing it into a paste with a little milk, and, finally, by bringing the whole to just the boiling point. It must be given through a nursing-bottle.

An excellent food for children who are costive in their bowels may be made by using bran-meal or unbolted flour instead of the white flour, preparing it as above directed.

Rice-Water.—Wash four tablespoonfuls of rice, put into two quarts of water, which boil down to one quart, and then add sugar and a little nutmeg. This makes a pleasant drink.

A half-pint or a pint of milk added to this, just before taking it from the fire, and allowed to come to a boil, gives a nourishing food suitable for cases of diarrhoea.

Sago, tapioca, barley or cracked corn can be prepared in the same manner.

Beef-Tea.—Take one pound of juicy, lean beef—say a piece off of the shoulder or the round—and mince it up with a sharp knife on a board or a mincing-block. Then put it with its juice into an earthen vessel containing a pint of tepid water, and let it stand for two hours. Strain off the liquid through a clean cloth, squeezing well the meat, and add a little salt. Place the whole of the juice thus obtained over the fire, but remove it as soon as it becomes browned. Never let it boil; otherwise most of the nutritious matter of the beef will be thrown down as a sediment. Prepared in this way, the whole nourishment of the beef is retained in the tea, making a pleasant and palatable food. A little pepper or allspice may be added if preferred.

Mutton-tea may be prepared in the same way. It makes an

agreeable change when the patient has become tired of beef-tea.

Raw Beef for Children.—Take half a pound of juicy beef, free from any fat; mince it up finely; then rub it up into a smooth pulp either in a mortar or with an ordinary potato-masher. Spread a little out upon a plate and sprinkle over it some salt, or some sugar, if the child prefers it. Give it with a teaspoon or upon a buttered slice of stale bread. It makes an excellent food for children with dysentery.

At a meeting of the Obstetrical Society of Philadelphia, held April 5, 1873, the undersigned committee was appointed “to consider the Causes and the Prevention of Infant Mortality during the Summer Months.” The foregoing rules, drawn up by this committee, were revised and adopted by the Society at a meeting held May 1, 1873, and ordered to be published.

Committee.—Dr. Wm. Goodell, Chairman, Dr. J. Forsyth Meigs, Dr. John L. Ludlow, Dr. Albert H. Smith, Dr. John S. Parry, Dr. Wm. F. Jenks.—*Phil. Med. Times.*

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Nervous Diseases of Women.

In an article on Nervous Diseases of Women (*Archives of Scientific and Practical Medicine*), Dr. Wm. B. Neftel, says: In concluding this article on nervous diseases of women, I wish to allude to some ætiological and therapeutical peculiarities as regards diseases of women generally. Much has been said already with reference to the irrational mode of woman’s clothing impeding the functions of the organs of the thoracic and abdominal cavities, and predisposing to different diseases. It is to be regretted, however, that this subject should have been discussed mostly by social reformers, moralists, or by advocates of a special cure of female diseases. The only competent judges in this matter are the physicians, and the most decisive arguments for the discussion must be derived from *post mortem* examinations and from experiments. In this respect we possess some facts that may serve as a basis for further investigation. I have seen at the autopsies of women in Virchow’s Pathological Institute some specimens of livers presenting remarkable deformities in consequence of tight lacing. Such a liver bears the name of corset-liver (Schneurleber), and illustrations of such deformities can be seen in Frerich’s classical work on diseases of the liver.† This malformation must necessarily interfere with the normal functions of this important organ, and must be followed by chronic and incurable derangements of the digestion and of the circulation in the system of the portal vein, with all their consequences.

In 1863 I made a considerable number of experiments on animals in the laboratory of Prof. Harley, in the University College, London, which I continued, in 1867, in the Pathological Institute

†Frerich’s *Klinik der Leberkrankheiten* Zweite Aufl. Bd. I., figs. 7, 8, 9, 10, 11.

of Prof. Virchow. Though the object of these experiments was to study the effect of a slight but continuous impediment of the respiratory movements upon the development of affections of the lungs and heart, I found that the effect of the pressure was still more pronounced in the abdominal organs, especially the liver and kidneys. I have not yet published the result of these experiments, and give here the following extract from my note-book :

Rabbits cannot bear even a very slight compression of the trunk by a bandage. Their respiration becomes accelerated, the conjunctiva congested, and they invariably die, sometimes after twenty-four hours. May 22d, 1867, I applied loosely a bandage around the thorax and abdomen of a rabbit. The animal died May 26th. I found the liver and kidneys very much congested. In the liver, especially on its convex surface, numerous white spots, from the size of a pin's head to that of a pea, very resistant and retracted. There were, besides, psorospermia.

May 29th, 1867, a similar bandage, but still looser than the former, was applied to a well-nourished and vigorous rabbit, which, nevertheless, died June 11th, being much emaciated, and the liver and kidneys very much congested.

May 30th, 1867, I applied a very loose bandage around the thorax and partly around the abdomen of a female dog. During the first fortnight no perceptible change could be noticed in the animal; afterward it grew thinner, and coughed, which I ascribed to the irritating influence of the air of the chemical laboratory where the dog was kept. It died July 4th. At the *post-mortem* the blood was found very thin and dark, the heart dilated, the lungs emphysematous, a hæmorrhagic infarction in the spleen, and the small intestines contracted, the liver and kidneys congested, the epithelium of the latter fatty, degenerated, etc. In cases where the compression by the bandages was minimal, and the animal survived a longer time, the kidneys presented the appearance of Bright's disease in its first stages.

Perhaps it is worth mentioning that high-heeled shoes are very injurious, by excluding certain groups of muscles from participating in walking, and over-exerting other sets. Backache in the lumbar region is apt to follow after wearing such shoes for a considerable length of time.

That irregularities in the sexual functions play an important part in the ætiology of diseases of women is well known to physicians.

I was told that not unfrequently ice-water is injected into the vagina immediately after sexual intercourse, with the object of preventing conception. Two ladies who were in the habit of so doing are suffering from large fibroid tumors of the uterus; others are affected with chronic metritis and extreme nervousness.

The injurious effect of the intense and sudden cold upon the sexual organs during their increased activity may easily account for their disorders. Moreover, admitting the development of tu-

mors from local irritative processes, we can also explain the origin of the fibro-myomata in the above cases.

In treating chronic diseases of women, especially nervous disorders, we have to bear in mind the important influence of muscular exercise upon the healthy condition of the whole economy. The accumulated products of tissue-metamorphosis act in a deleterious manner upon all the vital processes, especially producing a depressing effect upon the muscular and nervous system, and a feeling of exhaustion. Ranke* has shown that these so-called exhausting substances (*ermudende Stoffe*,) as lactic acid, carbolic acid, etc., abolish the irritability and electro-motor properties of the muscles. Their effect can be neutralized by injecting blood through the blood vessels into the exhausted muscles. In the living organism it is the alkaline blood and lymph that act in the same beneficial way. The circulation of blood and lymph facilitate the removal from the muscles, and nervous apparatus, of these effete substances, and their final elimination from the system, after which these organs regain their irritability and other electro-motor properties. Thus we see persons tired and prostrated without any muscular activity, feel refreshed and vigorous in walking, and the more so, the more they continue to take exercise.

Furthermore, the neglect of exercising and developing the muscles, which constitute the largest part of the body, is followed by other injurious consequences for the whole organism. During muscular activity a large amount of blood circulates in the muscles, thus relieving and facilitating the circulation in the internal organs. On the contrary, when the muscular system is inactive, the circulation is impeded in the viscera, which become congested and their veins dilated. This is frequently the case with the system of the portal vein; hence the passive congestions in the abdominal organs, especially in the sexual organs of women.

Again, the development of the muscular system increases also the energy of the heart's action, thus facilitating the circulation generally; whereas want of muscular exercise weakens the heart and retards the circulation.

It is, therefore, obvious that those methods are irrational, which, in the treatment of chronic diseases of women require prolonged rest and muscular inactivity, and that much may be gained by any mode of treatment that admits of muscular exercise."

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The Application of Earth in Surgery.

It was my good fortune during the winter to be residing in the same hotels, both at Nice and Rome, with the eminent American surgeon, Dr. Hewson, of Philadelphia, who brought to my notice the advantages attending the use of earth as a dressing in surgical cases. He told me he attributed his great success at the Pennsyl-

*Physiologie, 2 Auflage, 1872, p. 634.

vania General Hospital—a success which has been remarkable since the American war, especially in connection with cases of amputation—entirely to the use of this agent. The results of its use which have come more or less directly under my own observation have been so successful that I venture to send you brief outlines of the cases.

1. A case of epithelioma of the cheek, of twelve years' standing. In December there was an ulcer on the right cheek larger than a half crown piece, which was being treated with dry-earth applications. In March I saw the case dressed in Rome, as did also Dr. Pantaleoni and other physicians. There were then, instead of the extensive ulcer of three months before, superficial points of ulceration which, had they been collected together, a fourpenny-piece would have covered. The patient, a gentleman of sixty-two years of age, was not very sanguine, having had the unfavorable opinions of several distinguished surgeons, but he expressed himself most gratefully for the relief from pain and from the horribly fetid odor, which made life a burden to him before the earth was applied.

2. A physician at Mentone, under Dr. Hughes Bennett's care I believe, sent for Dr. Hewson from Nice to resect his knee-joint, or to amputate his leg. Dr. Hewson found an abscess, thought to be metastatic, in the head of the fibula. He begged to be allowed to try earth dressing before proceeding to an operation. The case did perfectly well, and the joint is apparently as good as ever.

3. The American chaplain in Rome was thrown from his horse, and struck his leg against a rail. The trowsers were not cut, but the tibia, the spine of which was laid bare for several inches, sustained a comminuted fracture, and the tibialis anticus was partly stripped from its attachment. Dr. Hewson put in two or three stitches, and applied earth dressing. The patient had scarcely any pain; there was but little discharge, and the leg rapidly healed. The almost total absence of pain was very remarkable.

4. At Naples a poor woman accosted me in the street, and asked me to cure a large chronic ulcer on the right leg, which extended from the external malleolus to midway between the ankle and knee. I offered her a few soldi, and told her to go to the hospital. She said she was not begging for money, but to be cured, and as I was an English doctor, I could cure her if I would. Her grandfather had been in the service of an English nobleman, it seemed. I managed to find some light-yellow clay, allowed it to dry, pounded it and sifted it through fine muslin, and applied it to the sore, covering it with ordinary grocer's blue paper, the edges of which I wetted in order to make it adhere to the skin. I told the poor creature to remain at home and rest the ulcerated leg on a chair even when she sat spinning at her door. The next morning I found her waiting for me at the gate of the hotel. She said she was quite free from pain; she said she slept all night, a thing she had not done for months before; and with tears in her eyes she

thanked me for the relief I had given her. In three weeks the ulcer was almost well. It is right to say I took means to improve the general health.

5. An American gentleman in Rome asked me to prescribe for him, as he had gonorrhœa. The gonorrhœa was very acute, with chordæ and severe pain during micturition. As he bound me to secrecy, I could not borrow a small double-tubed catheter which Dr. Hewson uses in these cases, and was obliged to inject a large quantity of muddy water with an ordinary syringe. The patient was greatly relieved by the first application, which was repeated on the two succeeding days, though the discharge and pain had ceased on the second day. The patient had a dose of chloral and an aperient each night.

6. A young Roman, a friend of the previous patient, came to me complaining of rheumatism. He had had a gleet eight months. I injected the urethra with muddy water every other morning for ten days, when the discharge ceased. The rheumatic pains ceased also, supporting, therefore, my friend Dr. Bond's theory of the cause of gonorrhœal rheumatism. This patient took iron and arsenic in small doses, as he was somewhat anæmic.

The freedom from pain, the destruction of all odor from the wound, the diminution of the discharges, and the rapid healing after the application of the earth, were the features common to all these cases which impressed me most.

Dr. Hewson, who will shortly visit England, believes the action of the earth mainly a chemical one, and he covers his dressing with blue paper in order that the chemical rays of light may be admitted to the wound.—*Joseph Groves, B. A., in London Lancet.*

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Case of Recovery after Ruptured Uterus, with Protusion of Intestine

A case of the above occurrence recently formed the subject of a paper read before the Reading Pathological Society by Mr. O. Lowsley, of that place. The following may be taken as affording a brief epitome of the facts of this somewhat remarkable case:—Mr. Lowsley was called on November 11th last to a patient in her fifth labor. About fifteen minutes after the birth of a male child, as the placenta did not come away, he introduced his hand to the insertion of the cord, and made gentle traction on it, but it gave way from being very gelatinous. Feeling something in contact with his hand, resembling a portion of the placenta, he brought it down, and found, to his surprise, that it was in reality a loop of intestine, which he immediately returned. The patient soon afterwards began to exhibit symptoms of collapse. Some brandy and opium were administered. A consultation was held with a neighboring practitioner, Mr. Moxhay, and the placenta was removed. The symptoms of collapse became much more marked, and the worst prognosis was formed. The patient, however, recovered

from her collapsed condition, and ultimately (December 20th) was reported as quite well. It appeared that she had been suffering for some time before her confinement from uterine discharges, attended with some bearing-down pain, and on one occasion before the child was born, she felt much pain, and thought that something had given way, and this was followed by symptoms of collapse for some hours. Mr. Lowsley was quite positive that immediately on passing the hand into the uterus he encountered the intestine, and he was equally clear that it did not pass through any opening in the wall of the vagina.—*London Lancet.*

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Editorial.

The Water Supply of Buffalo.

How to supply Buffalo City with an adequate amount of pure water, has been a question of great local interest and importance, and springing out of this problem are several questions which are to be answered satisfactorily before the people of our city can be made to believe that the water supply is un-failing, adequate for present and prospective wants, and, above all, pure and healthy. We may safely start with the declaration that Lake Erie water is remarkably pure, and, for all purposes, wholly satisfactory, thus narrowing our subject to the simple inquiry, are we now, or are we to be, supplied with this water without admixture with Buffalo River water or the city drainage? Whoever observes carefully can plainly see the line of demarkation between the pure, clear blue waters of the Lake and the roiled and impure waters of the river as they come in contact with each other. This is not more noticeable in Buffalo than at all other points, where rivers empty into and mingle with the water of the lake. In Sandusky we recently had opportunity of observing how the river and bay waters, as they meet, show the purity in the one and manifest impurity in the other. This line varies in position, the high water of the spring carrying its current far out into the stream, while in low water it recedes several yards.

There is no occasion for discussing Hamburg Canal water; when entering the tunnel of the reservoir, its unequalled offensiveness is sufficiently apparent. When it was for a few days served up in the reservoir, our citizens abandoned the use of the water almost entirely for culinary purposes; indeed, for all purposes,—animals would not, and human beings did not make use of it. Offensive and bad as it is, it has not been so potent for evil as to cause any manifest disease. The citizens living in its near vicinity have not suffered from disease in greater frequency or greater severity than those far removed from it. The epidemic diseases of the last season were not upon its banks in greater severity than upon the high grounds of the upper and generally considered healthier portions of the city. Hamburg Canal

is yet an intolerable nuisance, modified and greatly improved by pumping water into it, but not "abated." The idea is horrible that in any contingency the sewerage of the city is liable to enter the reservoir tunnel, and we leave that subject as one upon which there can be no differences of opinion. The imperfect condition of the water supply has driven to the use of the wells. One word about city wells and we will leave this generally very well understood subject. Well water in a large city is liable to contamination. Something, of course, depends upon the surroundings, but in few instances only, are city wells above suspicion. Our surface system of out-house arrangement, or still worse, our vault system, poisons our atmosphere during the entire warm season, and is liable, in connection with other impurities, to impregnate our well waters with the deadliest contaminations. A case where sewerage contamination was the cause of typhoid fever is reported at page 90 of this JOURNAL. These out houses, disconnected with the sewers, are nuisances which should never be permitted in a large city, as they are liable to poison both our air and water.

We have been favored by Prof. George Hadley with the following paper upon the waters of Buffalo and vicinity which will be interesting to our readers, though, with his usual scientific accuracy he avoids, without more extended investigation, saying anything about the water which is now furnished Buffalo. At present and during the Summer months it is probably quite unobjectionable, and the only question is, is there any liability or possibility of its being again otherwise.

WATERS OF BUFFALO AND VICINITY.—Our native waters contain two kinds of impurities, matters held in solution by the water, and matters in suspension. The latter are visible to the eye, they impair the transparency of the water, and may be separated from it by standing or by filtration. The former are invisible, even under the microscope, seldom lessen its clearness or transparency, and, in most cases, are inseparable from the fluid except by distillation.

The quantity of mineral matter held in solution varies through a wide range—from the merest trace in rain and snow-water, a few grains to the gallon in the best river and spring-water, ten to fifty grains in other spring and well-waters, a few hundred grains in the so-called mineral waters, up to about 2,000 in the water of the ocean, and 14,000 in that of the Dead Sea.

Water containing more than thirty to fifty grains to the gallon, is unfit or very undesirable for drinking or for culinary purposes, and a few grains of lime or magnesia salts renders it incapable of washing. Those waters which contain the enormous quantity found in the Dead Sea and other similar salt lakes, are destitute of all animal and vegetable life.

The following table contains, in grains to the gallon, the total solid matter (mostly mineral, with but a trace of organic matter, and not including the gases) found dissolved in a few of the various waters, mostly from Buffalo and vicinity, which I have had occasion, at various times, to examine to a greater or less extent. The weight of the residues from evaporation is generally given as dried at 212° F. It would be considerably less if taken at a higher temperature, as is often done:

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| Mineral (!) water from the State of Florida..... | 2 |
| Water from a creek in Southern New York..... | 2 |
| Lake Erie water.. | 6 |
| Mineral (!) water, Olean..... | 6 |

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|--|---------|
| Well water, New Haven, Conn | 8 |
| Well water, Farmersville, N. Y..... | 9 |
| Mineral water, Ithaca, N. Y..... | 16 |
| Well corner Swan and Washington Sts | 22 |
| Well, lake side of Buffalo Creek..... | 27 |
| Well in Burton Alley, near Main..... | 27 |
| Well on Main near Dodge..... | 30 |
| Well on Main, near Utica..... | 31 |
| Well corner Chippewa and Franklin..... | 33 |
| Mineral water, State of Iowa | 45 |
| Well corner Franklin and Virginia | 48 |
| Water from Tonawanda | 120 |
| Mineral water, Cowlesville..... | 150 |
| Mineral water, Lockport..... | 200 |
| Spring found in digging the Lake at the Park | 146 |
| Darien mineral water..... | 640-800 |
| Mineral water, State of Kansas..... | 800 |
| Deep well (600 ft.) at Gas Works | 900 |
| Byron mineral spring..... | 1026 |
| Gas well near Fredonia..... | 1900 |
| Getsville gas well | 3900 |
| Well bored for oil, Italy Hollow..... | 7000 |

The principal solid ingredients, which make up the above totals, are salts of lime, magnesia, and soda; carbonates, chlorides and sulphates of the above bases; associated together, however, in very varying proportion.

In all, with a few exceptions, whatever their source, whether shallow or deep, carbonates occur, in small but somewhat equal quantity. Of these it is the lime and magnesia carbonates which separate on keeping the water at the boiling point long enough to disengage the carbonic gas by which they are held in solution. Concentration is not necessary to their precipitation, and it is these earthy salts which form the principal portion of the incrustation on tea-kettles and steam engine boilers in all this region. I cannot, however, be certain, without special examination of the deposits, that sulphate of lime may not often be associated with it.

The chlorides are present in greatly varying quantity—small in our surface waters and in our wells and springs, whose origin is near the surface—larger in those which come up from deeper rocks, often very large in the deep borings of many hundred feet. Wherever the solid contents of the water are very large, the chlorides are the principal constituents. (Saline mineral waters, brine springs).

The most abundant of these chlorides is the sodium chloride (common salt). Occasionally, however, it is associated with very large quantities of calcium (lime) chloride and magnesium chloride. These last waters have a sharp, biting taste. The deep boring at the City Gas-works reached down to the Medina sandstone formation, and the brine which comes up in the well is largely contaminated with these same earthy chlorides, which troubled the salt boilers who, in the early settlement of Western New York, worked the brine springs at Medina.

Associated also with the common salt may usually be found some potassium chloride, also bromides and iodides of these and other rarer metals, mostly in very minute traces.

In the waters of this vicinity the sulphates are usually present in rather small quantity—sometimes entirely wanting. In a few instances I have found in our wells and springs a large proportion of sulphate of lime. The taste of this kind of water may properly be designated as hard. Of all the so-called hard waters, I regard it as the most disagreeable and unfit for use.

All lime and magnesia salts render water unfit for washing (hard waters). The hardness due to the carbonates may be removed by boiling, but that due to the presence of chlorides and sulphates of these metals is permanent.

Salts of iron are sometimes found in our waters, and if more than a mere trace is present, render them unfit for any but medicinal use.

A few of our springs have a sour taste. (Acid springs). This is due to the presence of a little sulphuric acid.

Occasionally there occurs, dissolved in the waters of our springs, and even our wells, a small quantity of a gas, called by chemists Hydrogen Sulphide, Sulphuretted Hyd., Hyrosulphuric acid, &c. These are the so-called "Sulphur waters," which have exactly the smell, greatly concentrated, of a very hard boiled egg, and a taste which requires some practice to render agreeable. They are to be regarded as suitable only for medicinal use. When the water is kept the gas decomposes, the water becomes milky, and a deposit of sulphur finally settles to the bottom.

The other gases occasionally found, such as marsh gas, (burning springs) &c., are of little importance.

All these waters contain, in addition, a little organic matter, usually a mere trace, not affecting their color or taste, and in no way injurious to animals using them.

Occasionally, however, either from its greater quantity, or its peculiar nature, or some peculiar state of decomposition, or perhaps all these united, it becomes excessively offensive and intolerable. I have met with two or three instances of springs of this description, where the water was clear and pure to the eye, and where no source of contamination could be pointed out.

It ought to be stated that there are cases where the organic matter is not offensive, or not so much so as to prevent the use of waters, which prove to be, perhaps, insidious and slow, but sure and deadly poisons. This character, it is asserted, belongs to those where the impurities are derived from sewerage.

Matters in suspension render the water more or less opaque, are more or less visible to the eye, and may be separated with more or less difficulty by standing, or by filtration. After a storm the waters of Lake Erie, examined under the microscope, are seen to be filled with grains of mineral matter, which is chiefly silicious—that is very fine sand. River water is in similar condition in the time of the Spring freshets or after heavy rains. Where springs or wells are not protected from surface drainage they are, of course, liable to the same contamination.

Where these suspended particles consist of insoluble substances, the water is not permanently injured, and the only drawback to its use is the value of the time and the cost of precipitating vessels or reservoirs, or of filters, necessary to render it clean. Lake Erie water after a storm, once settled or filtered, is as pure as before. The water of the Missouri River is opaque in the thickness of $\frac{1}{2}$ inch, and yet is one of the best drinking waters in the world.

Not always, however, are the suspended matters so uninteresting. In the water of a deep well on Delaware street, secured from surface drainage, there were observed occasionally little particles or shred-like masses of a scarcely visible jelly like substance, which, on drying on cloth, almost entirely disappeared. Examination under the microscope showed this to consist of the delicate thread-like stems and the bodies of a most beautiful and active species of that interesting animalcule, the vorticella. There was nothing else associated with it. In a few other city wells I have observed living animalculæ of such species as showed a much more close and objectional connection with surface drainage than the above vorticellas.

In the water supplied to the city, although I have occasionally noticed curious living animalculæ and diatoms, yet I have made so little examination of them and their probable origin, that I am, at present, unwilling to speak.

It may be remarked, further, that the weight of the sediment, even when apparently large, is yet less than that of the solids held in solution in most of our clear and bright drinking waters. Water, however, of this character should not be used for drinking or cooking unless an examination of the sediment demonstrates it to be harmless in itself and to have a harmless source.

Finally, I will state briefly my own view with regard to water for domestic use.

First—The freer it is from mineral matter in solution the better. (This is disputed by many).

Second—Some kinds of these mineral substances held in solution in our native waters are more agreeable to the taste, and, in all respects, less objectionable than others.

Third—The water should be clear and free from sediment.

Fourth—It must be entirely free from organic matter of an offensive or poisonous character.

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Items and Remarks.

BY E. N. BRUSH.

The popular Summer resort, "Desert Island," off the coast of Maine, has been visited by an epidemic; several persons have been attacked, a few with fatal result. The cause is assigned to impure water and surface drainage.—The subject of enlarging the capacity of our reservoir is under consideration. If the present one is not large enough to supply the wants of the city, why not supply the eastern and southern portions by pumping direct from the Hamburg Canal, as the quality of the water does not seem to be improved much by passing through the reservoir. We can tell when the tanks of a certain oil refinery, situated at the lower end of the canal have burst by the taste of our *Niagara* (?) water, and not believing in high dilutions, we prefer to take our oil in the pure state if we must take it at all.—In a communication to the Academy of Medicine, Paris, on some observations on Septicæmia in Man, M Davaine says: Recently the study of the conditions in which certain epidemics of typhoid fever have been produced, throws new light upon the relations of this disease with the miasms or emanations of putrefied organic substances. Numerous facts, observed in France, Switzerland, Germany, and especially in England and America, have abundantly demonstrated these relations. Numerous epidemics of typhoid fever have been determined by infiltrations from water closets or sewers into drinking-water.—Dr. Ollier, of Orleans, reports (*Revue Med. Francaise et Etrangere*) a case of Ovariectomy, followed by twice pregnancy. The woman became pregnant three months after the operation and was delivered at full term.—Dr. Dickinson has been recently experimenting with Phosphorus in cases of nervous affection, in which there was deficiency of nervous energy, and has obtained decided evidence of its value. He administers it dissolved in oil or lard, enclosed in gelatine capsules, the dose being 1-30 of a grain two or three times daily, after food always.—*Practitioner*.—Of four hundred and forty-three candidates for membership, of the Royal College of Surgeons, of England, one hundred and four were rejected.—Dr. Mynert reports in the *Lyon Medicale* the death of a patient at eighty-five, who had been confined four times, the first time at the age of forty, the second at forty-eight, the third at

fifty-one and the fourth at fifty-six.—*Med. Times*.—A call has been issued for a meeting of the Surgeons of the late Confederate Army, at Atlanta, Ga., May 20th, 1874. It is the object of this meeting to collect and preserve in some suitable form the medical and surgical observations made in the Confederate service, which would otherwise be lost to science.—Dr. E. S. O'Grady, of Mercer's Hospital, England, recently ligated the innominate artery for an aneurism of the subclavian in a patient nearly sixty years of age.—*Record*. We have seen no report of the final result.—Prof. W. A. Hammond has resigned his Professorship in Bellevue Hospital Medical College. Dr. Edward Janeway will lecture on *Materia Medica* and Therapeutics. The lecture on diseases of the nervous system will be given by the Professor of Principles and Practice of Medicine.—In view of the approaching era of political speech-making, a lover of his race, advertises for some secret and expeditious method of communicating lock-jaw.—*Record*.—The Canada *Lancet* comes to us much enlarged and changed in form, having adopted the style of the *Medical Record, Times*, and other semi-monthly and weekly journals. It is still issued monthly, but the editor hopes soon to present a semi-monthly or weekly edition.—Dr. Bowling, of the *Nashville Journal*, replies to Dr. Davis, of the *Chicago Medical Examiner*, regarding the proper diet during an epidemic of cholera in a manner which will afford some good after dinner reading for those who enjoy a hearty laugh. His definition of animal products is amusing in the extreme. The article ends with bill of fare, which seems sufficient for any period, whether an epidemic of cholera is present or not.—Specialists seem to be appreciated in England if we are to judge from the following which we take from the lecture of Dr. Robert Barnes on the Convulsive Diseases of Women, reported in the *Lancet*. He says. I have recently been honored by a visit from a lady of typical modern intelligence, who consulted about a fibroid tumor of the uterus; and lest I should stray beyond my business, she was careful to tell me that Dr. Brown-Sequard had charge of her nervous system; that her abdominal organs were entrusted to Sir William Gull; that Mr. Spencer Wells looked after her rectum, and that Dr. Walshe had her heart.—Following a "pathy" often leads a man to do strange things in medicine, and none, we believe, are more ridiculous than those performed by some of the believers in, and followers of Hahnemann. A young man of our acquaintance was recently asked by a friend to see her mother, who was "bleeding to death." On entering the room he found the patient suffering from severe hemorrhage from a ruptured vein in a varicose ulcer. Pressure had been moderately applied by some one above the ulcer and compress and bandage over it. On removing the bandage, six or eight Homeopathic pills fell out which had been placed between it and the compress by a Homeopathic physician, who, he then learned, had seen the case, and attempted to control the hemorrhage. Slight pressure, properly applied, soon arrested all bleeding, and our friend went his way meditating on the

capability which some minds possess of embracing the most absurd beliefs. —We copy the following from an Eastern paper. “James Foot, Esq., of this town, lost a valuable cow last week by congestion of the lungs, and, having another taken in the same way, immediately summoned Dr. Herman D. Burghardt, who administered Homeopathic remedies with such skill that the cow is convalescent, and bids fair to be in the ‘cream business’ again soon.” Will the cream be effected in any way by the remedies administered, and if so will it not be dangerous for any one to use it, as it will, of course, be a “high dilution,” and consequently very strong.—We acknowledge the receipt of two new Medical Journals (Eclectic) *The Medical Review*, of Indianapolis, and *The Medical Eclectic*, of New York. The editors of the *Review* bewail the fact that while political factions can clasp hands “across the bloody chasm,” reconciliation is not for doctors, and are of the opinion that the recent resolutions introduced by certain members of the Oneida County Medical Society, advocating consultation with irregular practitioners, caused the Editor of this JOURNAL to “spontaneously and incontinently explode.” Allow us to correct a misapprehension. The Oneida County Society did not “focus” on the aforesaid resolutions, but voted them down almost unanimously. The article by Dr. Derby, entitled “What Stretched,” does not reflect much credit upon Dr. Milton Jay, of Chicago, whose report of two inches elongation in a fractured femur was noticed in the August number of this JOURNAL.—In a report of a recent meeting of the Dublin Obstetrical Society in the *Obstetrical Journal of Great Britain and Ireland*, we notice a discussion concerning inversion of the Uterus. Several successful cases are reported and some very interesting remarks made. We are surprised, however, at the opinion expressed by the President of the society, Dr. Evory Kennedy, as follows: “He was not aware of reduction having been effected after fifteen years. He thought these were very rare cases. He thought the condition of the tissues would so alter in the course of ten or fifteen years that it would be totally impossible to effect reduction at the end of that time. He could lay his hand at that moment on more than one case of inversion of the uterus, where the constitution had become used to it, and where the period of life had arrived when it ceased to be any inconvenience to the individual. He had in his room within the last six weeks a patient whom he first saw some twenty-six years ago. She came to him with inversion of the Uterus. She was exceedingly bloodless and anæmic. It was before the days of chloroform. He made repeated efforts by pressure upwards and backwards, and by squeezing to reduce the Uterus, but failed. * * * * * She was now a fine healthy woman, sixty years of age, and had no trace of disease about her. She had become reconciled to it, and the Uterus had to a great extent become absorbed.” We are not surprised that the Doctor should have failed in this case to affect reduction; failure will occasionally be the lot of all; but, that he should express such lack of faith in the possibility of reduction after ten or

fifteen years, after the achievements in his own country by Dr. Tyler Smith, and the still larger experience in this country of Prof. James P. White. In the eleven cases which have fallen under Prof. White's care, every one of which has been reduced, the time which had elapsed since inversion, has varied from a few moments to twenty-two years, showing that in all its stages reduction of the inverted Uterus is possible, and should, in all instances, be attempted. The Doctor's attention has probably never been called to the cases reported by Dr. White.

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Books Reviewed.

Insanity and its Relations to Crime. A Text and a Commentary.

By WILLIAM A. HAMMOND, M. D., etc. New York: D. Appleton & Co., 1873.

A portion of this essay was published in *Putnam's Magazine* for September, 1870, under the title "Society *versus* Insanity, and at that time attracted considerable attention. The greater portion is now published, however, for the first time.

The essay is divided into two chapters. Chapter first, the text, gives the details of three homicides in which the plea of Insanity was advanced at the trial. These cases are taken from French sources.

Case I. is an account of an unprovoked murder of a girl of the Canton Ferte Aleps by Antoine Leger. The details of this crime are particularly atrocious, and these together with the statements and actions of the prisoner after his arrest, point to a lack of mental equilibrium.

We give two of the questions propounded to the prisoner, and his answers, showing that he was conscious of having committed a crime:

Q. You were then agitated by fear. You felt that you had done wrong.

A. Yes; when I recovered consciousness, I went and hid myself in the rocks, and could not sleep; I had not my mind about me; the next day I walked to the fields beyond the hills; I washed myself with water which I found in the rocks, and I also washed my shirt: I cut off the collar and the sleeves, which were bloody; there I met one of the guard, and I fled; when I saw any person I hid myself; the guard cried, "Halt, in the name of the king!" and I was at once arrested.

Q. What do you wish to say about the young Debully?

A. I was unconscious; I was urged by the evil spirit.

In reply to a question asking if he had often conceived the idea of carrying a woman to the cave, he says: "I had the idea, but I did not do it. Despair led me to take up my abode there; my mind was gone." He also describes the manner in which he attacked the girl and carried her to his cave. The jury

failed to find the man insane, and rendered a verdict of guilty. He received the sentence of death, and was accordingly executed. The *post mortem* examination revealed undubitable evidence of disease of the brain.

The second case is that of the man Jobard, who at the theatre at Lyons stabbed a young lady, who sat immediately in front of him, to the heart. When arrested he appeared perfectly calm, and declared that he did not even know his victim; that he had killed her to be killed in return. Having led a life of depravity though seemingly exemplary in his conduct, he became disgusted with himself, and resolved to get rid of life. He could not think of suicide, for that would cause him to appear before God loaded with sins. He therefore resolved to do something which would cause him to be condemned to death by the law. He would thus have sufficient time for repentance, and was confident of the pardon of God. He had endeavored to do as little harm as possible, and had therefore refrained from killing a depraved person, who would thus be sent unprepared for death into the presence of God, and had accordingly selected an apparently virtuous victim.

This man states that he has contracted many grave vices, from which he was powerless to abstain. He assumes that it is impossible to reform, and yet is conscious that he must discontinue his course of depravity. On a second interrogation he declares that he had always understood that he was accountable both to God and man for his crime. He acknowledges the liberty of acting freely; says that he would have stopped had he comprehended the falsity of his reasoning; that could he have been advised by some one he never would have committed the deed.

In regard to the sanity of this man there was a diversity of opinion among the experts called to examine him. The conclusions of Dr. Gensoul and MM. Gromier and Travernier were: "1. That at the moment of committing the murder Jobard was suffering from a paroxysm of homicidal mania. 2. That he ought not to be considered responsible for an act done without the participation of his normal will. 3. But as this kind of insanity is dangerous to society, society has the right to put Jobard in such a position as will render it impossible for him to do further harm, and that therefore he should be placed for life in a lunatic asylum."

Jobard was, however, indicted and tried for murder with premeditation. After a long trial the jury rendered a verdict of guilty as to the homicide and premeditation, but with extenuating circumstances. He was condemned to hard labor for life. His sentence was afterward mitigated to a considerable extent. He remained incapable of fixing his attention, but had no further exacerbation of his malady.

The third and last case is that of Jules —, a young man of nineteen, who had for several weeks entertained ideas of suicide. After dining with his father and step-mother, he goes out to take a stroll, when he is seized by his suicidal mania, which is as suddenly changed into a desire to kill

his step-mother. He returns to his brother's room, takes two pistols, and descending to the dining-room, discharges one of them at his step-mother, with instant fatal effect. His father at once attempts to seize him, when he rushes from the house crying: "I am a madman, an idiot; I have killed my step-mother." He afterward surrenders himself to the police, to whom he related all the circumstances of his crime. He was acquitted on the plea of insanity. In his account of the act he affirms that he was actuated by an irresistible force, which dragged him in spite of himself. He says: "If my father had addressed to me one word when I entered the drawing-room, a single word, whatever it might have been, I should not have killed my step-mother." Five years subsequent to the murder he committed suicide over the grave of his victim.

We have dwelt to some length upon these cases cited by the author for the reason that they are as typical as any of the relations of insanity to crime, and that they form the basis of what follows in the commentary. The writer says, in commenting on these cases: "Certainly Leger was as insane as Jobard or Jules, and yet he was executed. Certainly Jules was as responsible as either Leger or Jobard, and he was acquitted. Certainly Jobard was no more insane than Leger, nor more responsible than Jules, and yet he was sent to the galleys for life. Such inconsistencies show the great need of a fixed and definite principle by which all juries should be governed, and this is, I think, no difficult matter to establish." We shall endeavor to give further on the author's views in regard to this principle.

Sin and crime are not to be viewed as the same thing; morally, between man and God, the intention constitutes the sin; the crime is measured by the injury done to society. Justice and law in this view are seen to be different. A law may be unjust as regards an individual, or a few individuals, and beneficial to society at large; it is then a good law. It may be just to the individual and injurious to society; it is then a bad law. What society requires is protection, and it has no business with abstract justice. Justice is to be enforced between man and man by law, not between society and man, unless it is consistent with the great principle of protection—the principle of the greatest good to the greatest number.

The object of punishment, then, is the protection of society, the reformation of the criminal being usually lost sight of. This safety is secured in two ways. 1. By the effect which it has upon the individual in intimidating him, or by placing him in such a condition that it will be impossible for him for a limited period, or ever again to break the law. 2. By the example which it affords to others who might feel inclined to commit crimes, but who are kept in check by the certainty or probability of punishment. Our author cites the facts that a criminal is punished even when he is totally ignorant of the existence of the law which he has broken, and that in the most enlightened country—except our own—the heirs of a traitor are made to forfeit the prop-

erty which would naturally fall to them, and are thus punished for a crime wholly beyond their control and perhaps knowledge; that the Bible states that the sins of the fathers shall be visited upon the children. He considers that from a similar point of view no valid argument can be adduced against the punishment of the insane, even though they are morally irresponsible for their acts by reason of delirium, dementia, morbid impulse, emotional insanity, or any other form of mental aberration. The writer seems to us in danger, in his anxiety to prove his point, of starting from a wrong basis. He lays down as the object of punishment the safety of society, which is to be secured in two ways, as above. What effect punishment may have upon an insane criminal, who is incapable of appreciating the crime which he has committed, and hence the object of his punishment, we are unable to say; certainly we think not much. As for placing him in a condition in which he will be incapable of doing further harm, it is certainly admitted that all insane persons, whether possessed of an irresistible homicidal impulse or not, are better both for their own good and that of society, placed in a state of sequestration. He argues that the force of example is strong in those of an unbalanced or weak mind, and that the punishment of those who are led through mental aberration to commit crime, will exercise a restraining influence upon others who might be tempted to imitate them. It has certainly been noticed, and we have had numerous and recent examples in our own city, that if a man commits suicide in some unusual or startling manner, he is straightway followed by others, who seem to be led on by the force of example, and whose minds after brooding over the details of the affair are too weak to resist the impulse toward self-destruction. How powerful the influence for good the punishment of an insane criminal might be made to be upon those who might otherwise be led to imitate him is unknown; it certainly seems that it might have some effect. The question is, are we ready for this reform in our code of laws? Is the public capable of appreciating the beneficial effects which might arise from such a course of action?

Dr. Hammond says: "The punishment awarded to the insane should be apportioned to the nature of the crime and the character of the insanity, and should thus extend from simple sequestration to fine and imprisonment, with labor, and in some cases even death, so long as death is by law the punishment for certain kinds of homicide. The only form of insanity which, in my opinion, should absolve from responsibility, and, therefore, from any other punishment except sequestration, are such a degree of idiocy, dementia, or mania, as prevents the individual from understanding the consequences of his act, and the existence of a delusion in regard to an act or matter of fact which, if true, would justify his act."

Dr. Hammond's views are what might be called conservative; they do not represent the ideas of the majority of experts on insanity. Some of them will, in time, be accepted, others will prove to be fallacious. Much can be learned

from studying his essay, and it will doubtless awake a new train of thoughts in the minds of his readers. In conclusion, we copy the following from page 75 :

“Insanity is only a manifestation of disease of the brain. Its basis is as much physical as is that of pneumonia, or valvular disease of the heart, or any other affection which all regard as bodily. It is no more possible for a person to be insane without other evidences of disease than mental derangement, than for pneumonia to exist with no other symptoms than disturbed respiration, or for valvular disease of the heart to be restricted in its manifestations to irregularity of the circulation of the blood. The doctrine that an individual can be entirely sane immediately before and after any particular act, and yet insane at the instant the act was committed, is contrary to every principle of sound psychological science. Even in the most striking instances of what is called transitory mania, or morbid impulse, the evidences of pre-existent and subsequent disease of the brain, will be found if they are looked for with skill and diligence and intelligence.”

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Books and Pamphlets Received.

A Manual of Medical Jurisprudence. By Alfred Swaine Taylor, M. D., F. R. S. Seventh American Edition. Edited by John J. Reese, M. D. With Illustrations on wood. Philadelphia: Henry C. Lea, 1873. Buffalo: Theo. Butler & Son.

Chemistry, Inorganic and Organic, with Experiments. By Charles Loudon Bloxham, Professor of Chemistry in Kings College, London, &c. Philadelphia: Henry C. Lea, 1873. Buffalo: Theo. Butler & Son.

Handbook of Physiology. By William Senhouse Kirks, M. D. Edited by W. Morratt Baker, F. R. C. S. Philadelphia: Henry C. Lea, 1873. Buffalo: Theo. Butler & Son.

The London Medical Record. New York: G. P. Putnam & Sons, Buffalo: Martin Taylor.

Coccydynia. A paper read before the Michigan State Medical Society. By Edward W. Jenks, M. D.

The Treatment of Typhoid Fever. By Jos. F. Montgomery, M. D., of Sacramento, Cal.

An Account of the Cholera as it appeared at Nashville, in the year 1873. By W. K. Bowling, M. D.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland, April, 1873.

Law and Intelligence in Nature and the Improvement of the Race in accordance with Law. By A. B. Palmer, A. M., M. D.

The Therapeutic Effects and Uses of Mercury, as influenced by the Report of the Edinburgh Committee. By Wm. H. Doughty, M. D.

Transactions of California State Medical Society for the years 1872-73.

BUFFALO

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Original Communications.

ART. I.—*Abstract of the Proceedings of Buffalo Medical Association.*
August 19, 1873.

At an adjourned meeting of the Buffalo Medical Association held Tuesday evening August 19, there were present: The President Dr. Hauenstein in the chair, and Drs. White, Gay, Cronyn, Sloan, Brecht, Wetmore, Samo, Briggs, Strong and Barnes.

The Secretary being absent, Dr. Barnes was elected Secretary pro tem.

Dr. Hauenstein stated that the subject for discussion was Food for Infants. This subject was little understood by the community. Thousands of infants were the victims of improper food. Cholera Infantum was a frequent result, and if Physicians had the power of informing the public as to the quality and quantity of food proper for infants much good would result.

Dr. White said that his views had long been settled on this subject which was one of much importance. The best food was that provided by Nature in the form of the Mother's Milk—but there were various reasons why this was not always-available, as the death of the mother, agalactia, the occurrence of one of the forms of fever, of menstruation and of pregnancy. Then it becomes necessary to find a substitute, and the best is furnished by a Wet Nurse. But wet nurses are not made to order and often one cannot be obtained; or if one is found she must deprive her own child of its natural

food, so that still we must look for a substitute: Asses milk most closely resembles that of the human female and consequently ranks first as a substitute, but this is difficult to obtain, and the same objection applies, though perhaps in a less degree to goat's milk, which is next in merit. The most available milk is that of the cow, and it is better than any of the preparations which are manufactured, or gruels, broths, arrow root, or even than condensed milk. What are the ingredients of the Mother's Milk. It has a specific gravity of 1032. West, Becquerel and others give as the analysis of the solids in 1000 parts of this milk.

| | |
|-------------|-------|
| Sugar..... | 43.64 |
| Casein..... | 39.24 |
| Butter..... | 26.66 |
| Salts..... | 1 |

from which it appears that 110 to the 1000 or more than 10 per cent. are solid matters. According to the same authorities cows milk has a specific gravity of 1033, and in every 1000 parts there are of solid constituents:

| | |
|-------------|--------------------|
| Sugar..... | 38 |
| Casein..... | 55 |
| Salts..... | 6 |
| Butter..... | 15 to 45 parts, or |

from more than 11 to more than 14 per cent. of solid matter. But these constituents vary much under diverse conditions. The milk of different breeds of cows differ much, e. g. the Alderneys, Jerseys and Ayershires yield a much larger proportion of butter than the common cow. Close confinements of the animals in stalls, with lack of pure air and exercise, and improper food exert a deleterious influence on the milk, by diminishing all its solid constituents, by increasing its tendency to become acid, and in other ways.

In Cities the people generally cannot be sure that the milk with which they are supplied is perfectly pure, and obtained from cows that have been properly fed and cared for, but there are certain simple means within the reach of all, which are of value in determining the quality of the milk: such as litmus paper, to ascertain its reaction, whether acid or alkaline, instruments for determining its specific gravity, which are sold cheaply; and test tubes, or

vials, in which the milk may be allowed to stand until the quantity of cream which rises to the top shall inform us as to its richness in fatty matters.

It will be seen by the above analyses that in cow's milk, casein exists in larger proportion than in that of the human female, sugar in less, while the quantity of butter varies greatly according to the breed of the cow. Now, how can we best imitate the mother's milk, from the milk of the cow? In the first place the product of a single cow, with a young calf, or one not far from the age of the infant, is best; then, the cow should be milked frequently, two at least, or three times daily. The milk should be placed in a cool situation and allowed to stand an hour or so—after which the upper one half of the milk may be taken for use. This upper portion now contains a *diminished* quantity of casein, which has partly gravitated downwards, and the fatty matters have tended upwards, while the milk has been standing. Dilute with water, say one third of water to two thirds of milk, and add a little sugar; brown sugar if the infant is constipated, white, if its bowels are relaxed, or we may add sugar of milk.

The child should always be fed from a bottle, because it calls into play certain muscular actions, and stimulates to activity the salivary glands. It is nature's method. The bottle should be kept scrupulously clean in every part. The best plan is to have two bottles, one of which may be cleansed while the other is in use. Never feed from one bottle, but once until it has been again cleaned, and the milk should be prepared only at the time when it is to be used. The temperature of the milk should be from 96° to 100° Fahrenheit, that is about the temperature of the milk of the mother.

Milk thus prepared contains all the elements of the mother's milk. It contains all the elements necessary for growth, and warmth or calorification. Its casein is closely assimilated to the albumen of the blood, in digestion, while its butter and sugar contribute to the formation of fat, and to the generation of heat by resolution into their elements of carbonic acid and water. This is not true of other forms of food, meats being deficient in some elements, and vegetables or cereals in others. And here it may be remarked, parenthetically, that the peculiar constitution of milk renders it

the best article of diet for the adult sick, especially in the fevers, a fact which is often too lightly esteemed.

Never use acid milk, and do not add sugar to correct this state as it will only make it worse. An alkali may be added, if indicated as lime water, soda, or if there is constipation, carbonate of magnesia. As to the daily quantity to be given there is no absolute rule; it may be two pints daily during the first month, and at three months, thirty-six or forty-eight ounces. But there is no danger of giving too much if cold water is given to the child when thirsty, as nature readily and easily rejects a superabundance. If the stomach is too full it simply spills over.

Vogel suggests that the curd of mother's milk is less solid than that of cows. Limewater diminishes the tendency of casein, to coagulate and boiling the milk produces the same effects.

This diet should be continued until the fifth, sixth, or seventh month, or until the appearance of the incisors indicates a certain progress in the development of the digestive organs. Then we may supplement the milk diet, with Liebig's food for infants, old dried bread crumbs, boiled flour, barley water, animal soups, sago and beef tea, beef tea and rice, and at 8 or 9 months the infant may suck beef steak. No form of alcohol, ordinarily, should be used. When the molars have appeared, mixed food may be given, though the diet should still consist largely of semi-fluid substances. This is the time when a healthy child which is nursing may be weaned.

Dr. White also spoke of the importance of ventilation and cleanliness, and referred to the great number shown by statistics to die, in cities and hospitals, of those who are artificially fed. He criticised some of the rules published by the New York Board of Health, and considered those emanating from the obstetrical society of Philadelphia to be much more physiological. He thought it absurd to regulate arbitrarily the time for giving food; feed when hungry and give water when thirsty; mother is the best judge. Pure cream and raw meat are useful under some circumstances, Did not advise wearing thick flannel in hot weather. He agreed with Dr. Corson, of Philadelphia, that it was not over feeding, but insufficient alimentation, that was so fatal to infants. In conclusion the Dr. stated that condensed milk is often better than the milk which can be generally obtained in cities.

Dr. Gay congratulated the Society on the goodly number present and on the able opening, and thought it was well to compare notes on so important a subject. He was glad to be able to agree with all that had been said. There is a difficulty which often meets us, i. e., the physiological differences or peculiarities of infants. As in surgery the application which is grateful to one is painful to another patient with a similar lesion, so the food which is generally best for infants may in individual cases disagree. Hence, difference of views as to diet. What do statistics teach as to wet nurses. In France 51 or 52 per cent. of those nourished by wet nurses die, while only 12 per cent. of those which nurse mothers die. There are many objections to wet nurses on the score of character, constitutional vice, and their liability to require lager beer, porter &c., to stimulate the lacteal secretion. As an exceptional case only would recommend a wet nurse. Many preparations are manufactured, the best being "Mincasea," and "Prolactea." Of the domestic animals the cow meets our wants best, on the whole, but she should be purchased, fed and cared for as a horse. Prefers the Alderny breed.

The Dr. added that he supposed wet nursing to be fashionable. Mothers refrain from nursing their infants in order to devote themselves more to society. They are too exquisite to nurse; they have an abundant secretion of milk, but decline the maternal duty. Would denounce such practice; which he thinks criminal and the penalty is often the loss of offspring.

Dr. Strong was interested in the remarks which had been made. Had adopted for some time the treatment of cow's milk, recommended by Dr. White, and agreed with him as to its value. But all circumstances must be favorable, in order to get the best results. If people can keep and properly treat a cow, all is well, but nine tenths of the citizens cannot. The practical difficulty is to obtain pure milk. It may be faulty because the cows have been stabled during the summer, and not exercised or watered properly, or the cow giving it may be pregnant, conditions which we cannot control. Hence he thought that a condensed milk might be provided, by taking the upper part of milk and condensing it. Again water used to dilute milk should always be boiled to destroy germs.

Dr. Barlett agreed with Dr. Strong. Cow's milk is the best, but the difficulties are almost insurmountable, of obtaining it pure for common use. The milk-man may not obtain it pure from the country, or it undergoes fermentation and change in transportation. Had been accustomed in his practice to prefer condensed milk. Would suggest as a practical remedy, for the evils complained of, the establishment of an Infant's Dairy, under proper supervision.

Dr. Cronyn. No one can speak with so much authority as Dr. White, as it has been his special duty to teach on this subject, but in a practical point of view I have a little the advantage of him, in my family at least—which has been large. All of my children, for whom I could obtain a wet nurse lived. In the cases where I could not it was not so well. In general practice have followed this course: when I could not obtain a wet nurse, or milk which was undoubtedly pure—it is questionable whether condensed milk is a good substitute—have resorted to one of the forms of nourishment of which we have a long list, as broths &c., and children will often thrive if judgment is used in selecting food best adapted to their peculiarities.

In respect to use of flannel I consider it very important. It is more essential that flannel, light, white flannel, should be worn in summer than in winter. It is much used in the tropics. Unlike cotton, it does not increase the normal heat of the body. Cholera infantum occurs in 999 cases in a thousand, between 12 o'clock P. M., and 2 o'clock A. M. After four months of age, the child kicks off its clothing, the skin becomes cold, the perspiration is checked and exosmotic action of the capillary system of the mucous membrane of the bowels results, which influencing the normal functions of the sympathetic, the intestinal disorder is induced. With proper use of flannel, this will be prevented. Retention of animal heat in a child is more important than in an adult.

Dr. Strong. I am in the habit of taking the child from the mother's breast not only in pregnancy &c., but when the mother is simply anæmic, and the child does not thrive.

Dr. Gay. Would like to hear from the bachelors.

Dr. Samo. Have nothing to add. Do not approve of feeding infants before appearance of teeth even if ten months old.

Dr. White. All the objections which have been raised have not been against the theory presented but arise from the difficulty of obtaining pure milk. But milk is after all the most available article we have. Dr. Bartlett's idea of an Infants Dairy is very good and should be acted on. The Dairy should be under the direction of the Board of Health or some competent authority. It would be a public boon and would pay. No objection to light flannel properly used.

Dr. Gay. Best food for infants when *traveling* is condensed milk.

Dr. Bartlett. Have for some time thought of the good to be accomplished by a well regulated Infants' Dairy. A committee from this Society should be appointed to superintend it.

The milk used to make condensed milk is obtained as at a cheese factory, being carefully tested before it is accepted. Condensed milk is not subject to the putrefactive changes which occur in milk as most people get it. On motion the Society adjourned.

E. R. BARNES, Sec'y pro tem.

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ART. II.—*Clinical Remarks upon Surgical Cases in the Buffalo Hospital of the Sisters of Charity.* By Prof. J. F. MINER, M. D

Reported by E. N. BRUSH.

Saturday, Oct., 11th.—Gentlemen: The case which I bring before you this morning as an introductory to our clinical study in this hospital is that of a young man, J. B——, aged 24, who is suffering with stricture of the Urethra. He is sent to us by a very capable physician from out of town, with the following history. Somewhat over two years ago he contracted gonorrhœa, for which he received treatment, a few months after he noticed that his urine was voided in a smaller stream than usual. The difficulty in passing his water has gradually increased until he is now only able to urinate a drop at a time. Stricture of the urethra is as you know, qualified by several terms as: idiopathic, traumatic, congenital, passable, impassable, spasmodic, etc., of the significance of these terms it is unnecessary to speak, as they sufficiently explain themselves.

Stricture when idiopathic is as a general rule the result of inflammation of the urethra. Of the pathology of stricture, time will not permit me to speak, save to say, that as the result of the inflammation of the urethra, a plastic material is thrown out in the sub-mucous cellular tissue, which diminishes the size of the urethra; in time this plastic material becoming organized, contracts, becomes hard and dense, similar to cicatrices in other localities, resulting in true organic stricture.

His physician has made attempts to introduce a catheter, but has failed, and he comes to us with the idea of having some operation made, which will relieve his condition.

I shall first find out the seat of the stricture and then attempt to pass an instrument into the bladder. Once through the stricture and into the bladder our way is clear, for if we can pass the smallest sized instrument another of larger calibre can be made to follow it and another still larger and so on until we are enabled to introduce the largest catheter. This you must not suppose is to be accomplished at once; it will, if we are successful, occupy weeks in its accomplishment. If we can introduce No. 2 to-day, No. 3 to-morrow, and three or four days after No. 4 or 5 we shall be accomplishing all we can wish to do. But I may fail in introducing any instrument whatever, or conditions may develop themselves which may indicate that this is not the best plan of treatment, what then remains to be done? At one time Liston, and Syme also, claimed that no stricture was impassable, and that any procedure which was based upon the theory that the stricture could not be penetrated was unnecessary. They subsequently withdrew these statements, and said that perineal section, or external urethrotomy, or external perineal urethrotomy, as it has been variously termed, might be found necessary in some instances.

This operation consists in cutting down upon the stricture dividing it and passing a catheter into the bladder. It is one of the difficult operations in surgery; although I have made it some five or six times successfully I expect sometime to meet a case which will tax all my resources. Unlike the operation of lithotomy it is accomplished in most instances without any guide, except the surgeon's anatomical knowledge, and the operator has to search

through a mass of hardened urethral tissue for a canal too small in most cases to admit the passage of more than a drop of water at a time.

The instrument which I now show you is Thompson's dilator as improved by Dr. Gouley, of New York. He has so modified it that it can be used with these small whalebone guide bougies which I also show you. It is my intention to introduce one of these small whalebone bougies through the stricture if possible, and then attempt to pass one or more by its side; in this way I expect to be able to dilate the passage sufficiently to introduce a number one catheter, and by the use of gradual dilatation, introducing at intervals of three or four days catheters one or two numbers larger, to accomplish a cure.

I have now passed the small bougie through the first stricture and come upon a second one through which I find some difficulty in making a passage, and as our hour has expired I will excuse you for to-day after saying that every effort will be made to introduce one through the second stricture, and that you will be kept informed concerning the progress of the case.

Saturday, Oct. 18.—J. B. comes before you again to-day to report progress you will observe that he is now able to make water in a small stream whereas he could only pass it by drops when you first saw him. A short time after you first saw him I passed a bougie into the bladder and by passing another of the same size at its side have arrived at this result. Yesterday our patient had a chill and some fever which was not I think due, however, to the operation; it was controlled by quinine and to-day he is better.*

Wednesday, Oct. 15.—Mike B——, an Irishman, aged 46, comes before you to-day with the following history: Two years ago he first noticed pain and swelling in his left knee, the size of the knee gradually increased for six months accompanied with increased pain; at the end of that time he was obliged to take to his bed to which he has been confined for the past year and a half. He has what is commonly termed white swelling or serofulous disease of the knee joint. With the characteristic preverseness of his race he

* Saturday, Oct. 25. Thompson's Dilator was introduced and opened to its full size and No. 14 Catheter introduced; the patient is doing well, no unpleasant consequences resulted.

has refused to allow anything to be done calculated to remove either the joint or the limb, declaring that death was preferable to amputation. When I saw him first at his home about a month since I detected a large accumulation of pus just above the knee which was causing him much pain and which I desired to evacuate, this he refused to have done, and you can now readily distinguish its seat both by sight and manipulation. After some persuasion he has consented to come into the Hospital and have his limb amputated, as the last resort. His disease has reached that stage that exsection if ever to be considered is now out of question, and amputation is attended with so many dangers that I am in great doubt of his surviving long after the operation.

In all amputations the mortality is as you know increased as the point of separation approaches the body. In this case while some few months ago we might have chosen the lower third as the seat of amputation now the tissues have been so undermined by the suppurative process that in order to get flaps to cover the bone we are obliged to amputate at the junction of the upper and middle thirds. In amputations of the thigh for injury statistics show that somewhat over one half recover, while in amputations performed for disease the mortality is a little less than twenty-five per cent.

In some cases the rapidity with which the patient will improve is almost remarkable. The loss of appetite, troublesome sweats and diarrhœa which have been so marked during the last stages of the disease will at once begin to abate, and the patient will be in every respect improved.

I propose to amputate in this instance by the flap method which I prefer to all others, forming the flaps from the anterior and posterior portions of the limb. As my knife enters the limb above the bone to form the anterior flap a large amount of pus escapes, this is however from the accumulation just above the joint and will not I think effect the flap as it is conveyed to this locality by a small sinus. I now cut outward and having made my first flap enter the knife immediately behind the bone and proceed in a like manner to make the second one which I desire to have a little longer than the first. The tourniquet does not seem to control the artery sufficiently, and before sawing off the bone I will take it up

in these small spring forceps which affectually control the hemorrhage. After sawing off the bone I smooth off the rough edges with the bone forceps. Several arteries bleed which require ligature, and the flaps are then brought together by a few sutures and supported by bandages. His stump will be dressed with warm water, and he will receive stimulants and if necessary anodyne to relieve pain.

Wednesday, Oct. 22d.—Our patient is to-day greatly improved, he is more cheerful, does not have as much pain as before the operation, and declares that he has nothing to complain of except that he is not able to walk. We have thus far every reason to feel gratified at the result of the operation.*

—:O:—

Correspondence.

ROCHESTER, N. Y., October 8th, 1873.

DEAR DOCTOR:—Enclosed please find a copy of the resolutions adopted at the special meeting of the Monroe County Medical Society on the 6th inst. The action of the society was suggested by that of the Medical Society of New York, and these resolutions are similar to those adopted by that organization. You will find a brief notice of their meeting in the Oct. Number of the N. Y. Med. Record. I trust that the other County Societies may view the matter from the same point, and take such action as will enable the Publishing Committee to publish the transactions of the late meeting before another is due.

Very Sincerely, Yours,

E. V. STODDARD.

Whereas, No provision for the publication of the transactions of the last meeting of our State Medical Society was made by the Legislature of the State of New York.

Resolved, That it is the sentiment of the members of the Monroe County Medical Society, that the committee on publication of the State Medical Society should adopt measures to secure the prompt publication of the transactions at the expense of the County Societies.

* The diarrhoea, which was a troublesome complication of this case, was found difficult to check fully and he succumbed to its exhausting drain upon his already weakened system, early on the morning of October 29.

Resolved, That this Society will meet its proportionate amount of such expense.

Resolved, That a copy of these resolutions be forwarded to the President and to the Publishing Committee of the State Society.

Adopted, October 6th, 1873.

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Editor Buffalo Medical and Surgical Journal:

DEAR DOCTOR:—For the August number of your Journal for 1871, I reported two cases of "Operation for Procidentia Uteri." Appended to this report is a triple-starred note, by yourself, in which you take occasion to say, that "A report of these and similar cases, made a year or two later would be of value; time is required before results in such cases can be properly estimated."

It is now somewhat more than "a year or two later" since the operations were made, they having been made on June 6th, and August 5th, respectively so that now, "results can be properly estimated," and report thereof made of "value."

As you had subjoined a note and quoted to some extent Dr. West, I found myself constrained to keep these reported cases well under observation, in order that I might do justice to your readers by laying before them the results of the operations.

In the former case there has been no procidentia since the operation. On a recent examination I found a small fold of mucous membrane prolapsed. This woman has ever since the operation been able to go up and down stairs, and do her own washing, both of which she was unable to do prior to the operation. Her domestic relations have been much improved. Disserted, as she was for years, by her husband, she has been made more comfortable by his return to her bed and board so soon as he obtained knowledge of his wife's physical improvement.

The result of the latter case reported is of more interest than the former. About one year after the operation this woman gave birth to twins. There has been in this case not the slightest evidence of prolapse since the operation. The cicatrix was not molested in the slightest degree during parturition and there has been nothing approximating procidentia since her labor, as I have ascertained by her own statement, and as I have also convinced

myself by digital examination.—In a word the operation was eminently successful and the “result” entirely satisfactory.

In justice to your readers, therefore, and to oblige your correspondent will you be so kind as to publish in the next number of the Journal this note along with the re-publication of the reported cases, and the note appended to the same.

Very Truly Yours,

Buffalo, October 1st, 1873.

C. C. F. GAY.

Operation for Procidentia Uteri. By C. C. F. GAY, M. D., Surgeon to the Buffalo General Hospital.

(From August Number, 1871.)

Mrs. Rosanna G., aged 35 years, has had procidentia complete for 13 years. Has borne five children, three of whom were born since the occurrence of procidentia. The os protrudes two or two and a half inches beyond the vulva. Treatment, preliminary to operation, consisted of application of weak solution of nitrate of silver to the prolapsed surface of the vaginal walls, and the administration of a dose of castor oil the evening previous to the operation.

On June 6th, 1871, I operated in the following manner, there being present Drs. Gould, Boardman, Barnes, Chace, Willoughby and McNeal, and Mr. Bartow, medical student. Chloroform was administered, and the woman placed in the semi-prone position upon a table, with the limbs flexed. Sims' speculum was used.

I ante-verted the uterus as recommended by Dr. Emmet, in order to keep the os well up out of the way, but notwithstanding, found the uterine holder in the hands of an assistant of service.

The mucous membrane in front of the os was now seized, and caught up by the tenacula, one in each hand, at two points, and brought together at the centre when it was ascertained that a strip four inches in length could be denuded, and brought in apposition without causing much tension.

One of the tenacula was dropped, and the other, held by the hand, caught in the mucous membrane, and a strip denuded three-quarters of an inch in length, in line with the axis of the vagina, by one half inch in width. This completed, the other tenaculum was taken up and the same amount of surface denuded. These two raw surfaces were now connected by denuding a strip of mucous membrane one half inch wide across and in front of the os, making a denuded surface upon the anterior wall of the vagina, and in front of the os, from four inches to four inches and a half in length.

This raw surface was now brought together by introducing two

silver sutures with a running stitch, one suture passing along the upper margin and the other the lower margin. The wire was drawn through with the silk loop, the parts brought together and the wire twisted. In this respect I did not follow Emmett, as it will be recollected that he uses but a single suture in this part of the operation. I am not able to say that there is any advantage in using the two instead of one suture, but it would appear that when two are used, the parts ought to be doubly secure. In finishing the operation I again departed from the plan recommended, not indeed, so much from choice, as from compulsion, in consequence of the peculiar conformation of the vaginal walls, and on account also of the position of the redundant mucous membrane, which prolapsed. My incisions did not diverge from a point just above the meatus and run up so as to connect with the horizontal strip, but when completed the surface denuded was shaped like the letter **U**, the convexity looking toward the vaginal outlet, and did not reach down so nearly to the meatus by three-quarters of an inch as in Emmett's operation, and the two lines of denuded surface were nearly parallel, thus it will be seen that much more tissue would be taken up and enclosed within this space when the raw surfaces were brought together. I found one advantage in this, not so many sutures were required as would have been necessary had the incisions ran down to the meatus. Seven or eight sutures were used, whereas, had the denudation extended down to a point, at least three more sutures would have been required.

The parts were approximated, the sutures twisted, cut off one inch in length, and turned upward. On the eleventh day the sutures were removed and union found to have taken place throughout the entire extent of my scarifications. On the 23d of June the patient was setting up in bed. I made digital examination, and cannot hesitate to say that the success of the operation is complete.

Just sufficient opium was given to constipate the bowels, and the bladder was twice or thrice daily evacuated by the catheter. Made examination July 5th, there is no further prolapse, and the woman is walking about her room, and up and down stairs.

CASE II.—Mrs. Joice, aged 42 years, has borne six children. The procidentia is complete having existed for one year, and was caused, she says, by coughing. Preliminary treatment, which consisted of local application of nitrate silver grs. ij. to aqua ℥i. daily, was continued for ten days.

On August 5th, 1871, under the influence of chloroform the operation was performed for radical cure. The woman was placed upon a small table in the semi-prone position, and the speculum of Sims used. The operation was done in all essential respects like the former, only the first suture was doubled, as used by Emmett, instead of using two single sutures as in the former case reported. It being so very tedious to introduce the first suture in a running

stitch through so long a surface, it, of course, is desirable to dispense with one of them, provided the double suture will answer as well. The portion of mucus membrane denuded near the meatus was circular and not pointed. The mucous membrane was very tough, requiring a sharp pointed needle to penetrate easily. There was not much hemorrhage, and all the cutting was done with the double curved scissors.

Nine sutures in all were used. On August 15th, the eleventh day after the operation, the sutures were removed, and firm union obtained. The floor upon which the os uteri may rest feels firm and strong as a good sized rope, and it will be impossible, without very considerable vaginal dilation, for the uterus or vaginal walls again to prolapse.* *

* * * NOTE.—A report of these and similar cases, made a year or two later would be of value; time is required before results in such cases can be properly estimated. Dr. West in his work on diseases of woman, speaking on this subject, says: "A verdict not more favorable must be pronounced on an operation, which has sometimes been practiced, which consists in the endeavor to contract the vaginal canal, either by the removal of strips of the mucous membrane, or by the use of actual cautery, or of strong caustics, so as to produce cicatrices on its walls, and consequent shrinking of its calibre, or by the insertion of sutures in a peculiar manner, with the view of obtaining a similar result. The objection and to my mind, the fatal objection, to these as to the other surgical proceedings for the cure of prolapsus uteri, is furnished not merely by the imperfect nature of the cure which they accomplish, and the new discomforts and inconveniences which they substitute for those before experienced, but still more by the want of permanence in their result, even when their issue is most fortunate, and this objection seems to me all the more serious, since failure in this respect appears to be the rule, success the rare exception. I think, too, that if we consider the circumstance in which prolapsus, either of the uterus, rectum or bladder takes place, we can scarcely expect that the result of the operation should be other than temporary; that the ciatrix tissues should yield to the pressure from above and all their other causes remaining unremoved, misplacement of the organs should in most instances recur. The operations already referred to, seemed to deserve rejection rather on account of their inadequacy to effect a permanent cure of the evils for the removal of which they have been suggested, than on account of the great difficulties or great danger of their performance."—ED.

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Miscellaneous.

Four Cases of Albuminuria Complicating Pregnancy.

By S. M. BEMISS, M. D., Professor of Theory and Practice of Medicine and Clinical Medicine, University of Louisiana.

[We omit in this extract the publication of cases I and II giving only cases III and IV., and the author's concluding remarks. ED.]

* * * * *

Case III. Was a lady of spare form and of a highly endowed nervous system, but with no history of family tendency to convulsions. She was delivered of her first child in the month of May, 1870. The labor was unusually rapid, for at the moment the accoucheur entered the room the fœtus was expelled, still enveloped with unbroken membranes. The bag was ripped open and a living child extracted. By the mother's reckoning, and the child's

imperfect development and small size, the conclusion was well established that it was delivered a month before the normal period of utero-gestation.

On the 27th of March, 1872, her husband came to ask a prescription for a headache of which she was complaining. Some pills of blue mass, rhubarb and castile soap were ordered. This was about the beginning of the 35th week of her second pregnancy.

At 11 o'clock on the morning of the 28th she was seized with a very violent convulsion, followed in quick succession by others, the patient during the intervals remaining wholly unconscious.

At my request Dr. A. C. Holt was joined with me in the treatment of the case, and to his skillful assistance the successful result is in a due degree ascribable. The patient's feet were swollen, but there was no discernible puffiness of the countenance, we, however, felt assured the case was one of convulsions, associated with albuminous urine, and succeeded in getting a scruple dose of calomel into the stomach by placing it upon the tongue shortly after the first convulsion, and following it with spoonfuls of water. We determined to effect delivery as early as possible, and if necessary, as we then supposed it would be, to attempt forcible dilatation, turn the child and deliver by the feet. Preparatory to these measures a catheter was introduced into the bladder, and a sufficient quantity of urine brought away to enable us to determine that it was loaded with albumen.

Notwithstanding the patient's insensible state we were soon able to perceive by her automatic efforts at straining, and the coincident uterine movements, that labor pains were already inaugurated. These spontaneous efforts were greatly aided by a manual dilatation of the cervix, an early rupture of the membranes and especially, also, by a carefully regulated, but tolerably firm downward pressure exerted upon the fundus uteri, at each contraction. Delivery was accomplished by the middle of the afternoon. A small and feeble female child was the result, which yet survives, and is reported to be healthy. No difficulty attended the expulsion of the placenta, and the uterus was well contracted afterwards. The patient was brought under the influence of chloroform at the earliest practicable moment after the first convulsive seizure, and this influence was maintained during the whole time of labor. After delivery was effected the convulsions still continued to recur at intervals, seldom greater than thirty minutes, as they had done during the labor. The treatment pursued was, to give chloroform rapidly whenever muscular twitchings announced the approach of a convulsive seizure, and to suspend its use as soon as the convulsion had ceased. In this manner we were able to mitigate the violence of the seizures with a good deal of certainty, and quite frequently succeeded in preventing their occurrence. Happily, both for the physicians and the patient, however profound her insensibility was, fluids placed far back on the

dorsum of the tongue were in part swallowed. This enabled us to medicate and nourish her. We determined first to make trial of the efficacy of bromide potash in calming nervous excitability, and gave twenty grains every two hours. Three doses were given without benefit, after which it was omitted and twenty grains of hydrate chloral given, to be repeated as often as the patient's condition demanded. The chloral exercised a more obvious control over the convulsive seizures, and was repeated at intervals of from three to six hours. In the mean time the patient's bowels were well acted upon by the calomel and an enema of castor oil emulsion. The kidneys also appeared to be in active exercise of function, but as the evacuations were all emptied into the bed, it was not possible to determine with regard to urinary abnormalities. During the 30th; the only changes in treatment were four enemata, each containing bromide potash ℥ss. and tinct. digitalis ℥ij; also by mouth four five-grain doses of valerianate of quinine. This medication took the place of the chloral, which was omitted. A blister 6x4 inches was placed on the back of the neck. The patient exhibited indications of very great nervous exhaustion, with a rapid, extremely feeble and irregular pulse, and on this account, as well as from the marked mitigation in violence and frequency of the spasms, the above changes were considered proper. For the same reasons the chloroform was almost wholly discontinued.

On the morning of the 31st the convulsions ceased, and did not again return. No precise reckoning was kept of the number of convulsions the patient endured, but it could scarcely have fallen short of fifty. The patient lay in a comatose state for more than a week, and did not become conscious of the fact of her delivery until one week after its occurrence. Indeed, for several months she continued to complain of loss of memory, and hesitated in conversation, with a vacant expression of face altogether unusual to her. The after treatment of this case consisted of iron, with small doses of nux vomica, liberal diet, and a sea shore residence. A careful examination of the urine two weeks after delivery proved it to be non-albuminous.

This patient has removed from this city, but I learn that she was very recently delivered of her third child without convulsions.

Case IV. This was a primipara of very diminutive figure and quite young, but up to the time of marriage suffering with no disease except painful menstruation. Her family history presented interesting points with regard to puerperal convulsions. Her mother died after giving birth to a second child, which was still-born. At the period of the mother's death the patient was old enough to remark that she had "dreadful convulsions and was very dropsical." A maternal aunt also died during childbirth, with precisely analogous symptoms.

Some months after her marriage, the patient had an abortion at about the sixth week. Within twelve months two others had

ensued, at from the sixth to the eighth week. I was then asked to visit her, and found retroversion of the uterus. The uterus was without difficulty restored to a normal position, and recumbency with warm vaginal douches ordered. After a few days of this treatment, a Hodge's bar pessary was introduced and the patient set at liberty. Her menses were observed for the last time October 5—10, 1872.

I was requested to see her on the 26th of May, and found that she had been suddenly awakened in the latter part of the preceding night with pain in the head. This she described as being tense, terrible and unbearable in character, obliging her to spring to her feet instantly. The subcutaneous areolar tissue was quite generally infiltrated. The feet and legs were very large, and pitted on pressure. The face had the peculiar waxy, anæmic look of Bright's disease. The conjunctiva were red, and when a cheek was pressed for a time upon her hand, or even the pillow, a crimson flush remained for a long period. There was no trouble with the sight. The patient was greatly annoyed with frightful dreams, but her intellection was perfect. The bowels had been a little more inactive than usual, but it had not been thought necessary to take anything to relieve them. The urine was scanty, and almost wholly coagulable by heat. Its specific gravity was 1.012. The pulse beat 64 to the minute. The patient's husband stated that within the three days prior to my visit she had increased in weight 5 lbs. For some day or two there had been anorexia. The child's movements were sufficiently vigorous; no other uterine phenomena. I ordered for her small doses of calomel and jalap, to be repeated every two hours; but as these were rejected, two doses of calomel, each five grains, were placed upon the tongue and washed down with spoonfulls of ice water. These were followed by bitartrate potash in cold water, and by comp. jalap powder. Vomiting frequently occurred, and very great quantities of a dark yellow and greenish fluid were thrown up. Notwithstanding the irritability of the stomach, the above named purgatives were urged upon the patient, for it appeared to me that the indication for hydragogue catharsis was too urgent to admit of any delay.

In the afternoon very free watery purging occurred, and was attended with complete relief to the pain in the head. The vomiting also ceased; the patient's complexion seemed more natural, and her whole condition was bettered. She was now left for the night, with instructions to take $\mathcal{D}j$ of chloral hydrate in the event that she suffered pain, or from sleeplessness.

May 27th. The pain came on during the night, about the same hour that it had occurred on the previous night. The chloral had not been given, the patient insisting that the cephalalgia was less severe, and that walking the floor would relieve it. It passed away in less than an hour, and at the time of my visit she was free from pain. The puffiness of the face was less marked, the urine

very albuminous but increased in amount; specific gravity 1.015. She was ordered a teaspoonful three times daily of mur. tinct. iron; and simple syrup aa \mathfrak{z} iv, mix; at night xxx grs. of bromide potash, in camphor water \mathfrak{z} ij. The bromide was ordered as a substitute for the chloral, as the patient was found to have some prejudice against the latter. Bitartrate potash was dissolved in the water which she drank, in such amount as to keep up some hydragogue action of the bowels. The appetite being a little improved, milk, eggs, and the juices of a quickly cooked mutton chop were directed as food for the day.

May 28th. Headache again last night, secretion of urine still increasing; less albuminous; bowels free. Thinking that quinine might exercise some control over the headache, I ordered twelve grains in three doses; to continue the iron, and take the bromide potash at bed-time.

May 29th. Cephalalgic pain very violent during the latter part of the night. The quinine had been in part rejected. Urine scanty, loaded with albumen; specific gravity 1.011. Pulse 48 to the minute. Gave calomel grains five, to be followed in three hours by a powder containing ten grains of jalap and ten of bitartrate potash. This produced free catharsis with liquid stools, after which \mathfrak{D} j of bromide of quinine was dissolved in \mathfrak{z} iv of concentrated extract of coffee, by the addition of citric acid, and a teaspoonful ordered every fourth hour. At night fifteen grains of chloral were given, with orders to repeat the same quantity during the night, if restlessness or pain rendered it necessary. The iron was discontinued until otherwise directed.

May 30th. The patient passed a better night, having experienced a very slight return of the pain. After this, her improvement was uninterrupted. The urine steadily increased in quantity and specific gravity, until, on June 7th, it was 1.023; the deposit, after submitting it to heat, was scarcely one-tenth. Chloral was taken in doses of from $7\frac{1}{2}$ to 15 grains nightly. The bowels were kept free by ptisans of bitartrate potash. The iron was taken twice daily, whenever the patient's stomach was in such a state as to enable her to take it without annoyance. At this date it was not thought necessary to continue my daily visits.

Previous to this date, however, I requested a consultation to decide in regard to the propriety of inducing labor for the safety of the child. The patient was very intelligent, and fully aware of the danger, either as it respected herself or offspring, and being intensely anxious to bear a living child, was willing to encounter an increase of hazard to herself to accomplish this end. She daily reported that the foetal movements were becoming more feeble. Dr. A. C. Holt met me on the first of June. The result of the consultation was, that in view of the decided improvement in the maternal system it was better to trust the case further, in the hope that if the viability of the child had not already suffered irrepar-

able injury, it might share in the benefits of the mother's improved nutrition. On the 13th of June the patient's urine was so abundant as to cause a fear on her part that some new form of disease was impending. It contained but little albumen, and had a specific gravity of 1.007. The patient's feet and legs were still very œdematous, and the pits from pressure persisted for a great while. Still her complexion was improved, and her appetite and digestion satisfactorily good.

One symptom was present which gave me considerable uneasiness. Her breasts were relaxed and pendulous, and on the under surface there were red patches, only in part effaceable by pressure. The superficial capillaries were the seat of a blood stasis which at many points had resulted in rupture and extravasation. This seemed to indicate a degree of systemic innutrition more profound than that ordinarily coincident with mere serious infiltration.

The patient was seized with light labor pains on the morning of June 22d, and was delivered in the early part of the evening without the least difficulty or complication, so far as it respects herself. The fœtus was dead, macerated, the cuticle separating wherever much pressure had been made during delivery. The bones of the head were moveable, and the cranial sac pouched to such an extent during delivery, and had such a fluctuating, fluid character of touch, that I believed hydrocephalic effusion had commenced prior to the child's death. The patient states that the last date of fetal movement was Saturday, June 14th. This is now the 21st day after delivery, and the patient's recovery has progressed satisfactorily. The only anomaly, indeed, which has occurred, has been a violent pain in the right eye, followed by disturbance of vision. This has occurred twice, and in each instance followed rather prolonged use of the eyes in reading. These symptoms were temporary. I did not see her during their continuance, and at the periods of my visits nothing unusual could be observed in the appearance of the affected eye.

No examination has been made with the ophthalmoscope.

REMARKS.

These cases do not throw any additional light upon the controverted points of pathology of puerperal convulsions. All, except the third case, have occurred in small primiparous women, whose abdominal walls were unyielding. Consequently the doctrine, that pressure is the morbid starting point, is in the aggregate supported. But those who are willing to admit pressure as the pathologic factor, are divided as to the manner in which it works the mischief. The greater number hold that it is exerted upon the vascular system, and the albuminuria is the result of congestion, but Tyler Smith, Fordyce Barker, and others equally excellent as professional authorities, believe the injury is from nervous irritation. The symptoms in these cases all developed

themselves in the latter half of pregnancy, while it is a known fact reflex disturbances in pregnancy belong peculiarly to the earlier months. I have no doubt that much of the disagreement in opinions regarding the pathology of puerperal convulsions is due to the fact that different causes may determine them. When different diseased states are grouped under one name, we become prone to consider the nomenclature and pathology as being alike unvarying. That they are not uncommonly due to the hysterical diathesis is undeniable. That the irritation of the uterine nerves may give rise to them in women who have never exhibited hysterical manifestations is extremely likely. All constitutions, under certain circumstances, are impressible to those causes which excite reflex disturbances. I have at this moment a lady under observation whom I have treated in quite a number of hysterical convulsions. She is now far advanced in the ninth month of pregnancy, and has had two very violent attacks of convulsions during this state. The urine has not a trace of albumen. But even if deprived of opportunity to make observations of the urine, or of a history of previous hysteria, we could confidently assert a diagnosis, basing it upon the condition of the patient in the intervals between the seizures. There is no coma. When she recovers from the exhaustion of her excessive muscular exertions, she is free from morbid manifestations. In another class, as those cases detailed in this paper, the convulsions are ascribable to some morbid process which is, with great uniformity, associated with albuminous urine. The most consistent explanation is, that the same pathological conditions which produce the albuminous urine, at the same time embarrass the renal functions, and hinder depuration of the blood. We must not, however, conclude that these two pathological states are inseparably connected. It is altogether probable that obstructed renal depuration may occasionally exist in sufficient degree to produce convulsions without albuminous urine, and the latter very often occurs without convulsions. It is also not at all improbable that other derangements of the fluids of the system may give rise to convulsive seizures besides those due to any form of uremic poisoning. Indeed, Professor Brickell's suggestion, that "vitiations of the blood incident to pregnancy" which may in no wise depend on crippled kidney function, are yet sufficient to produce convulsions, seems altogether probable. But even in those cases, where the relation between the lesions of renal function and the convulsions is fully established, the gross pathology is very essentially different from that of Bright's disease. The uremic poisoning—the general tendency to serious infiltration, the liability to convulsive seizures and the demolition of blood constituency, show great parallelism. But putting out of view the chemical differences in the albumen in the two states of disease, one radical distinction rests upon the difficulty and tediousness of cure in Bright's disease, contrasted with the rapidity with which

the albuminuria of pregnancy gets well when delivery occurs. No doubt it sometimes happens that the puerperal state entails in some manner or other, permanent disease of the kidneys. Four years ago I attended a lady of this city who had suffered several abortions at very short intervals. After the last, she remained anæmic, complaining of unusual fatigue after physical exertion. She had light rigors, with loss of appetite, and a tendency to menstrual returns more frequently than in health. With these symptoms she had headache and was nervous. She was treated with quinine, chalybeates and cod liver oil. Very soon the debility increased so that she kept her bed. Her respiration became hurried, the heart's action was weak, and the pulsations irregular as it respects force. No morbid chest sounds could be detected. I thought the anomaly of the symptoms was properly explained by a strong hysterical tendency manifested in the early part of her case. There was no dropsical infiltration anywhere. No indications of uremia, unless the above named symptoms were such, and no statements on her part calculated to call attention to the urine. Nevertheless, desiring to use every means of acquainting myself with her case, I obtained a specimen of her urine and submitted it to chemical and microscopical examination. It contained in abundance albumen, casts, and blood corpuscles. In less than two days from this time, she died very suddenly, and without convulsions. No post-mortem.

I remember to have read with great interest, but have lost my references to it, a paper published in a French Medical Journal, giving an account of five cases of acute albuminuria occurring so shortly after abortions, as to afford indubitable evidence of the connection of cause and effect. It is impossible for me to aver, in the case just related, that the albuminuria may not have antedated the last abortion, which was only some six weeks before the patient's death. My belief, however, is, that it did not precede but followed it, and was determined in a great measure, if not wholly, by extension of the grave uterine lesions to the kidneys.

Whatever remarks upon treatment are made may be confined to the fourth case upon the record. A physician's successes, like those of a general, are commonly commended, even if shown to be in contravention to the rules either of science or common sense. In respect to the last recorded case, the treatment directed for the safety of the mother need scarcely be discussed. The indications for elimination—for hydragogues, were so pressing that the physician could make but little question concerning his measures of treatment. But it is not so irrelevant to enquire whether it might not have been better to have attempted something more than was done for the safety of the child.

The only possible step to be taken to save the child was the induction of premature labor. In the earlier progress of the case, I think there are two counts, which concurring, established the

measure as unwarrantable. In the state of system the mother was in during the earlier stages of her illness, the danger of convulsions, and danger to her life therefrom were too imminent to justify induction of labor. The same considerations, touching the child were also to be weighed, in connection with the possible occurrence of convulsions.

The fierce, intolerable cephalalgia, and slow pulse, with which the patient suffered, are so generally the precursors of convulsions, that the physician incurs increased danger and resumes a grave responsibility if he attempts to incite labor in the face of such admonitions.

The arguments which led us to defer any procedures to induce labor, later in the progress of the case, have already been mentioned.—*New Orleans Med. and Surg. Journal.*

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Owing to the general interest which the terrible epidemics of Yellow Fever at Memphis and Shreveport are exciting, we copy the following interesting paper upon the subject from the pen of Prof. Joseph Jones of New Orleans. ED.]

Observations upon the Treatment of Yellow Fever.

By JOSEPH JONES, M. D., Professor of Chemistry and Clinical Medicine in the Medical Department of the University of Louisiana; Visiting Physician of Charity Hospital, New Orleans, La.

1. Yellow fever is a self-limited disease, and can not be arrested by drugs. The poison of yellow fever, as well as the deleterious products resulting from the chemical changes which it excites, are eliminatad mainly by the skin and kidneys. Black vomit is the *result* of the action of the yellow fever poison upon the blood and upon certain organs. It should neither be regarded to the active cause nor be treated as *the disease*. Black vomit must be viewed as a *result* and not as a *cause* of diseased action. Therefore the functions of the skin and kidneys should be promoted by suitable means during the progress of the disease. During the early stages the physician should employ those measures which are best adapted to equalize the circulation and promote the regular and free exercise of the functions of the skin and kidneys. Stimulating diuretics should, as a general rule, be avoided, as they tend to increase the irritation and congestion of the kidneys. A favorable impression may be made upon the circulation and upon the skin by the free use of the hot mustard foot-bath, by the vapor-bath, and in certain cases by the warm-water bath. The action of the skin and kidneys may be promoted by draughts of lemonade and of warm decoctions

of mild diuretics, as orange-leaf and sage-tea, and water charged with carbonic acid.

2. The diet should be light but nutritious. Beef-tea, chicken-tea, corn and rice-gruel, and barley-water are the best forms of nourishment, and should be continued at regular intervals throughout the active stages of the disease. Solid food, and even bread, should be avoided. In many cases the preceding measures, accompanied by absolute rest in bed and the careful and continuous attention of an experienced nurse, will be all that is required. Alcoholic stimulants should be used with caution, and their effects noted. They have proved beneficial in certain cases attended with great prostration in the stage of febrile excitement. Champagne, when pure, is perhaps one of the best forms of alcoholic stimulants, from the presence of the carbonic acid with which it is charged.

3. Efficient but gentle purgation in the *early part* of the *first stages* of active febrile excitement may prove beneficial in relieving in a measure the congestion of the kidneys and liver, and in removing fecal matters from the bowels. If mercurials are employed, they should be used in the early part of the first stage, not later than the second day of the disease. For an adult from eight to twelve grains of calomel or blue mass will be sufficient. Purgatives should not be administered in the second stage of calm.

4. Quinine may prove beneficial in the *earliest stage* of the disease by its effects upon the nervous system, and by its power of diminishing the temperature and equalizing the circulation; but this drug has no such curative effect in yellow fever as it has in paroxysmal malarial fever. Yellow fever will run a definite course, and pass through a definite series of changes, whether quinine be administered or withheld. After a careful examination of the statements of Blair and others we have failed to discover any facts or cases by which the power of large doses of quinine to *abort yellow fever* can be fully and unequivocally established. It is very evident, from his own statements, that the action of Blair's favorite compound of calomel and quinine, having the symbol 20x24, was very uncertain; and questions may be raised as to whether the cases said to have been aborted were yellow fever at all, or whether they may not have been some form of malarial paroxysmal fever, which would most probably have progressed regularly to convalescence after the hot stage of febrile excitement. Our own experience, as well as that of many others, has not accorded with the statement that after yellow fever has been established it *can be aborted*. Of course it would be entirely unnecessary to argue the question with those whose diagnostic powers are so acute that they are able "to detect a case of yellow fever before the supervention of the hot stage.

The power of quinine not only to arrest but also to ward off paroxysmal malarial fever is undoubted; and it has been used extensively, not only in the treatment of yellow fever, but more

recently as a prophylactic. Dr Newkirk, who was at Asuncion during the recent severe epidemic of yellow fever, assured Dr. Wm. Nathaniel Hiron, of Buenos Ayres, that the mortality was small, and that quinine was very generally and extensively used; and he expressed his belief that quinine was prophylactic, and that its continuous use in a healthy person during an epidemic caused any disease that showed itself to be mild and tractable.

Dr. Hiron, in his account of the recent severe epidemic of yellow fever in which Buenos Ayres, with a population not larger than that of New Orleans, lost, according to the most accurate estimates, nearly twenty thousand of her citizens, records the additional fact, illustrating the prophylactic properties of quinine, that "of eleven *practicantes* (dressers) of the Hospital de Hombres eight took quinine in doses of three grains daily. All of these had fever of a benign form. Three took no quinine; these had the fever very severely, and one died."

While the facts relating to this important subject are too few to warrant any decided conclusion as to the propriety and necessity of using quinine as a prophylactic by those exposed to the yellow-fever atmosphere, at the same time there are facts which indicate that quinine acts not so much as an "antidote" to the poison, but as an "antidote" to the *effects* of the poison, in the system, by preserving the integrity of the blood, regulating and promoting excretion, equalizing the circulation, and fortifying the nervous system against the action of the poison. According to Binz, quinine has the power of arresting putrefaction and fermentation, and is an active poison for all low organisms, animal and vegetable; and Dr. Grace Calvert has confirmed the observations of Binz, and announced the power of quinine to prevent the development of fungi.

These facts have been applied to the explanation of the effects of quinine upon the process of inflammation. Thus, according to Conheim's views, pus being mainly a collection of white blood-globules which have passed through the walls of the vessels—quinine having the power of arresting the motions of the white corpuscles, hence preventing their exit from the vessels—the alkaloid arrests, or at all events diminishes, the formation of pus during the course of inflammation. The well-established effect of quinine in producing a *decrement of temperature in fever* has been referred to its power of destroying the ozonizing power of certain substances; and as the red corpuscles have this power, quinine in the blood is supposed to diminish the oxidation of tissue, and thus to lessen the production of heat. Thus Ranke and Keener found that the tissue changes were diminished under the action of large doses of quinine. Zuntz has recorded the observation that quinine, in ten-grain doses, lessens the daily excretion of urea by one third or more; and Unruh has found the same to occur when quinine is administered in fevers. Harley added quinine to blood, and found that it took up less oxygen and gave off less carbonic acid than blood which

had not been thus treated. Zuntz and Schute have employed the changes in the alkalinity of the blood for the determination of the same fact. Thus, if fresh blood be drawn, a development of acid begins in it, and continues, at first rapidly, then more slowly, till putrefaction sets in; and as this acidification depends on oxidation, the diminished alkalinity of the blood thereby produced furnishes a test of the rapidity with which oxidation proceeds; and it has been determined by the experiments of Zuntz, Scharænbreich, and Schute that quinine, bebeerine, cinchonine, and picrate of sodium lessen, in different degrees, the production of acid, and consequently prevent the oxidation of the blood.

The experiments of Binz are especially important in their bearing upon the question of the direct action of quinine upon the chemical changes of the blood, or of its indirect action through the nervous system, which show that when putrefying liquids are injected into the circulation the temperature of the body rises; but if the fluids be previously mixed with quinine, whereby the putrefactive processes are arrested or destroyed, the rise in temperature is either entirely arrested or considerably diminished. Such experiments not only throw light upon the therapeutic action of such alkaloids as quinine, but they also illustrate, as it were, the very nature of the processes of those diseases, the effects of which they modify or counteract by the peculiar chain of chemical actions which they induce in the blood.

5. While local blood-letting may be beneficial in the first stage, when practiced chiefly for the relief of local congestions of the stomach and kidneys general blood-letting is injurious on account of its depressing effects upon the heart and nervous system. Cut cups should be employed with caution, and in the majority of cases they are unnecessary. The circulation will best be influenced by dry cups, sinapisms, and hot-mustard foot-baths. Blood-letting, either in large or small quantities, repeated at intervals, is injurious, because it permanently reduces the pulse, prostrates the powers of life, and quickens the fatal termination.

6. The employment of the mineral acids internally, as the nitromuriatic, from its supposed beneficial effects upon the jaundice, as well as of the tincture of the sesquichloride of iron, from its supposed power of arresting or preventing black vomit, is of very doubtful propriety. If the view be correct that black vomit is intimately associated with and even dependent upon impairment if not complete suppression of the functions of the kidneys, and if to a certain extent it be an effort of nature to relieve the blood of certain poisonous constituents, such agents can have little or no remedial power, and they are in many cases directly injurious by their irritant action upon the congested, irritated, and softened gastric mucous membrane.

7. While opium and its preparations may, in certain cases attended with sleeplessness and great restlessness in the first stage,

produce favorable results, at the same time they possess no power of arresting or curing the disease; and should be used with great caution, as they may act with great energy and even poisonous effects when the function of the kidneys is impaired or arrested. This observation applies equally whether opiates be administered by the mouth or by subcutaneous injection.

8. The maintenance as far as possible of absolute rest in the recumbent posture. This precaution appears to be indicated by the results of experience, as well as by the *lesions of the heart*, which I have shown by careful post-mortem examinations to be characteristic of this disease. The central organ of the circulation is structurally altered and enfeebled in yellow fever. The muscular structures of the heart present alterations similar to those observed in the liver and kidneys. Oil and granular albuminoid or fibroid matter is deposited within and around the muscular fibrillæ, and the organ after death presents a yellow, flabby appearance. In some cases time is required for the restoration of its free and vigorous action, and this result is impossible without absolute and continuous rest in the recumbent posture.

Every case of yellow fever should be regarded as *serious*, however slight the symptoms may appear; and on account of the profound structural alterations of the heart, liver, and kidneys, and the profound alterations of the blood, the closest medical attendance and the most careful nursing is demanded.

9. The maintenance of free ventilation, and at the same time the avoidance by proper coverings of sudden changes of temperature.

I have shown by numerous careful analyses of the urine, and by microscopical examinations of the kidneys after death, that in fatal cases the lesions of these organs are profound. The results of these investigations afford an explanation of the fact that sudden changes or depressions of temperature often cause sudden and fatal changes in cases of yellow fever. By sudden depressions of temperature the function of the skin is diminished or arrested, internal congestions promoted and augmented in the enfeebled state of the circulatory and nervous systems which characterize the second stage of calm and depression, and the already crippled kidneys have an additional amount of work thrown upon them, while at the same time they are still further incapacitated for the performance of this work by the increased congestion.

10. The sudden fatal termination of many cases of yellow fever is to be referred chiefly to the sudden arrest of the function of the kidneys. Complete suppression of urine in yellow fever is of more fatal import even than black vomit, which it often accompanies and precedes. In cases of suppression of urine in yellow fever the malpighian corpuscles and tubuli-uriniferi are filled with granular albuminoid matter, oil-globules, and detached epithelial cells. If the cessation of the excretion of urine was due simply to capillary congestion or defective innervation, it might be met by appropriate

remedies; but the results of my chemical and microscopical examinations have placed in a clear light the reason of the impotency of all measures heretofore proposed for the relief of this fatal symptom. The tincture of ergot has been said to have restored the excretion of the urine, but this powerful agent has failed in my hands. The careful physician endeavors to promote the regular action of the kidneys, as indicated in section 1, from the very inception of the disease. As long as the kidneys excrete urine freely we may entertain hopes of recovery, even though black vomit and jaundice may have supervened.

As a general rule, suppression of the urinary excretion is speedily followed by restlessness, delirium, and coma, and in some cases convulsions. It is folly to expect good results from the sedatives and the various preparations of opium in such cases. Counter-irritants to the surface and the prolonged use of the hot and warm baths alone promise any good.

11. Yellow fever is a self-limited disease, occurring, as a general rule, but once in a life-time. The constitution of the blood and even the textures of the body are altered. The most important organs, as the heart, kidneys, and liver, as well as the most important nutritive fluids, are profoundly impressed. These changes of the blood, heart, kidneys, and liver, and perhaps also of the nervous system, may be compared to the profound changes induced in the blood and organs, and especially in the integument, by the small-pox poison. I have shown by careful analyses that when the kidneys cease acting in yellow fever urea and carbonate of ammonia and bile accumulate in the blood, brain, liver, and heart. Many of the nervous symptoms characteristic of yellow fever are referable to the retention of the bile and the constituents of the urine in the blood.

If this view be correct, we can not by *drugs arrest or cure* yellow fever any more than we can arrest or cure by drugs small-pox, measles, or scarlet fever. If drugs accomplish the effect of promoting the free and regular action of those emunctories through which the poison and the products of its action are eliminated, and if, further, they tend to preserve the integrity of the blood, and to sustain the action of the circulatory and nervous systems, they will without doubt achieve much good, and perhaps all that we are justified in looking for in the present state of our knowledge.

By judicious treatment, and by proper attention to ventilation, diet, and rest, we place the patient in that condition best adapted to the successful elimination of the poison and the products of its action; but we do not arrest or cure the disease, as we certainly may do in paroxysmal malarial fevers, by the proper administration of quinine.—*American Practitioner, July 1873.*

We select the following from the discussion concerning Cancer of the Breast, at a recent meeting of the Medical Library and Journal Association of New York.

DR. FORDYCE BARKER: Mr. President, my apology for departing from my usual rule with regard to surgical questions and operations is, that I may perhaps suggest some new fields for inquiry and observation, and perhaps bring out some new ideas in the course of the discussion by these suggestions. In regard to surgery, I am no expert. I do not pretend even to interfere with it, and it is therefore somewhat embarrassing to speak upon a subject which really belongs to the surgical department. I have, however, had occasion to study the subject of cancer, with great interest, and perhaps with a large experience, and have, therefore, for many years taken every pains to inform myself with regard to the progress of science, and have felt an interest in its bearing upon the question of its manifestation in the form in which it occurs secondarily, which in its most frequent form is that of cancer of the breast.

In alluding to certain points in connection with the general subject, I will refer to one or two cases in connection with my own personal experience. Previous to my coming to this city, I was obliged to practice more or less in general surgery, and in the course of that time I was called upon to amputate the breast thirteen times, for what I supposed to be cancer of that organ. I have listened to the statistics from the gentleman who has already occupied your attention, with great interest and with great pleasure, because, in almost every point, while they have not corresponded with published statistics as we now have them, they have corresponded with my own. In four of these thirteen cases in which I operated for cancer of the breast, I know nothing of the results. Two of the thirteen cases are still living. All of the seven remaining cases died at periods varying from eighteen months to four years after the operation. A curious point in relation to them was, that the one who lived the longest—and this point I have not seen alluded to by any author—was the patient who was the oldest. That patient was 71 years of age when I operated, and had been afflicted with the disease some four or five months when I first saw her.

There was no apparent return of the disease until several months afterwards, and then there was probably a return of the disease to some internal organ. The point is this: whether the progress of pathological changes is not exactly in the same ratio as the metamorphosis of tissue in relation to age; whether in persons of advanced life we may not account in this way for the longer exemption from a fatal termination of the disease than when the disease occurs in those who are less advanced in age.

In 1858, although I had refused to have anything to do with

general surgery, and confined my operations entirely to the obstetrical department, I had one patient who absolutely refused to permit any one else to operate upon her except myself. I accordingly removed her breast. The axillary glands were not involved, but the disease returned within a very few months, and the patient died eleven months after the operation.

The second case which I will refer to is a rather curious and rather exceptional one. It occurred in the year 1860, in a lady 43 years of age, and she had the disease for several months when I first saw her, and in what I regarded as a very malignant form. That person, again, utterly refused to have an operation performed unless I would perform it myself, and I accordingly performed the operation, assisted by Dr. Foster Swift and Dr. Charles Phelps. In that case acupressure was employed, as I believe, for the first time in this city, and I was very much interested and pleased with the effect of acupressure in diminishing the amount of suppuration, which in that case was very slight indeed. The patient was operated upon in April, 1860. In my own belief, and in the belief of the microscopist, it was one of the most malignant forms of this disease of the breast, and yet the woman was alive in 1871. I simply mention this case as a small contribution to the number of successful operations in the sense of curative, in cases of carcinoma of the breast. That specimen was afterwards presented at the New York Pathological Society, and the minutes of the meeting, which were published in the *Medical Record*, represented it as being presented by Dr. Swift and that the operation had been performed by Dr. Parker, which is a fair illustration of the uncertainty of surgical glory. With regard to statistics in determining whether a surgical operation shall be performed or not, most modern writers agree that operations do, in a certain proportion of cases which are judiciously selected, absolutely and positively prolong life, relieve suffering, and in some cases actually save life. The diametrical opposition which the statistics of some surgeons have to those of other surgeons who are equally well situated for making observations, may perhaps be explained in this way. One surgeon may be of the opinion that the disease is, primarily, always a local disease, and that its constitutional character is secondary to the local disease, which manifests itself differently in different cases. If this theory be correct, the proper method of treatment is the early extirpation of all suspicious-looking growths. On the other hand, other surgeons are of the opinion that the disease is a constitutional disease; that operations are deleterious in their effects, and should not be resorted to until all other means have failed to arrest its progress.

Again, some surgeons who have a greater fondness for operations than others, will remove a suspicious-looking growth much earlier than those surgeons who are less fond of operations, so that in some cases it may be that the delay in the performance of the

operation has permitted the disease to make such extensive ravages upon the general system, that the operation, if performed at all can be performed with the expectation of giving some relief from distressing symptoms.

I began in early life as a most enthusiastic believer in the numerical system, regarding it as a most efficient means for advancing our knowledge of disease. But my experience has proven to me that statistics which ordinarily receive publication are extremely unreliable, and that they form a most unstable foundation upon which to predict future action, whether it shall be for the formation of an opinion or made the basis of an operation. The statistics which the author of the paper has given us relative to the comparative frequency of cancer of the breast singularly accord with the statistics from the cancer hospitals in the city of London. Out of 7,800 cases which were under treatment in that city between the years 1851 and 1861, 4,388 were cancer of the breast. This is from an entirely different sphere of observation, and yet the result of the observation shows that the female breast is one of the most favorite places in the human body for the development of this disease. It seems to have an elective affinity for the female breast, and perhaps in the progress of etiology and the science of physiology the reason for this elective affinity will be discovered.

The next point which I will notice in connection with the paper, is with regard to hereditary predisposition to the disease. I feel quite confident that I should never have read a paper which I did read, and which was published by the Academy of Medicine, upon "The Clinical Study of Cancer of the Uterus," had I not been thoroughly convinced upon this point. When I came to study my own observations, I found that some of them were so different from the published statements in published works that I felt doubtful about reading them without consultation with some of my personal friends. My own statistics with regard to hereditary predisposition to cancer of the uterus almost exactly correspond to the observations of the author of this paper with regard to hereditary predisposition to cancer of the female breast.

Another very interesting point to me was, that the author of the paper has found so much larger proportion of cases of cancer of the breast where hereditary predisposition to cancer was entirely absent, but where hereditary predisposition to tubercles was present. The results of his observations upon this point give the same relations which are found in my own statistics, and I believe that the idea of hereditary predisposition to cancer should be denounced, and that this denunciation should be pronounced boldly by physicians.

There were a few points to which no allusions were made, and concerning which I wish to make some inquiry.

What is meant by a cancerous cachexia? In my earlier experience I was always looking for something like a cancerous cachexia,

but my later experience and observation have taught me to become a non-believer, and I do not now believe at all in cancerous cachexia, as the term is commonly used. I have seen patients in the most advanced stages of cancer of the uterus, and in almost all its various phases, when they presented the appearance of robust health. The cachexia, when it does appear, is to my mind not a measure of the influence which has been produced by the simple presence of cancer in the system, but rather from associated lesions of the various organs of the body.

These are my observations with regard to cancer of the uterus, and I should like to know whether the same thing has been observed with regard to cancer of the breast.

Another point, which was not alluded to, and concerning which I should be pleased to gain some information, is, with regard to the value of pain as a symptom in cancer. I am of the opinion that it is a symptom of uncertain value in aiding us in determining the existence or non-existence of cancer of the uterus. I have seen patients in the advanced stages of the disease without the slightest suspicion having been raised with reference to the presence of the disease by any pain. My own opinion is, that pain is simply a measure of the influence which the disease has had upon the contiguous and adjacent tissues. Cancer may occur so as to interfere with the functions of the uterus, or affect the subperitoneal tissues; and when these tissues are affected we are sure to have pain, and in some of these cases the pain is most atrocious. In other cases, where the disease presents more malignancy, the pain is sometimes very trivial. Whether the amount of pain is in relation to the amount of influence which the disease has upon the adjacent and contiguous tissues, I am not able to say, but simply throw it out as a question for consideration.

From time immemorial there has been an attempt made to destroy cancer by the use of every variety of known caustics. It has been a favorite resort of empiricism, and the most successful and perhaps the most lucrative of all charlatanism has been seen in the use of caustic agents to destroy the local manifestations of cancer. As a consequence of this, of course, a great majority of the surgical world have been satisfied with regard to the uselessness of such attempts. My own prejudices have always been against this method of treatment. I once attempted to make some observations respecting this plan of treatment as it was then adopted in St. Bartholomew's Hospital, and the whole process was so revolting that I did not pursue my investigations farther, and the result of my observations was not at all favorable.

In the year 1870, however, I was consulted by a lady who had a tumor in the breast which was very suspicious in its character, and which I watched for some weeks, when I regarded it as cancer, and urged upon my patient the importance of having it removed at once. But the patient utterly refused to have any cutting opera-

tion performed. At that time I had been studying up the subject somewhat, and among other works which I had read was Marsden's work upon the use of caustics in the treatment of cancer.

The same summer, while abroad, I visited the hospital in which Dr. Marsden had made his observations and applied his treatment, and saw the results of this treatment. I became so much interested in this plan of treatment and was so highly pleased with it, that, upon my return, I recommended to my patient to submit to the treatment by the use of caustic. After some delays she consented. The form of cancer from which she was suffering was apparently of the most malignant type, and at the time I commenced the treatment the mass was about two inches in diameter, which is the extreme limit in size permissible to be treated by this method. In the course of eighteen days after the first application was made, the mass came away, the process of cicatrization was completed in a short time, and there has not been the slightest appearance of return up to this time.

Another case to which I wish to make reference, was in a patient who had had two sisters die with cancer of the breast, but her father and mother were still living at the time she consulted me. Not the slightest suspicion of cancer could be traced in either member of the family. One sister died some six or seven years ago from cancer of the breast. The other sister I was called to visit, and I found the axillary glands involved in the disease; there were evidences of what is known as the cancerous cachexia, and I called for council. Dr. Van Buren was called in consultation, but the case was regarded as utterly hopeless, and the patient died without an operation.

The third sister came under my observation for epithelioma of the uterus. That patient I operated upon in 1866, removing the cervix uteri by amputation. It is now seven years since the operation was performed, and she remains in the most perfect health.

About five years ago a lady consulted me with regard to a suspicious-looking tumor in her right breast. She was under my observation for about two years, and received treatment, but I never was of the opinion that the growth was malignant. At the end of two years it entirely disappeared. In February, 1873, that patient came back to me with a tumor in her left breast, which I regarded as true cancer of the breast. The tumor had been observed for more than a year, and when I saw it, the nature of the case seemed clear and positive. Its removal was recommended. Consultation was held, to satisfy the patient with regard to its nature, the propriety of its removal, and if decided to remove it, how it should be removed. It was decided to remove the tumor by Marsden's treatment, and the treatment was accordingly commenced upon the first day of April. The amount of pain which the patient has suffered during the course of the treatment has been very insignificant indeed. She has been up most of the time, has

been able to be out riding some of the time, and it is now eighteen days since the first application, and the slough is just ready to come away. The treatment of this case thus far has been very pleasant. What the result of the case may be it is impossible at present to decide.

I will now describe the plan of treatment as given by Dr. Marsden—the plan which he professes to have derived great success from, not only in a very considerable number of cases of cancer of the breast, but in the treatment of cancer of various parts of the body, and even of cancer of the neck of the uterus.

This method of treatment is limited to cases in which the surface of the tumor does not extend over two inches. Care must be taken that the paste is of sufficient consistence so as not to flow beyond the point to which it is applied. The general formula for the preparation of the caustic is to combine arsenious acid and mucilage in such quantities as to make a thick paste, and the formula commonly employed for this purpose is—

℞ Arsenious Acid, - - - - dr. ij.
Mucilage, - - - - - dr. j.

This paste is spread over the surface of the tumor, and two or three layers of lint spread over that. The lint absorbs all the surplus paste and protects from farther cauterization. The first application is left on for twenty-four or forty-eight hours, according to the extent of surface, and then removed by gently soaking it with warm water. After the old paste has been removed in this way, one judges from the impression made with regard to a farther application of the caustic. These applications are to be continued until a line of demarcation entirely surrounding the diseased structure is shown. Then the lint is soaked and removed, and a bread-and-water poultice applied, and changed every few hours. At first there is sometimes considerable inflammatory action set up, but the amount of pain is very inconsiderable as compared with the use of the knife, and the process of cicatrization is equally painless and satisfactory.

The shock to the system, as a rule, is very much less. The constitutional effect of the arsenic in this case was very slight, lasting only a few hours, and then passed away. Indeed, the moderate constitutional effect of arsenic I have long believed to have a certain positiveness in the treatment of cancer, in that it retards the proliferation of cancerous tissue. I mention these cases with the hope that it may contribute something to our knowledge of means by which we may meet this most terrific disease.—*Med. Record*

Editorial.

The Publication of the State Medical Society Transactions.

At a recent meeting of the Medical Society of the County of New York, resolutions were adopted relative to the publication of the Transactions of the State Society. The Society pledged itself to pay its proportion of the expense of the publication providing the Committee on publication should decide to publish them at the expense of the County Societies. We are glad to see that the action of this Society is being endorsed by other Societies, and in this number publish the resolutions adopted at a recent meeting of the Monroe County Society.

The refusal to publish the transactions of the State Society seems at first a little illiberal, but we think that good will grow out of it, and hope that steps will soon be taken to place the New York State Medical Society upon a basis entirely independent of State control. Now that the Society is alone responsible for the publication of its transactions the members will doubtless take increased pride in making them a model publication. We hope that the Erie County Society will see fit to take some action in the matter.

INTRODUCTORY LECTURE. The Introductory Lecture to the Regular Course at the Buffalo Medical College, will be given at the College, Wednesday evening, Nov. 5th, at 7¹/₂ o'clock, by Prof. M. G. Potter. All physicians in the city and vicinity are invited to attend.

APPOINTMENT. Dr. Alfred T. Livingston, a graduate of the Buffalo Medical College of the class of 1873, and who has favored the Journal with a few contributions has been appointed one of the Assistant Physicians at the State Insane Asylum at Utica. We wish Dr. Livingston much pleasure in his new field of labor, and congratulate his associates upon securing so intelligent and agreeable a companion.

ELECTION OF OFFICERS. At the annual meeting of the Chautauqua County Medical Society, the following officers were elected:

President, Dr. A. Waterhouse, Jamestown. *Vice President*, Dr. S. M. Smith, Dunkirk. *Sec'y and Treas'r*, Dr. T. Chas. Wilson, Portland.

The Semi-Annual meeting will be held at Jamestown, on the second Tuesday of January, 1874.

NEW OPERATION FOR ANEURISM. Dr. R. J. Levis, of Philadelphia, recently performed at the Pennsylvania Hospital, an operation for aneurism which is to say the least quite novel in character. He introduced through a fine needle canula several horse-hair's into the sac, with the idea that they would afford sufficient obstacle to the passage of blood to cause coagulation.

We shall look with interest for further reports from the case, and will keep our readers informed concerning it.

Books Reviewed

A Manual of Medical Jurisprudence. By Alfred Swaine Taylor, M. D., F. R. S. Second American Edition, edited by John J. Reese, M. D. With illustrations on wood. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

The favorable reception which has been accorded the former editions of Taylor's *Medical Jurisprudence*, renders it unnecessary for us to give a critical review of its contents. The present edition is increased by about one hundred pages over the former, and several subjects are introduced not treated in that edition. Most of the notes of the former editors Dr Hartshorne and Mr. Penrose, have been retained, and are distinguished by the initials, H. and P.

The publication of a larger work by the same author entitled the "*Principles and Practice of Medical Jurisprudence*," has rendered a detailed statement of cases unnecessary in this work; these are therefore omitted and room is given for a more complete consideration of the different subjects introduced.

Two very instructive chapters on evidence and the duties and responsibilities of medical witnesses have been placed at the commencement of the volume, these if studied by the profession and borne in mind when on the witness stand, would prevent many medical men from making inexcusable blunders in their manner of giving testimony.

The volume seems to lack nothing as a *Manual of Medical Jurisprudence*, and it with its companion volumes on *The Principles and Practice of Medical Jurisprudence*, which are shortly to be published, should be in the library of every physician and practicing attorney. The work is illustrated by several engravings on wood, and the printing and binding are in every way well done.

Chemistry, Inorganic and Organic; with Experiments. By Chas. Loudon Bloxam, Prof of Chemistry in King's College, London, etc. From the Second Revised English Edition. With Two Hundred and ninety-five Illustrations. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

It is now five years since the first edition of this work was published, during that time the atomic system has been so generally adopted that the author has felt compelled to introduce it into the present edition. This of course has necessitated a large amount of labor and given the author at the same time an opportunity in the general revision to make such additions to, and corrections of the former text as time and experience have shown to be necessary. The author has endeavored as far as possible to retain the old nomenclature as there is not a general agreement upon the subject; the experimental char-

acter of the work has also been retained which will make it a favorite with those students who wish to observe for themselves. A copious index is a feature of the work, which will be received with general satisfaction. The illustrations are well made, and the general teachings of the work will be found to accord with the accepted views of the day.

Handbook of Physiology. By William Senhouse Kirkes, M. D. Edited by W. Marrant Baker, F. R. C. S. With Two Hundred and forty-eight illustrations. New American from the Eighth English Edition. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

Kirkes Handbook of Physiology has been long and favorably known by the profession, and the increased demand for the work has called for the publication of a new edition. The present one is but little more, however, than a reprint of the last, there being but little change in the text. The discussion of certain points now considered as settled is omitted, which has reduced the size of the book a few pages, less than a dozen. A few other changes have been made in the text and arrangement. In some points the author differs somewhat from the generally accepted views, but these perhaps have not been definitely settled. The work still remains in all respects a complete handbook of physiology.

Report of Columbia Hospital for Women and Lying-in Asylum, Washington, D. C. By J. HARRY THOMPSON, A. M., M. D., Surgeon-in-Chief. Washington: Government Printing Office, 1873.

The Columbia Hospital for Women was established in 1866, and since that period has been in active operation. The volume under consideration is the first report of the institution, and reflects much credit upon the attending physician.

Art I., on Lacerated Perineum, is an account of thirty-four cases operated on by Dr. J. H. Thompson. These cases have been selected out of the fifty-three cases treated as comprising all the varieties and complications of this accident. The article is a good one, and shows much care in its preparation. It is followed by one on Vesico-Vaginal and Recto-Vaginal Fistula, which is an admirable paper on the subject. A paper on diseases and displacements of the uterus is one which will be read with as much interest and profit as any in the Report. A consideration of Pelvic Celulites and of Diseases of the Rectum concludes this part of the work, which is from the pen of Dr. Thompson, and is made up of several other very interesting papers, which space will not allow us to mention. The appendix is composed of Reports from the Dis-

pensary connected with Hospital. The reports on Diseases of Women by Dr. F. H. Ashford, on the Diseases of Children by Dr. Samuel C. Busey, and on Diseases of the Eye and Ear by Dr. D. W. Prentiss, are well made, and add much to the interest of the volume. The staff of the Hospital have exercised a commendable amount of care and labor in the preparation of their report and it is to be hoped that they will follow up the work so well commenced.

The report is illustrated by several engravings, which are, as a general thing, well made. Some, however, could have been much improved. The profession are under many obligations of Dr. Thompson for his contribution to its literature.

Pharmaceutical Lexicon. A Dictionary of Pharmaceutical Science.

Containing a concise Explanation of the various Subjects and Terms of Pharmacy. By H. V. Sweringen. Philadelphia: Lindsay & Blackiston, 1873. Buffalo: T. Butler & Son. By subscription only. Cloth \$6.00, sheep \$7.00.

The work under consideration is doubtless the result of much labor and study, and may supply a want in the literature of the Medical and Pharmaceutical profession. Many of the definitions and tables are admirable, and much information can be obtained from them. Some of the definitions do not do justice either to the subject, or the writer, and the consideration of many topics which would naturally be included in a volume of this character is entirely omitted. The publication of a second edition will afford an opportunity to revise the work: and render it a valuable book of reference for the Physician and Pharmacist. The printing and binding is done in the well known thorough manner of the publishers, leaving nothing to be desired.

The Mineral Springs of the United States and Canada, with Analyses and Notes on the Prominent Spas of Europe, and a list of Sea-Side Resorts. By George E. Walton, M. D. New York: D. Appleton & Co., 1873. Buffalo: Martin Taylor.

This work which consists of some three hundred and ninety pages, considers a subject which is of some importance in medical science. The opinions of the medical profession concerning the uses of mineral waters in the treatment of diseases are varied; some consider that they have no special therapeutic value and look upon them with no favor, while others acknowledging at the same time that too much has been expected of these therapeutical agents, look upon them as possessing certain medicinal properties, which are not to be overlooked or slighted in the treatment of disease. Dr. Walton's book is an admirable *resume* of the subject in which he gives a brief account of the prominent springs of the United States and Canada their therapeutical indications

and value. The locality of these springs is given, and various other directions which will be of value to the reader. Physicians are often called to advise in the selection of a Mineral Spring, and this work will aid them very materially in the task.

Clinical Electro-Therapeutics, Medical and Surgical. A Handbook for Physicians in the treatment of Nervous and other Diseases. By Allan McLane Hamilton, M. D. New York: D. Appleton & Co., 1873. Buffalo: Martin Taylor.

The medical profession have been favored lately with a profusion of hand-books upon the application of Electricity to Medicine. That much has been accomplished by many of them, save to keep the subject before the minds of the profession is to be doubted.

A few have however, been received with favor—have really been an aid to practitioners in studying this most interesting, and for the time, popular branch of therapeutics. Among those which may be studied with benefit by those desiring information upon the subject is the one under consideration; although imperfect in certain particulars, and hasty and unsupported in some of the conclusions arrived at, as a whole it is an excellent book. The first portion considers Electro-physics and gives a description of the electrical instruments in general use. The author gives preference to those manufactured by the Galvano-Faradic Company of New York, several of whose instruments, are figured. Part Second is a consideration of Electro-Physiology, part third Electro-Therapeutics, and part fourth Special Electro-Therapeutics, the reports of cases are numerous and form an interesting portion of the book.

The directions for the application of electricity are well given, and a wise discrimination is exercised in indicating the cases which will be benefited by its use. Dr. Hamilton has had a large experience in the use of electricity, and is therefore qualified to speak with some authority; we commend his book to those in search of an instructive and interesting guide.

PERIODICAL LITERATURE.—St. Nicholas is the title of a new magazine for Girls and Boys, the first number of which has been issued by Scribner & Co., New York. The magazine is under the Editorial management of Mrs. Mary Mapes Dodge, well known as the author of the Irvington Stories, Hans Brinker, etc. The number before us gives promise of a rich treat for its young readers and the contents evince an admirable appreciation of their wants. If all of the many books and magazines designed for children were so well adapted to their wants less hesitation would be manifested by parents and teachers in welcoming this class of literature. Although St. Nicholas seems to have arrived this year in a new form and a little in advance of his usual time, we think he will be none the less welcome. The subscription price of the magazine has been fixed at \$3.00 a year.

—The publishers of Wood's Household Magazine offer in connection with their publication as a premium to subscribers a large oil chromo entitled The Yosemite. We have not seen the chromo, but from the small engraving of it which accompanies the magazine judge it to be quite fine, and doubt not that it is equal to all that is claimed for it. The magazine and chromo together are \$1.50.

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Books and Pamphlets Received.

A Treatise on the Diseases of the Eye. By J. Soelberg Wells, F. R. C. S., etc. Second American from the Third English Editions with additions. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

Lectures on Clinical Medicine. By A. Trousseau, late Professor of Clinical Medicine in the Faculty of Medicine, Paris. Translated from the Third Revised and Enlarged Edition. By Sir John Rose Cormack, M. D., F. R. S. E., and P. Victor Bazire, M. D., Complete in two Volumes. Philadelphia: Lindsay and Blakiston, 1873. Buffalo: T. Butler & Son.

Lacerations of the Female Perineum; and Vesico Vaginal Fistula; Their History and Treatment. By D. Hayes Agnew, M. D. Philadelphia: Lindsay and Blakiston, 1873. Buffalo: T. Butler & Son.

Report on the Diseases of Indiana for the year 1872. By Geo. Sutton, M. D., Chairman of the Committee.

Lectures on Diseases and Injuries of the Ear. Delivered at St. George's Hospital. By W. B. Dalby, F. R. C. S., M. B., Cantab. With Illustrations. Philadelphia: Lindsay & Blakiston, 1873. Buffalo: T. Butler & Son.

An Introduction to Practical Chemistry, including Analysis. By John E. Bowman, F. C. S. Edited by Charles L. Bloxham, F. C. S. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

The Transactions of the American Medical Association, Vol XXIV. Philadelphia: printed for the Association.

On the Mechanical Treatment of Disease of the Hip-Joint. By Charles Fayette Taylor, M. D. New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

A Practical Treatise on Diseases of the Ear, including the Anatomy of the Organ. By D. B. St. John Roosa, M. A., M. D. With Illustrations. New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

The Physician's Visiting List for 1874. Philadelphia: Lindsay & Blakiston.

Transactions of the Medical Society of the State of Pennsylvania at its twenty-fourth Annual Session, June, 1873. Philadelphia: published by the Society.

Perityphilitis. By Wm. T. Bull, M. D. New York: D. Appleton & Co., 1873.

BUFFALO

Medical and Surgical Journal.

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ART. I.—*Case of Splenic Abscess.* Reported by J. KNOWLES, M. D., Villisca, Iowa.

I was called on the evening of August 7, 1873, to see a young man, aged twenty, by occupation a farmer, who was suffering with remittent fever. On the morning of that day he felt somewhat indisposed, but still was feeling able to work; but about noon he was taken with a chill followed by fever. I saw him about 10 o'clock P. M. I found his pulse about 95, tongue coated, face flushed, and eyes suffused. He complained of pain in the right and left hypochondriac regions, also of severe headache and soreness and aching of the back and extremities; no vomiting, and no tendency that way; bowels had not moved for thirty-six or forty-eight hours. I prescribed Compound Cathartic Pills, U. S. P., three to be taken immediately; and in case the bowels did not move in three or four hours, to repeat the dose. After the bowels had moved he was to take quinine, grs. v., every four hours during such time as he had not much fever. During the time that the fever ran very high I ordered *verat. virid.* to be given.

I saw him again August 8th, 7 P. M. His bowels had moved freely after the second dose of pills. Quinine had been given from about 4 A. M. of that day, with the exception of one dose in the afternoon when the fever was highest. His pulse was 82. His tongue was looking better, and he was perspiring a little. I con-

tinued to prescribe the quinine with the addition of a little morphia sulphas to quiet the pain in the hypochondriac region, which still annoyed him some. Ordered warm fomentations over the seat of the pain, which, by the way, was ordered the day before.

August 10th, I saw him again. His pulse was 68 and natural; bowels had moved once during the day; his skin was moist, and he was free from pain; had eaten some light food during the day, and relished it. I put him on quinine and iron, in good doses, to be continued for several days, one dose every five to six hours. I then discharged the case on condition that he should let me know if he did not get right up. I also cautioned him against going out too soon, as the weather was very hot.

On the evening of August 20th I saw the case again with Dr. McNaughton. Our patient had been worse for several days, but had neglected to let me know until that time. He was at this time suffering intense pain in the left hypochondriac region; his tongue was not much coated; his pulse 80 per minute; bowels had not moved for thirty-six hours; no headache; skin dry and harsh. We now diagnosed the case one of Active Congestion of the Spleen. Upon inquiry we ascertained that the patient had done well for several days, and thinking it would do no harm had exposed himself for two or three hours to the sun while the thermometer ranged 98° in the shade. From that time until our visit he had suffered as above described. We gave him powders containing each morphia sulph., 1-6 to $\frac{1}{4}$; quinine, gr. iv. to v., every four hours; also Fl. Ext. Buchu, et. Spr. Nitre Dulc., equal parts, one teaspoonful every four hours alternately with the powders; also ordered a blister of Cerate Canthar. over the left hypochondriac region. From the 20th to the 26th he remained about the same. On the evening of the 30th we were called in haste to see him. We found him still complaining of the pain in his side, tongue dry, bowels constipated, pulse rapid, weak and intermitting. We ordered his bowels moved by enema: continued the morphia and quinine every four hours, with whisky in tablespoonful doses every hour; also repeated the blister.

September 6th we both saw him again, and came to the conclusion that we had better look out for Splenic Abscess. Our

patient suffered so much that we were compelled to keep him under the influence of an opiate pretty much all the time. He was troubled with profuse perspiration, so that his clothing would sometimes be wringing wet. We still stuck to quinine; also put him on Tr. Ferri chlo.; whiskey every hour as before. We also bathed him with spirits and capsicum to prevent the excessive and exhausting perspiration. A few days later we discovered a slight bulging of the surface beneath the last rib, and about as far back as the middle of the latissimus dorsi muscle. We now made up our minds that our former opinion was correct, and that the thing to do was to husband the powers of life to the best of our ability. We kept him on milk, beef tea, and, in fact, anything we could induce him to eat that was easily digested and nourishing. We kept up our tonic and stimulant treatment. On the 15th I found him suffering from a pretty severe dysentery, but it was easily controlled by the use of starch and laudanum injections; also painted the tumor with tincture of iodine; tried to make use of a poultice, but as the patient had to lie all the time upon the left side they became so uncomfortable that their use had to be discontinued. On the 20th there was some superficial redness, and the swelling was increasing. On the 22d the redness and swelling was still more perceptible, with a small, soft spot about the centre.

On the 24th we decided to evacuate the pus. As the patient was very weak and nervous, Dr. McNaughton administered chloroform, when I proceeded to make a crescent-shaped incision through the integument and superficial tissues, then dissecting back a little, forced a scalpel into the abscess. At first the flow of pus was slow, but upon turning the patient on the left side it began to flow pretty freely. During the first twelve hours it was estimated that the discharge amounted to a quart of healthy pus. On the third day after opening the abscess it was necessary to break up some slight adhesions that had formed about the edge of the wound, after which the flow of pus continued for several weeks, gradually becoming less until the wound healed of its own accord. This evening (Nov. 15th) the patient was in our office looking well and hearty as ever in his life. One peculiar feature of the case was: That from the time of his relapse until after the opening of the abscess

he was listless and careless and did not seem to care whether he lived or died, yet he was all the time conscious of his condition.

I report the case, as from consulting different authors I find Splenic Abscess to be one of no frequent occurrence, and for that reason may be of some interest.

To Dr. M. N. McNaughton I am under obligation for his friendly and timely counsel, and to his action in the matter much of the success is due.

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ART. II.—*Gun Shot Wound of Brain—Post-mortem.* By P. W. VAN PEYMA, M. D., Resident Physician Buffalo General Hospital.

That the following case of gun-shot injury of the brain is one of unusual interest, and that it is worthy of record, will be admitted by all:

On the 13th of November a man was brought to the Buffalo General Hospital in a comatose state. The antecedent history of his case was very incomplete. He had been found on the previous evening in an insensible condition, and had subsequently roused sufficiently to give his name, which he said was Matthias Miller. This was all that was known when admitted. He presented the symptoms of cerebral disturbance. An extended record of his symptoms is preserved; but as the peculiar interest of this case does not depend on these, I shall omit them, merely saying that they were those usually present in the class of cases to which this one belonged. It will, however, be proper to say that subsequent to his admission the patient was at one time sufficiently roused to give his name and age, which latter was fifty. He had two slight bruises of the scalp, which did not appear to me to be recent in character. One of these was situated over the superior angle of the occipital, the other over the right temporal region. With these exceptions nothing was noticed to show external violence. He died on the sixth day after admission.

In view of the general obscurity of the case an autopsy was determined upon. The meninges were carefully examined, and on the right side they were found considerably congested. On removing the brain a collection of pus was found at its base, extending

from the medulla oblongata forward. The lateral ventricles were also found filled with a purulent collection. At this moment, as the incisions were being extended, something was heard to fall on the tray on which the brain was lying. To our utter amazement this was found to be a bullet. The ball, which was of small size and considerably flattened, had been liberated by the knife. The conviction was forced upon us that the external opening through which the ball had passed had been overlooked during the life of the patient, and that this was the real cause of death. But our astonishment was increased when, after a careful examination of the surface, no opening could be found. As a last resort, the cranium was examined from the interior, and on the anterior surface, above and a little to the right of the left orbit, was found a fracture of the frontal bone, the internal table of which was extensively fissured. With this as a guide, we again made search for the external aperture, and again failed in finding an opening, but did find a discoloration of the skin over the seat of the fracture of a lead color, circular in shape and the size of the ball. There was not the least sign of a wound or the slightest scar. The wound, which must have existed, had healed perfectly, and left nothing but this leaden discoloration to show its former presence. This discoloration, which even after death was but slightly noticeable, must have been less so during life. The course of the ball through the brain could still be traced by a probe to the place where it had lodged near the anterior surface of the medulla. The opening in the bone was filled in with a gelatinous material through which a tenaculum passed readily.

The entire want of the previous history of the case is much to be regretted. How long the ball had been there, or what the patient's health was during this time, are questions which must as yet remain unanswered. Sufficient time had certainly elapsed to allow the external wound to heal.

It is to be hoped that the investigations now in progress may determine these points. The number of cases now on record of temporary recovery from these injuries, where the ball has been allowed to remain, is exceedingly limited.

ART. III.—*Synopsis of Essay on Classification of Skin Diseases.*

By J. W. SOUTHWORTH, M. D., Toledo, Ohio.

The dermatologist cannot hope to arrange a perfectly scientific, much less a *systematic* practical classification the affections under consideration, founded *solely* on either Etiology, Pathology, Clinology, or Morbid Anatomy; unless these subjects are more fully elucidated. The skin is simply one of the complex organs of the body, with which it participates more or less in the various changes, laws and sympathies (both in health and disease) by reason of its intimate and extensive anatomical relations, as well as by its histological analogy. The physiology of the one, then, must become the physiology of the other, and consequently the pathology of the one is equally certain to be that of the other.

Why then may we not say the same of nosology? Most assuredly we can and should do so, as far as possible, without compromising its practical utility.

The so-called pathological classification of Hebra is conceded to be a decided step in advance, but it serves the morbid anatomist much more than it does the practitioner. Though aiming to make it correspond in plan to the pathology of the general system, he finds himself obliged to bring etiology, morbid anatomy, &c., to his aid, and we get mainly an anatomico-pathological classification. In his class "Exudata" or inflammatory exudates, is included, not only the majority of skin diseases, but also those widely separated in their essential pathology, viz.: Acne Vulgaris and malignant pustule; or again eczema and small pox; grouping them in this class, *solely* because they all present in common an *inflammatory exudate*.

Prof. Neuman has indeed simplified it in his hand-book of skin diseases, and made it appear less mystifying to the student; though it must be confessed that his arrangement of the syphilitic and lupous affections, in the same class with vascular and adipose tumors, does not add much to the fullest appreciation of the subject, even if they are all styled "neoplasms" or newformations.

The arrangement which brings together in classes those affections having a similarity of known cause, in others those having the greatest affinity in pathological nature, in others those having

most nearly corresponding clinical characteristics would be most highly advantageous; all being subdivided into *groups* having the closest resemblance in symptoms and also requiring the same principles of treatment.

Alibert of France essayed some such practical classification in 1810, but on account of its defective grouping, (e. g. such as putting boils and burns in the same class with erysipelas and erythema in his "eczematous" or eruptive class: also the inclusion of scabies and prurigo together in his "scabious" class,) his "tree of the dermatoses" did not long survive.

Later, we find Hardy following in his footsteps and adding greatly to its value by merging some of the affections into other groups where they more naturally belonged, making ten classes as follows: Maculae (deformities) local inflammations, parasitic affections, eruptive fevers, symptomatic eruptions, darts, scrofulides, syphilides, cancers, and exatic affections.

Another author of the French school M. Devergie, though dissatisfied with preceding efforts, admitted his inability to improve upon them, and endeavored to frame one which should "have the appearance of logical order," guided as he states by the following leading ideas, viz: 1st. Analogy of Cause. 2d. Morbid Forms. 3d. Morbid Products. 4th. Climate Origin. From these headings fourteen classes were evolved, including the appendages of the skin. Only two of the fourteen classes had definitive titles to wit: Syphilides, and diseases of the nails, the rest were distinguished from each other by numerals.

But we must turn our eyes from sunny France to England's sombre shores if we would see the master hand in the production of a most admirable nosologic arrangement, styled by its distinguished author "Clinical Classification." Prof. Wilson's arrangement is eminently practical but there is too much of it, too many classes to best subserve the highly important aim of simplicity, or ease of comprehending the *inseparable relations* of cutaneous pathology and therapeutics to that of the general system. It leads the student to think there is such a multiplicity of distinct and peculiar morbid processes relating to the skin, that he shrinks from what seems to be a most difficult problem, and consoles himself with the

fact that but few practitioners attain a satisfactory proficiency in the management of this class of diseases.

The Clinical Classification of Wilson, is as follows: "(1) Eczematous, (2) erythematous, (3) bullous, (4) furunculous, (5) nervous, (6) vascular, (7) hæmic, (8) developmental and nutritive, (9) hypertrophic and atrophic, (10) alphous, (11) strumous, (12) cancerous, (13) zymotic, (14) syphilitic, (15) leprous, (16) prigentary, (17) phytodermic, (18) unguial, (19) pilary, (20) sebiperous, (21) sudoriferous, and (22) traumatic affections."

It is only with the members of the 'eczematous' and 'alphous' classes that we question the propriety of so arranging them; as in the former he includes scabies with eczema, lichen and pityriasis, etc., because he considers the dermatitis traumatically excited by the acarus, *an eczema* produced by such special cause. We might with as much propriety or force of argument maintain that the wheals arising from the attacks of musquitos was nettle rash! Scabies must therefore according to both reason and analogy, be placed among the parasitic affections with its congeners, the acarodermata.

The 'Alphous' class, consisting of one lone member Alphos, or lepra vulgaris, (being so far, as yet, determined, but a chronic diathetic inflammatory hyperplasia) has no sufficient points of difference to entitle it to a separation from all the rest of cutaneous diseases; so we have placed it in our class of diathetic inflammations. In this we are in accord with Hardy, who uses the term 'Dartres' as synonymous with the eczematous class of Wilson—which latter forms one of the clinical groups in our own class above referred to.

It is not however without due reverence for so high an authority that I present a far simpler arrangement which shall embrace the essential elements of clinical classification, having for its object the same practical aim. A much larger number of diseases are thus shown to be pathologically and etiologically allied to each other. Also the terms used in designating most of the classes "clearly embody a precise idea, as well as express. The *essential nature of the morbid action pertaining to each in common*; which latter cannot but lead to appropriate and rational treatment. In other

classes, their well recognized similarity of causative relations are embodied in the terms applied to each, thus more definitely contributing to a practical end, whilst in sub-grouping the different affections in each class, the clinical, etiological, or pathological relations are as precisely and distinctively retained and expressed, as if no primary or general classification had been made.

This I consider a most valuable feature of the plan as it establishes more clearly the common affinities or relations of the different members of the same group.

The following schedule will show at a glance the advantages claimed:

CLASS I.—DIATHETIC INFLAMMATIONS—NON-CONTAGIOUS.

Clinical Groups—Erythematous: Erythema, urticaria, roseola and acrodynia. Eczematous: Eczema,* lichen, pityriasis and lepra vulgaris, or alphas. Bullous: Herpes, hydroa and pemphigus. Scrofulous: The scrofulo-dermata. Lupous: The lupo-dermata. Phlegmonous: Ecthyma, furuncle, carbuncle, and abscess, or phlegmono-dermata.

CLASS II.—TOXÆMIC INFLAMMATIONS—CONTAGIOUS OR INFECTIOUS.

Clinical Groups—Exanthematous: Scarlatina, rubeola and rubella. Variolous: Variola, varioloid, vaccinia, and varicella. Septic: Erythema, erysipelas and malignant pustule. Farcinomic: The farcino-dermata. Syphilitic: The syphilo-dermata.

CLASS III.—ATROPHY—OF GENERAL OR SPECIAL TISSUES.

Clinical Groups—Senile, nervous, congenital, etc.

CLASS IV.—HYPERTROPHY—OF GENERAL OR SPECIAL TISSUES.

Clinical Groups—Mechanical, congenital, inflammatory, etc.

CLASS V.—HETEROTROPHY—OF GENERAL OR SPECIAL TISSUES.

Clinical Groups—Cancerous and tubercular.

CLASS VI.—NEUROTIC AFFECTIONS.

Clinical Groups—Spinal and sympathetic neuroses.

CLASS VII.—GLANDULAR AFFECTIONS.

Clinical Groups—Sudatory and sebiperous disorders.

* Eczema includes impetigo, gutta rosacea and psoriasis of Wilson.

CLASS VIII.—TRAUMATIC AFFECTIONS.

Clinical Groups—Mechanical, thermal and chemical.

CLASS IX.—THERAPEUTIC AFFECTIONS.

Clinical Groups—From internal medication. From external applications.

CLASS X.—HEMORRHAGIC AFFECTIONS.

Clinical Groups—Dyserasic and Symptomatic.

CLASS XI.—ENDEMIC CONSTITUTIONAL AFFECTIONS. (Pellagra, Leprosy, Yaws, &c.)

CLASS XII.—PARASITIC AFFECTIONS.

Clinical Groups—Phytoform and zoöform.

The above affords a marked contrast with the most recent author of the English School, (Dr. Fox) in this, that he includes under the head of "Local Inflammations," all the affections coming under or belonging to the class "Diathetic Inflammations" of my own table. In class first, "Eruptions of acute Specific Diseases." Dr. Fox has with the exception of Syphilis, almost paralleled my second class;—"Toxæmic Inflammations. Though why he should see fit to associate a disease due to a special blood poison with others which are not, such as Scrofula and Leprosy, is shown by the fact of his entitling them "Diathetic Diseases." But surely are not other affections such as *Lepora vulgaris* and Eczema, &c., equally entitled to be called diathetic? Besides there is also the impropriety of associating contagious diseases with those which are not. Leprosy, another member of his "Diathetic" class I have thought best to include in a separate group, viz: "Endemic Constitutional Affections," in which the cutaneous lesions are symptomatic of the morbid processes going on in general system.

With the remaining classes of Dr. Fox I see no objection. In fact his arrangement is superior to most of his predecessors, in simplicity and practical utility. It is only with the insufficiency of the terms used to designate some classes, and the inconsistency of making a separate class of diathetic diseases, that I would feel justified in criticising as above; and not wishing to do him injustice, will append his classification:—Classification of Tilbury Fox.

CLASS I.—ERUPTIONS OF ACUTE SPECIFIC DISEASES.

CLASS II.—LOCAL INFLAMMATIONS.

Clinical Groups—Erythematous, Catarrhal, Plastic, Suppurative, Bullous and Squamous.

CLASS III.—DIATHETIC DISEASES.

Clinical Groups.—Scrofulous, Syphilitic and Leprous.

CLASS IV.—HYPERTROPHIES AND ATROPHIES.

Clinical Groups—Epithelial, Fibrous, Papillary, Vascular: Senile atrophy and developmental diseases.

CLASS V.—NEOPLASMS. (Cancer, lupus, rodent ulcer.)

CLASS VI.—HEMORRHAGIC AFFECTIONS.

CLASS VII.—NEUROTIC AFFECTIONS.

CLASS VIII.—PIGMENTARY AFFECTIONS.

CLASS IX.—GLANDULAR AFFECTIONS AND APPENDAGES.

Clinical Groups—Affections of sebiferous glands and sudoriferous glands, hair and nails.

CLASS X.—PARASITIC AFFECTIONS.

Clinical Groups—Phytoform and zooform.

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ART. IV.—*Medical Society of the County of Albany.* Annual Meeting, November 11th, 1873.

Reported by F. C. CURTIS, M. D., Secretary.

The annual meeting of the Albany County Medical Society was held at the City Hall, in Albany, Dr. ALBERT VAN DERVEER, President, in the chair. There were present about seventy members. After the minutes of the last semi-annual meeting had been read and approved, the Secretary presented a communication from the Committee on Hygiene of the State Society which after setting forth the character and duties of this committee, requested the appointment of a similar committee in this society, and that it report to them answers to certain questions regarding the subject of Drainage in this county. On motion the communication was received and adopted, and a committee appointed consisting of Drs. LEVI MOORE, S. H. FREEMAN and J. M. BIGELOW.

The President called the attention of the Society to "A Memorial of the American Medical Association with regard to the rank of the Medical Corps of the U. S. Army.

Dr. J. P. BOYD, chairman of the board of censors, reported favorably upon Drs C. E. Segar, P. E. Feuelly and O. H. E. Clarke, applicants for membership, and on motion they were elected members.

Dr. W. H. MURRAY, treasurer, reported the society to be financially in a flourishing condition.

The report of the committee on publishing, the second volume of the Annals of the Society being called for, Dr. JAMES S. BAILEY, reported that 500 copies had been published, 239 subscribed for, of which number 102 copies had not been taken; proceeds of sales amounted to \$411, leaving \$482 still due the publisher. A protracted debate upon the report took place, and it was finally received and laid upon the table for discussion at another time.

The names of Dr. O. D. BALL, Dr. L. BOUDRIAS, and Dr. MARY DU BOIS, were proposed for membership and referred to the Board of Censors.

The President, Dr. VAN DERVEER, then delivered the Annual Address as follows:

Gentlemen of the Society: Our gathering to-day reminds us that as a Society we have come to another milestone. I am reminded that to-day I give back the trust committed to me at this year's beginning.

While grateful for the honor you then conferred upon me, I was, at the same time, conscious of inability and inexperience. The only merit I felt I could claim, was an earnest desire for the advancement of our Society, and a willingness to devote to this end the best efforts of my head and heart. Prompted by this, and the hope that I would receive efficient aid from you I entered upon my work. This hope has never failed me, and for the charity you have thrown over my failings, and the help you have given me I can only offer the simple words, "I thank you." You will find your reward in the condition of our Society. Numerically we are strong. New members have come to us during the year, and at present there are but two county medical societies in the State that excel

us in numbers. As you observe from the report of the treasurer, financially our condition is good. Our record for the past year is one to which we can look back with feelings of gratification. We have had more than our usual number of meetings, and I think you will all agree with me that the most of them were both pleasant and profitable. In December a proposition was made to give an entertainment to the State Society. This was readily acceded to, and the funds to provide for such entertainment were promptly and liberally subscribed. The result was a pleasant gathering from which mutual benefit and pleasure were derived.

But mingling with our congratulations at the success of the past year, there is a note of sadness as we think of those we have lost by death. We miss to-day Dr. John P. Witbeck, Dr. Uriah G. Bigelow and Dr. John H. Becker, men whose record is might in their respective fields of practice, and whose noble work is cherished not only by us but by many loved patients who hold them in grateful remembrance. Appropriate tributes of respect to their memory have already been paid by us as a Society. As individuals let us emulate their virtues, profiting by the good they have done.

I would call your attention to one great want of the Society, and that is the necessity of securing a proper room in which its meetings can be held. It is not needful that I should dwell at length upon this. You must all have experienced the inconvenience to which we are subject from the present arrangement. The benefit accruing from a room containing a selection of late books and medical journals to which the members could at any time have access must be obvious to all. I would urge that efforts be made to secure this at as early a day as is possible.

And now, for a few minutes, I would call your attention to the subject I have selected for my annual address. I present you no learned dissertation on the science of medicine or surgery. It is enough to know that rapid advances are being made in the different specialties that go to make up our noble profession, that errors are being rooted out and the vacant spaces filled by facts that statistics help us so surely and promptly to establish. We can say with all truthfulness that great credit is due to that noble class of men who, taking up a single line of thought and observation, have

helped to place us as a profession beyond the pen of sarcasm or the sting of reproach. Firm must be the principles and theories of medicine and surgery that can stand the close observation and careful investigation of the medical thinkers and writers of the present time.

The address was continued with a paper on the subject of *Stricture of the Urethra*. The anatomy of the tissues involved was briefly sketched and then the clinical history of stricture was detailed. The different forms of stricture were spoken of, such as idiopathic and traumatic, strictures of large and small calibre, short, continuous, spiral and tortuous strictures, and the diagnostic points of each. More particularly the means of detection of strictures, as well as their location and characters, with bulbous and olive pointed bougies were discussed. Finally the methods of treatment by dilatation, by divulsion, and by internal urethrotomy were presented, and a very complete set of the various instruments used in carrying out these several treatments were shown, including among others Gouley's tunnelled instruments, the value of which was spoken highly of.

A large number of cases of stricture which had fallen under his treatment were given by Dr. Van Derveer, illustrating various form of the affection and the different methods of treatment.*

The following case illustrates the benefit resulting from gradual dilatation in the treatment of obstinate gleet due to incipient stricture.

April 10th, 1873, W. J., but 22; habits temperate. Has had two attacks of gonorrhœa, the last a year ago, since which time there has been a constant gleet discharge. Twice after severe exposure has been obliged to resort to the use of the catheter to draw off his urine, the instrument being introduced each time with little trouble. Examination with bulbous bougie reveals a slight stricture just back of the fossa navicularis, the remaining portion of the urethra appearing of normal calibre. Nos. 13 and 15 steel sounds were passed twice a week for a month, when the discharge entirely ceased, and has not returned up to the time when last seen in August,

* This collection of cases is to be published elsewhere, else I should be glad to present some of them here. This single short one is given, being a duplicate of another, not because it is in any way a specimen of the rest.

1873. His general health being good no medicine was given internally.

The paper concluded with a summing up of the facts deduced from the cases and their treatment.

Stricture situated in the membranous part, and bulbous portion of the spongy part of the urethra are best treated where it is possible by gradual dilatation; if this is not possible, by divulsion. For stricture of the spongy part internal urethrotomy is preferable, being much less painful than gradual dilatation here. The use of the meatotome was thought to be allowable where the dilating instrument in performing gradual dilatation causes great pain.

At the conclusion of the President's address, Dr. Quackenbush moved that a vote of thanks be tendered the President for his able and entertaining address. The motion was adopted.

Dr. Hailes moved that a copy of the President's address be requested for publication in the Transactions of the State Society. The motion was adopted.

The election of officers for the ensuing year being next in order, Dr. JAMES S. BAILEY, whose name had been proposed for President, nominated for that position Dr. JOHN W. SWINBURNE. In thus declining the office himself he said that it was with no lack of appreciation of the kind interest which his friends had taken in him, nor from a fear of their inability to elect him. But he did it for the good of the society, and to promote harmony, since he believed Dr. Swinburne could not fail to be acceptable to all, and his election would best further the interest and welfare of the Society. Moreover his age, his position in the profession which he had attained unaided and his reputation which was not merely a local one, entitled him to the position. His first choice was Dr. Swinburne; but, owing to pressing engagements, Dr. Swinburne stated that he would be unable to accept the office. Since that time, however, circumstances had transpired which would make it possible for him to accept it. He, therefore, willingly withdrew in his favor.

The following officers were then elected, unanimously, for the ensuing year:

President—John Swinburne.

Vice-President—H. W. Steenbergh.

Secretary—F. C. Curtis.

Treasurer—W. H. T. Reynolds.

The remainder of the officers continue the same as last year.

On motion of Dr. Craig, the Society took a recess to Congress Hall.

The Society met again at Congress Hall at the close of the business session of the annual meeting, to celebrate the fiftieth anniversary in the practice of medicine of Dr. P. P. STAATS, and Dr. B. B. FREDENBURGH.

The President, Dr. Van Derveer, addressed the Society in the following words:

It is our good fortune at this time, to participate in the pleasures of an occasion, as gratifying as it is rare.

The custom of our Society, in obedience to which we have assembled, is one well honored in its observance.

Surely, if there are any whose years of toil and devotion merit recognition at the hands of their co-laborers, the physician, who through half a century has been faithful to the call of duty, even though it led to danger, is one who should thus be honored.

I am happy to welcome, as our guests to-night, two who have been thus found faithful. Drs. P. P. Staats and B. B. Fredenburgh, are too well known in our Society, have been too long identified with its interests, to need other introduction than the mere mentioning of their names.

Fifty years! To us who are in the morning of our profession, how the lines lengthen, as we attempt to look out fifty years in the future. To our venerable associates, as they look back, the lines draw nearer and nearer, until the point of meeting seems so close that with outstretched arm, they can rest their hands upon it. But what breadth of experience do these lines contain. Could our friends recount to us, the hopes, the fears, the joys, the disappointments, the struggles, the hours of anxious waiting and watching, the nights of study, that go to make up these fifty years, we would shrink from such experience.

But they would tell us, that with all these came some bright

days—days when their patient, persistent labors were rewarded—and they listened to the words which grateful hearts uttered, when homes over which the death angel seemed hovering, were filled with joy as the loved one in convalescence came back to life and health.

To you, our fathers in our profession, we would now tender an earnest welcome. We rejoice to be able to show you that we appreciate your labors.

If the occasion which commemorates fifty years of domestic life, is called a golden wedding, the year which commemorates fifty years of active service in so arduous a profession should be called a golden year. May you so find it. Though the mist of doubt may have enshrouded your morning, at times have overshadowed your noon-day, we trust you will both realize the fulfillment of the promise that, "At evening time it shall be light."

At the conclusion of Dr. Van Derveer's remarks, Dr. JAS. MC-NAUGHTON, chairman of the entertainment committee, made a brief and characteristic address to Drs. STAATS and FREDENBURGH, the gentlemen in whose honor the banquet was given. Dr. P. P. STAATS responded as follows:

Mr. President and Members of this Society:

Gentlemen—It affords me great pleasure to meet you here on this occasion, particularly as it manifests your appreciation of my long service in the profession. I am the more grateful, knowing that I have done very little to deserve the compliment you have paid me this evening. It is another evidence of the kindness and courtesy I have always received from you. Please accept my sincere thanks for the past, and an earnest desire for its continuance in the future.

On the 22d of February, 1823, I received my diploma from the Medical Society, in the city of New York. The censors for the southern district of this State were Felix Pascalis, James R. Manly and Charles Drake. At that time it was expensive to attend two full courses of lectures, which was then, as now, required to enable a student to graduate at a medical college. It was more expensive than many could afford, and the law of the State made it only honorary, requiring a license in order to practice. The intrinsic merit had very little to do with the M. D., which law, requiring another license, has since been repealed. The examination before

the State Medical Society was full as thorough and rigid as it was before the Professors of the Medical College. In fact, I was cognizant of an instance when the State Censors rejected a student, who on appeal to the Medical College, passed and graduated. The law at present, allowing any one to practice medicine in this State, is wrong, and should be amended or repealed. There is no protection for the public against gross imposition. Strangers, sojourning in our state, from other States, where the law provides against such imposition, requiring a guarantee of his qualifications before he is allowed to practice, are not aware of the liberty the State of New York gives to such a fraud, until it is too late to remedy the evil. On the 1st of March, 1823, I commenced the practice of medicine and surgery in partnership with my brother, the late Barent P. Staats in this city. At that time, the only hospital there was in this city was the alms-house, where all subjects in destitution were cared for, and at that time the Erie canal was in course of construction, and it, too, contributed largely in supplying that institution with patients. This necessarily furnished a large field for the practice of medicine and surgery, and as my brother, who held the appointment of County Physician (there were no City Physicians at that time), so that all came under the charge and care of the County Physician, and as I was the junior partner, I had to take charge of the medical and surgical department of that institution, which gave me a good opportunity to attend to an extensive practice. In fact, I soon became familiar with almost every disease, and soon became self-reliant; for in cases of emergency there could be no delay, and the only course was to take the responsibility and discharge my duty, which I faithfully endeavored to. Our medical profession then consisted of the following gentlemen, viz.: Elias Willard, William Bay, Jonathan Eights, Charles D. Townsend, Platt Williams, Joel A. Wing, Peter Wendell, James McNaughton, Barent P. Staats, John James, Alden March, Peter Van Olinda, S. Treat, and some younger, who I do not now remember; gentlemen who gave their time and services to the profession, and were ornaments to it; who were governed in their judgments by experience in practice, and were not carried away by romance or sophistry in theory. It is true that great advancement has been

made in our profession during the last fifty years, but it is also true that if a more rigid scrutiny had been observed by our profession and the press to weed out many errors which now are allowed to occupy a place they do not deserve, by the indorsement of our societies, without a thorough investigation of their merits, the professional standard would have attained a more enviable position than it even now does. I did not become a member of this Society until the law of the State, in 1828, made it incumbent upon all practitioners to join the Society, for the reason that occasionally then, as since, some personal feelings would be carried into the Society meetings, which would produce discord in the Society, and unpleasant feelings among its members would be the result; and, as I am no advocate for such a course, I preferred to remain an outsider rather than partake in any of those discords; consequently, my advancement to the honors of the Society have not been so rapid as many others my juniors; still, I have received all the honors I desire, and it has been through the courtesy of the Society, without ever making myself a candidate for any office in the Society. I have had the degree of M. D. conferred upon me by the State Medical Society. I have been elected a delegate from this to the State Medical Society. I was elected unanimously President of this Society, and at the expiration of my term, four years as a delegate from this Society. I was elected a permanent member of the State Medical Society, and now last, though not least, I am complimented by having my fiftieth anniversary of medical practice celebrated by this Society. Gentlemen, I have had opportunity to witness the different theories of pathology from the first solids, second fluids, and third and last, now the cells, as the exciting cause of all abnormal difficulties. I think there is more advantage gained for the patient to have a correct diagnosis made by his physician, and suitable therapeutic remedies administered, than to wait a post mortem development to decide the pathology of his disease.

Dr. B. B. FREDENBURGH, also responded, as follows:

Mr. President—It affords me much pleasure to meet you here this evening. Poor health should have excused my presence, but having more friends than I was aware of I could not decline so many invitations. You have conferred this honor upon me which

I fully appreciate, and for which I tender you my thanks. The most of you I have not the pleasure of a personal acquaintance with, not having met with the society recently. The senior portion who I have met here have passed away and entered upon their rest, which forcibly reminds us that we too are mortal. I congratulate you on the success of the society, and hope that it may continue to prosper, and that you may each live to be the recipients of this honor, and so live, that when that inevitable hour arrives, you may look back upon duty well performed, upon temptations to achieve success by questionable means, firmly resisted, and

“Sustained and soothed
By an unfaltering trust, approach the grave
Like one who wraps the drapery of his couch
About him, and lies down to pleasant dreams.”

At the close of the entertainment provided for the occasion, Dr. Staats offered the following sentiment, “The Young Men of the Profession,” and called upon Dr. QUACKENBUSH to respond who, after making a few introductory remarks, recited an original poem of some length, which was received with applause. Other toasts and responses were then made and at ten o’clock the assemblage dispersed.

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Correspondence.

Fractures of the Cervix Femoris.

MR. EDITOR:—*Buffalo Medical and Surgical Journal.*

A Correspondence in the Boston Medical Journal, Sept. 18th, 1873, signed “Rusticus,” reminds me of corroborating facts which may be worth noting,

The writer referred to, in speaking on the subject of splints for fractures says: “I remember that my old master used to tell us that Sir Astley Cooper said that if he should have a fracture of the cervix femoris, he would have his leg put on a pillow, in the most comfortable position possible, and after the lapse of a few weeks, would get up and go about, as well as he could with a crutch.”

During a practice of about thirty years, I have treated in this manner substantially six cases of this fracture, and all of them successfully, so that, with a shortening of from $2\frac{1}{4}$ to 4 inches, the patients were able to walk very comfortably: The difference in length being made up by a cork sole or some similar contrivance. At the solicitation of friends, or counseling Surgeons, I have treated two cases with cord, pulley and weight, and, so far as my experience goes, old people bear such restraining appliances badly, causing an unfavorable reaction upon the reparative process. Indeed all things being equal, I much prefer the treatment, especially for old people, recommended by Sir Astley Cooper and some others.

Of course, nothing new is presented in this very brief communication except that greater confidence in this plan of treatment may be imparted by the naked statement of facts as above made.

The restraints of adhesive plasters, with cord, pulley and weights, are much less than with the older treatment by means of splints, and hence much more tolerable. Moreover the arrangement of pulley and weights approximates that of the simpler treatment with pillows, &c., nevertheless, the smallest restraints may fret the patient, and militate against success, and if we learn from our own experience and the testimony of others, that good results are apt to follow the trusting of the fracture to time and nature, we shall be more prompt in resorting to such a course.

In concluding, I may relate one interesting case and rather remarkable in the fact that eight years after recovering from a fracture on one side, and using very comfortably, a cork sole $3\frac{1}{2}$ inches thick, and walking a mile to church, she fell over a carpet and fractured the other femur in the same place. She recovered with the same simple treatment, and now both legs are of the same length and she walks as well as before. This lady is now 76 years of age; the last fracture was two years ago.

Yours Truly,

SAM'L PETERS, M. D.

CRESCENT, N. Y., October 24, 1873.

MISCELLANEOUS.

A New Hypodermic Syringe.

BY EPHRAIM CUTTER, M. D., WOBURN, MASS.

Although hypodermic medication has not superseded the gastric, still, for its efficiency, promptness, and energy, it ranks as one of the great advances in modern medicine. It is apprehended that with the mass of the profession it is employed mainly when medication by the stomach fails, and in urgent cases only. Be this as it may, in my own experience I have found that whenever I desired and most needed my hypodermic syringe, it was generally left at home, because the bulk of the box containing it (small as it is) was still found to be cumbersome. This being the case, the writer has sought to contrive a form of syringe which should be so compact as to be carried in the pocket-case of medicines, and occupy the space usually allotted to a phial. The accompanying figures represent in full size the result of this endeavor.

One cut shows the outline of the full-sized instrument, closed.



Dotted lines represent the internal arrangement. The other figure illustrates the same with syringe filled, piston drawn out and needle attached. The third figure is a representation of the cap that covers the needle to protect it from harm. The points in which this syringe differs from the ordinary ones are:—

(a.) Closure of the distal end of the cylinder. This makes the syringe a *cul-de-sac*. The circulation of the air is quite different from that in the cylinder of the ordinary syringe. Instead of the air drying the leather of the piston on both sides, it only dries on one side—thus reducing the chances of drying fifty per cent. Practically this syringe has kept in good order for months continually, when the ordinary syringe would be loose and dry. The drop of moisture confined in the *cul-de-sac* behind the piston has no connection with the air except through the piston; hence it evaporates slowly. Another reason for closing the distal end of the syringe was to keep out dirt and foreign substances.

(b.) Making the piston and its head hollow throughout, and having a male screw and milled head on the proximal end. By these means a communication is effected with the cavity of the syringe.

(c.) Having the needle attached to the proximal end of the piston. This latter arrangement is *the* feature which is novel and

which constitutes its peculiarity. The instrument is thus complete and ready for use. It is only necessary to draw out the piston with the needle inserted into the medicament. The fluid readily fills the barrel by running through the needle and piston, and the syringe is charged for use.

The writer is greatly indebted to the firm of Shepard & Dudley, 150 William street, New York City,—the makers of the instrument,—for suggesting the new alumina alloy as a material for the needle. Steel gold-plated needles rust when kept in this instrument, but this difficulty is overcome by the new alloy, which will not rust or tarnish.

The firm mentioned above supply two forms of this instrument; one of German silver, nickel-plated, with alumina alloy needle, price two dollars; and the other entirely of the alloy, price three dollars.

In closing, the writer would say that he prefers extemporaneous solution of morphiuous salts for subcutaneous injections. The bottom of a glass goblet or tumbler, turned upside down, furnishes a clean and handy cavity in which to deposit the salt. The syringe may be filled with water and its contents discharged on the salt. The circulating motion thus given aids in dissolving the salt, and then it can be taken up into the syringe for use.

If those who use this syringe experience the same gratification as the writer, it will be an ample reward for his pains in this matter. *Boston Journal Chemistry.*

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A Case of Ovariotomy.

By J. C. REEVE, M. D., Dayton, O.

Ovariotomy has long since taken its place among legitimate operations and is now too frequently performed to justify publication of itself alone. There are yet, however, many points of detail in regard to which wide differences of opinion exist and which can only be decided by a comparison of very many cases and by the teachings of long experience. It is in this light alone that the following case is presented as a contribution to this subject:

July 25th, 1873, Mary Ryan presented herself at my office for examination, having been sent by her physician, Dr. Spitler, of Salem, in this county, as the subject of ovarian tumor. She will be 17 years of age in August, has always enjoyed good health, is now of good color, and with the exception of the abdominal enlargement, appears to be perfectly well. She began to menstruate at 13, and has been since generally regular. About Christmas, 1871, she first noticed a lump or swelling in the abdomen, in the right iliac region, which was tender to the touch, and she has had more or less pain there for three years past. The tumor has steadily increased in size until the present time.

At present her appetite is good and digestion well performed;

bowels generally costive. Pulse 100; quite feeble; in marked contrast in this respect to her general appearance. Some difficulty in respiration when lying down at night. She menstruates every five weeks; quality, duration and amount about as usual with her before this trouble began. The enlargement of the abdomen is somewhat more prominent towards the right side, and it presents an unevenness above the inguinal region; the measurements are, around at the umbilicus $36\frac{1}{2}$ inches, from anterior inferior spinous process of left ilium to umbilicus 8 inches, right, $5\frac{3}{4}$. There is dullness on percussion all over the front and right side of abdomen; a tympanic sound is discovered on the left at six inches from the umbilicus. Loins; left, tympanic; right, dull. Auscultation gives only negative evidence. The tumor is elastic to the touch, but there is no fluctuation to be discovered at any point or in any direction. It is scarcely movable and seems pretty firmly fixed in the abdomen. Vaginal examination; cervix natural, os open, admits tip of finger, uterus movable, apparently not enlarged, the sound passes one inch deeper than normal. No part of the tumor to be felt.

No change in the appearance of the mammary areolæ.

I visited the patient on the 11th of September, and repeated the examination in every particular. She still looked well, but pulse was feeble, 96 standing; 72 lying down. Hands and feet cold. Bowels now regular. The measurements of abdomen are now 39.9 and $8\frac{1}{4}$ inches. She has had pain for two weeks past in right iliac region. Menstruated three weeks ago. The tumor can now be felt above the pubes per vaginam. No signs of disease of heart, lungs or kidneys.

Diagnosis: multilocular cystic tumor of right ovary.

I may say that her *morale* was excellent. She was calm, cheerful, quite confident of recovery, and after the day was fixed for the operation, she was impatient for its arrival.

Her menstruation began on the 19th of September and closed on the 24th, and she was then placed on careful regimen, and took three times daily ten drops of the tincture muriate of iron, and the same quantity of tinct. nux. vom.*

The operation was performed Sept. 30th. She had had slight diarrhœa following a dose of oil given the day before and for this her physician had given her a grain of opium in the morning. Just before going on the table I administered a hypodermic injection of seven minims of Magendie's solution of morphia containing half a grain of atropia to the ounce. The anæsthetic used was the mixed vapors of alcohol, chloroform and ether, the mixture recommended by the Royal Med. Chir. Society of London, and one in the superior safety of which I have every confidence. It was administered by Dr. E. B. Davis, of Dayton, and I was assisted by Drs. Thos. L. Neal, T. D. Davis, and my partner, W. J. Conklin, and Dr. Spritler. Several other medical gentlemen were present.

* For influence of Nux Vomica in improving capillary circulation see Ringer's Hand-Book of Therapeutics, p. 383.

The incision, at least eight inches in length, extended from the umbilicus to near the pubes and upon opening the abdomen some ounces of ascitic fluid were found. Adhesions existed to the walls of the abdomen in front and on the right side, but they were neither close nor difficult to detach. The first cyst tapped poured out a dark brown liquid, running freely, and showing sparkling crystals of cholesterine on the surface; the contents of the others were too thick to come freely through a canula of three-eighths of an inch diameter, and in one or two it was so tenaceous as scarcely to run at all, but could be pulled out in gelatinous strings. Five cysts were thus emptied in all. Upon getting the tumor out of the abdominal cavity the pedicle was found a long loose leash of vessels already partially stripped from the surface of the tumor. This had undoubtedly occurred from rolling the tumor over in different directions to bring the cysts forward for emptying, and in its final escape from the abdomen, or both combined, and may seem as if imprudent force has been used, yet no strain upon the pedicle was at any time felt. I immediately recognized the fact that I had unconsciously advanced in the process of enucleating the tumor, as first proposed by Dr. Miner, of Buffalo, and the pedicle was then farther stripped and peeled off except at one point where a ligature was placed around a small portion and this divided. I might have thus left it, or perhaps even without this small part ligated, and probably with safety, but I confess my courage failed. In one portion was a vein as large as the handle of a penholder, and upon reflection, I decided to transfix and tie the pedicle in two portions and cut off several inches of the ragged ends. After thorough and careful sponging of the abdominal cavity, and waiting for all bleeding to cease, and after ascertaining that the left ovary was in a healthy condition, the abdomen was closed with silk sutures passed through the peritoneum. The cut end of the pedicle was retained in the abdominal wall by two of the sutures being passed close to it; in other words, the pedicle was "pocketed." A piece of lint wet in warm water was laid over the wound, some cotton batting similarly moistened, above that, then more dry cotton, a piece of rubber cloth above that, and a flannel bandage pinned over all, and she was carried to bed in just an hour from the time of beginning.

She was carefully watched and nursed after the operation, and made a speedy recovery. There were a few attacks of pretty severe colic pain, requiring morphia, and by it soon quieted. The highest febrile movement was on the third day, when the pulse rose to 120 and the temperature to 102.4, and this probably was caused by the sutures which were secured, all but one, on the evening of that day, the time of the first dressing. One of the pedicle ligatures was removed on the 12th of October and the other on the 17th.

Much of the contents of the tumor was lost on account of being so gelatinous in character; the weight of all was estimated, by the medical gentlemen present, to be twenty-five pounds.—*The Clinic*.

Medical Electricity.

MESSRS. EDITORS,—With your permission I desire to say a few words by way of reply to a communication on the subject of medical electricity of your correspondent, Rusticus, who seems equally anxious to get information himself and to impart it to others. Electricity is a science of vast depth and intricacy, and, more especially, that part of it which belongs to animal structures; in proof of which I will mention that even Carpenter, accustomed to those profound researches we admire in his Physiology, confesses himself unable to follow Du Bois-Reymond to the full extent of those investigations he has made on this subject. Difficult, indeed, would be the practice of medical electricity, and confined to the hands of very few, if one had to go to the very bottom of inquiries like these, and might not venture, for example, to send a current from his battery through a nerve until he had first considered how this artificial influence would affect certain numberless electrical circles moving spontaneously within the infinitesimal molecules of the part itself, each pair of which becomes peripolar or depolar, as the nerve is in a state of action or at rest. I question, indeed, whether even those who amuse themselves with such minute speculations, bring them into actual practice, or are not rather guided by those external symptoms, and that ordinary experience, equally within the reach of my friend Rusticus and the great multitude of other practitioners.

Haud inexpertus loquor. When, some years since, my attention was first directed to electricity as a means of curing disease, the instruments themselves, I confess, presented a difficulty at the very outset; they were new to me, and, as a matter of consequence, not understood. I then had recourse to books, which began with abstract, half metaphysical discussion, extending far into the volume before any practical matter was approached. This mass of introductory matter I do not, by any means, mean to say was useless; I would only assert that it was too much labored and remote for a beginner, and that all the essential points are comparatively simple, and such as may be mastered without any unusual share of difficulty. Since this time, many good works on the subject have been written, as those of Althaus, Reynolds, Tibbits, Hamilton, Meyer, etc., and many admirable machines constructed, as those of Remak, Fromhold, Meyer, and the Galvano-Faradic Manufacturing Co. of New York; the latter are those I now use, as being at once simple and efficacious.

While making these remarks, I am not at all to be understood as if desirous of defending those itinerant and other electricians whom Rusticus so justly decries; on the contrary, such ignorant pretenders deserve no countenance, and, as in the instance of the lady with her ‘primary’ and ‘secondary’ who brought on hemiplegia,

should be prosecuted and punished by law. All I would advance, is, that the practice of electricity is open to every physician; that the success with which he uses it will depend mainly on his knowledge of disease, and that there is no secret in this, any more than in any other department of medical science. While I would caution the public against the quack, local, itinerant, male and female, I would also remind the physician of his own ability, and encourage him to make use of electricity himself, if for no other motive than to take it out of the hands of the uneducated. It would, indeed, be a strange thing to see the country overrun with imposters who carry a "box" filled with mischief, like that of Pandora, while a medical man is obliged to look on, or send his patient to a specialist in Boston, New York, or elsewhere.

But I fear, gentlemen, that I have taken up too much of your valuable space, and must conclude somewhat abruptly by advising Rusticus, and others who desire to secure to their patients the benefits of electricity, to procure some such instructive books and some such effective instruments as those above spoken of, when, in a short time, with a little study and a little practice, they may thrust out the empiric, vindicate their own claims, and not trouble the specialist.

I have the honor to be yours,
—*Boston Med. and Surg. Journal.*

URBANUS.

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Case of Opium-Poisoning—Use of Atropia.

By H. S. SCHELL, M. D.

At 7.30 P. M., November 8, 1873, I was called to see L. M., a young woman, who at six o'clock the same evening had taken one and a half fluidounces of laudanum for the purpose of destroying her life. I found her unconscious, her extremities cold, muscles relaxed; pulse 60, and full, but not strong; respiration snoring; face of a dusky hue; irides immobile, pupils about $\frac{1}{32}$ inch in diameter, and corneæ insensible.

I had brought with me a couple of yards of india-rubber tubing of small diameter, and a syringe, and, after passing one end of the tube into the stomach, and starting the fluid in motion through it by the syringe, I allowed the other end to fall into a basin by the bedside and thus act as a siphon. In this way a couple of ounces of brownish fluid, smelling somewhat of laudanum, were discharged, when the flow ceased, and could not be again started. While preparing to inject some warm water to wash out the stomach, the tube was accidentally drawn out of the œsophagus, and I was unable to re-introduce it. She had taken no food during the day, and the brownish fluid was evidently mostly beer, of which she had drunk a glass a short time before taking the laudanum. I thought it better, however, to give her an emetic of mustard and salt, to get rid of whatever laudanum might remain; but it was

with the greatest difficulty she was sufficiently aroused to be induced to swallow it. I gave her at the same time thirty drops of the tincture of belladonna, and repeated the latter every fifteen minutes until after ten o'clock. The emetic, not acting, was repeated in twenty minutes, and in twenty minutes thereafter was followed by a scruple of sulphate of zinc, and the fauces were tickled with a feather; all without result.

At 9.30 the pulse was somewhat more frequent, but weaker; the condition of the respiration and temperature of the surface remained about the same; and I now noticed for the first time that the optic axes were considerably divergent, the eyeballs being also rolled somewhat upward.

At 10.15, after rousing her to give her a dose of tincture of belladonna, there was an almost convulsive struggle of resistance, attended by violent excitement, and followed by sudden and complete collapse. There was an entire cessation of respiration, the pulse was barely perceptible, the face pale, lips livid, pupils unchanged, and eyes rolled up and outward to the extreme limits of their orbits.

As shaking, slapping, the cold douche, etc., failed to re-excite the act of breathing, I commenced artificial respiration by Marshall Hall's method; and, after keeping it up for ten minutes without improvement, I instructed an assistant how to continue it, and returned to my office for my hypodermic syringe, at the same time sending for a solution of the sulphate of atropia, gr. j ad fʒj. On my return, ten minutes afterwards, I found her in the same condition as when I left; not an inspiration being drawn except by the artificial method, and only the feeble fluttering of the heart to show that she was still living.

I at once, however, injected $\frac{1}{48}$ grain of atropia under the skin of the arm, and in a short time had the satisfaction of seeing a natural act of inspiration, and of finding a decided pulse again under my fingers, beating at the rate of 108 in the minute. The pupils soon dilated to $\frac{1}{16}$ inch, and she vomited five or six ounces of fluid. Artificial respiration was of course discontinued, but in a short time the pulse fell again to 90, alarming symptoms reappeared, and twenty minutes after the first injection of atropia I repeated it. The pulse soon rose again. There was copious emesis, but no odor of opium about the ejected fluid. She asked for water, which was given freely, and in the half-unconscious intervals of vomiting she kept up a pretty general scratching of the surface of the body, and rubbing of the nose, showing that she was beginning to be annoyed by the action of the opium upon the skin.

In a little while, however, there was a diminution of the pulse-rate, return of coma, etc., and in half an hour from the last injection I repeated the atropia. The effect now seemed to be more permanent; the pulse rose to 110 and became stronger, the pupils dilated to a little over $\frac{1}{8}$ inch in diameter, and remained so, respond-

ing, however, to the action of light. She complained of seeing objects double, and was very tremulous.

When I left her, after 1 A.M., she was dozing quietly, could be easily aroused, her respiration was full, skin warm, pulse 100 and moderately strong, and she had still some divergence of the optic axes.

When I saw her the next morning at 10 o'clock she was sitting by the stove, apparently quite well: the derangement of vision had disappeared, but the thickly-coated tongue and occasional nausea were evidences of considerable derangement of the stomach.

I learned that she had had abundant diuresis during the night; but, owing to accidental circumstances, I was unable to procure a specimen of the urine for examination.

The principal point of interest in connection with this case is the striking manner in which it illustrates the stimulant effect of atropia in moderate doses upon the par vagum.

As to its action upon the gastric branches, it will be remembered that the stomach first responded to the action of the emetics about two hours after they were taken, and in a few minutes after the first hypodermic injection, and freely after the second one.

Tincture of belladonna had been previously given by the mouth, and about fʒss had been used from the bottle containing it; but, in consequence of the difficulties attending the administration, it is probable that not more than fʒiij were actually swallowed. Owing, however, to the lethargic condition of the stomach, produced by the opium, I imagine that but little of the three fluidrachms was absorbed, and that the most of it was afterwards vomited.

In the case of a man who had taken thirty grains of opium and ten or twelve ounces of whisky, reported by Dr. McGee,*—the use of various emetics for a couple of hours produced no result; but, after the subcutaneous injection of $\frac{1}{4}$ grain of atropia, free vomiting took place immediately.

In Dr. Walker's case, † a girl fifteen years old had taken six or eight grains of opium, and emetics were used ineffectually until after the hypodermic injection of $1\frac{1}{2}$ grains ext. belladonna.

In Dr. Todd's case, ‡ of a man of intemperate habits, who had taken tr. opii fʒx, emetics failed to excite vomiting. Atropia was administered subcutaneously at 10.30 P.M., but there was no emesis until after he had been violently rolled about the bed at 3 A.M. In this instance the stomach was probably unusually callous to impressions, in consequence of the habits of the individual.

The action of the remedy upon the cardiac branches of the pneumogastric is seen in the manner in which the pulse rose and strengthened after each use of the hypodermic syringe.

As to the lungs, it has been seen that the use of artificial respira-

* Am. Jour. Med. Sci., p. 282, July, 1869.

† Am. Jour. Med. Sci., p. 282, Jan., 1872.

‡ Am. Jour. Med. Sci., p. 131, Jan., 1873.

tion continued for twenty-five or thirty minutes produced in that time no action of the respiratory muscles, but that the breathing became regular and natural soon after the use of atropia.

I should conclude, therefore, that when the patient is in a comatose condition when first seen, it would be better to administer $\frac{1}{60}$ to $\frac{1}{30}$ grain of atropia subcutaneously at once, and give an emetic as quickly as possible thereafter; and it seems probable that the action of the emetic may be aided by rolling the patient. If, on the contrary, the sulphate of zinc or mustard is allowed to remain in the stomach for an hour or two, it sets up a degree of irritation, or even inflammation, which requires special treatment for its relief and often lasts for several days.

It would seem, too, that there is no advantage in pushing the atropia, until the pupils are widely dilated, but that it is sufficient to give enough to stimulate the nervous centres whence the pneumogastric springs to the degree of action necessary to keep the heart and lungs in motion until the system can rid itself of the poison.

A peculiar feature of this case was the divergence of the optic axes,—a symptom which I do not remember to have seen noticed elsewhere, but which was probably the cause of the diplopia mentioned in the cases recorded by Dr. Johnson* and Dr. Wood, † as it evidently was in this instance. It is possible that there may have been sufficient tincture of belladonna absorbed by the stomach to act upon the nervous centres in the floor of the fourth ventricle, whence the abducens and vagus take their deep origin, and that all the other muscles of the eye, being temporarily paralyzed by the opium, were powerless to resist the external rectus.—*Phil. Med. Times*.

The Nitrite of Amyl in Epilepsy.

Dr. Crichton Browne has contributed to the last volume of "West Riding Lunatic Asylum Medical Reports" a paper in which he describes his experience in the use of nitrite of amyl in epilepsy. The results at which he has arrived are mentioned in the *Medical Press and Circular* :—

Being engaged in tracing out the areas of blushing as induced by nitrite of amyl in different individuals and under different circumstances, with a view to elucidate the laws regulating the diffusion of that form of emotional expression, Dr. Crichton Browne was struck by the fact that the degree and extent to which the blushing caused by nitrite of amyl is manifested are influenced by certain pathological states. He found that general paralytic patients may inhale a considerable amount without displaying any marked flushing, even of the face, and that epileptics cannot breathe the smallest quantity without exhibiting extreme cutaneous hyperæmia over the face, neck, and chest. Guided by these observations and by an ingenious argument founded upon them, he was led to conclude that

* *Medical Times and Gazette*, Feb. 15, 1873.

† *American Jour. Med. Science*, April, 1873, p. 342.

if the nitrite of amyl could be given immediately before an epileptic fit, the spasm of vessels might be prevented, and so the whole sequence of morbid events averted. "And," as he forcibly remarks, "a fit averted in epilepsy is no slight gain; it is, in fact, a step made towards recovery, and a postponement of those degenerative consequences which are, as a rule, developed in proportion to the frequency and severity of the fits. To interrupt a pathological habit is to give a chance of recovery; to control the fits is to limit the destructiveness of epilepsy." In several cases in which the nitrite of amyl was administered immediately after an aura the usual fit did not supervene, and in one case in which it was administered regularly three times a day, a series of fits from which the patient was suffering was abruptly interrupted. In rabbits, too, rendered artificially epileptic by Professor Ferrier, it was noted that the fit which invariably followed on electrical irritation applied to the exposed brain when no interference took place, was arrested by the inhalation of nitrite of Amyl. "The result of all my experiments is to convince me," says Dr. Crichton Browne, "that it will be found invaluable in many cases in not only postponing but in altogether preventing epileptic seizures. The utility of an agent possessing this power can scarcely be exaggerated. It will, I believe, supersede other methods of attempting to avert the fit by acting upon indications afforded by the aura. Pressure upon, or ligature of a limb, section of a nerve trunk, or cauterization of the surface from which an aura originates have done good service in certain cases, in hindering the accession of seizures, but the nitrite of amyl appears to be a more ready and certain means for compassing the same end. A vinaigrette or small stoppered bottle containing a sponge soaked in nitrite of amyl and carried in the pocket, so as to be at hand on the occurrence of an aura, will, I think, be found a safeguard to many sufferers from epilepsy. Whenever there is time after the initiation of the aura, and before the development of the proper phenomena of the fit, to breathe the nitrite of amyl freely, the fit, with its terrible accompaniments and disastrous sequelæ, may, in many instances, be not merely postponed but abolished."

But there is another epoch in epilepsy besides the pause between the aura and the fit, when, according to Dr. Crichton Browne's experience, the nitrite of amyl may prove beneficial, that is, at an advanced stage, when the alarming condition, the *status epilepticus*, is developed. In ten cases of the *status epilepticus* the nitrite of amyl has been used, and eight of these have terminated in recovery. Under its influence several patients have rallied from what was apparently a hopeless condition. Whenever it is inhaled the breathing becomes freer, the circulation is relieved, and the seizures are diminished in frequency and severity. It appears to act with a directness and certainty that cannot be ascribed to any other remedy hitherto employed in the *status epilepticus*.—*Medical and Surgical Reporter*.

Intra-Recto-Abdominal Exploration.

From proceedings N. Y. Academy of Medicine Record, Dec. 1st.

The first paper for the evening was read by Dr. Charles A. Leale, entitled "Intra-recto-abdominal Manual Exploration."

The speaker first called attention to the important assistance which this means of examination may give in diagnosing various conditions of the viscera found in the lower portion of the abdominal cavity, such as are immediately connected with the bladder, uterus, ovaries, and even as high up as the kidneys, stomach and liver, and spleen. The method of procedure was described as follows: The patient upon whom the operation was performed was already perfectly relaxed, having swallowed a poisonous dose of chloroform. The hand and arm were well smeared with some lubricating substance, the hand, closely folded in a cone shape, was carefully passed through the sphincter ani, and then a moment's pause was made; the hand was carried on until it reached the sigmoid flexure of the colon, when it was partially turned upon itself, permitting the back of the hand to look towards the concavity of the flexure, and then permitted to pass through the flexure, when another pause was made; from this point the hand was carried along the colon until it reached a point four inches above the umbilicus, then being sixteen inches from the anus, as measured upon the arm. While in this position the fingers could be distinctly felt through the abdominal walls, and were readily recognized by an assistant. As the hand was being withdrawn, an exploration was made of some of the pelvic organs, although this was not the object which gave rise to the introduction of the hand, as will be seen further along. The patient was a sufferer from dysmenorrhœa. The uterus was found displaced, and could be as easily grasped and examined as if being examined through an opening made in the walls of the abdomen. An interstitial fibroid was also recognized upon its surface. The ovaries were grasped and the bladder recognized. The hand was then withdrawn without being stained in the least by blood. The greatest dilatation of the anus was ten inches in circumference, corresponding to the size of the forearm.

The operation was performed substantially as described by Prof. Simon, of Heidelberg, to whom is due the great advance which this method of exploration has made within a few years past. A brief history of the case in which the operation was performed by Dr. Leale, and the reason for performing it, is as follows:

Mrs. H., æt. 45, drank two ounces of pure chloroform for a suicidal purpose. As soon as the Dr. arrived, an emetic of salt and water was immediately administered, and which almost as immediately produced free emesis. No odor of chloroform was detected from the contents of the stomach. Strong odor of chloroform was recognized in the breath, showing that the chloroform had been

entirely absorbed, and was being eliminated rapidly by the lungs. The stomach was washed out in addition to the emesis. The patient remaining insensible, and giving unmistakable evidences that death from asthenia was rapidly approaching, it was determined to pass the hand into the abdominal cavity, and irritate the solar plexus of nerves with the hope that respiration might be sufficiently aroused to carry the woman over the extreme point of danger. The result of the operation certainly justified its performance; for simultaneously with the irritation of the root of the diaphragmatic plexus of nerves the respiratory act became more vigorous, was soon followed by returning consciousness, and the patient was saved from a fatal narcotism.

Three days after the operation the woman was again at work, the sphincter retained the fæces in a normal manner, there was no gastritis, and recovery was made without an unpleasant symptom, save a sharp headache which lasted a few days.

Irritation of the solar plexus of nerves in this case was suggested by the results obtained, in a case of like character, from the use of electricity over the region of the solar plexus, for the purpose of increasing the force of the respiration. In that instance the patient was restored from impending death by the use of artificial respiration, and the application of electricity as referred to.

Dr. Benjamin Howard commented upon Dr. Leale's paper substantially as follows: I feel hardly able to share the enthusiasm expressed by the author of the paper respecting the employment of internal abdominal explorations in the diagnosis of pathological conditions within that cavity. I am of the opinion that there is a debit and credit side to the question.

From this point the doctor very pleasantly illustrated his ideas by drawings upon the blackboard.

In the first place, with regard to its value as a means of resuscitation. Although Dr. Leale has fortified his case by the results obtained, I am not sure that the same results might have been obtained by striking sharply upon the epigastrium, where we can come into very close proximity with the solar plexus, and produce marked effect by blows. I am of the opinion that, although admissible, the use of both electricity and internal abdominal exploration, for the purpose of irritating the solar plexus of nerves as a means of resuscitation, should only be employed as a *dernier ressort*, and for the reason that less formidable and equally efficient means can be obtained by externally slapping the epigastric region.

The Doctor mentioned some precautions to be taken in the performance of the operation, to which the author of the paper did not make special reference. The use of anæsthetic is always required to render the operation possible. The anus should be fully dilated, by making firm traction with the fingers inserted into it, and making traction in opposite directions. As soon as the promontory of the sacrum is reached, the hand should be gently turned,

bringing the back of the hand uppermost, to facilitate its passage through the sigmoid flexure.

With regard to the value of this method as a means of diagnosis of stone in the bladder. When the bladder is full, a calculus lying in the *trigone vesicæ* may be raised upon the ends of the fingers, and it would seem as if it could be grasped in the hand, but that cannot be done. The space is so small, and so much tissue intervenes between the hand and the stone, that it is impossible to seize it. Some idea of the weight of the stone may be derived by this method, and that is all.

I am of the opinion that this method of examination promises to be an exceedingly valuable one in the diagnosis of tumors of the uterus, ovarian tumors, displacement of the uterus, etc. By this means much can be learned of the density and connections of tumors existing in the pelvic cavity. That which would most justify this method of examination, is the existence of a stricture, especially when it occurs at the sigmoid flexure of the colon. The stricture can be much more advantageously reached with the fingers than with a bougie, and some estimation can be made of its character and extent, which can scarcely be derived by any other means than the touch.

So much for the advantages attending its use. There is, however, a debit side of the question. In some cases, where the hand has been introduced with apparent success, and the amount of dilatation has been very moderate, a good deal of difficulty in controlling the *fæces* has followed. In those cases where it is most justifiable it may do the most harm, perhaps. There is great liability, in case of stricture of the intestine, of having ulcers just before or just beyond the stricture, and the violence necessary for the introduction of the hand into the bowel may be sufficient to convert the ulceration into a perforation, and with this comes collapse and death. Such cases have already been recorded in *The Lancet*, and should have an influence upon the employment of the method of examination. Too much should not be expected from its adoptioner and it should be resorted to only in exceptional cases, and perhaps only as a *dernier ressort*.

Dr. Peaslee would place a check upon the indiscriminate use of this method of exploration. It can be employed with benefit in certain cases, in which abortion has habitually occurred in consequence of displacement of the uterus backward. If resorted to for this purpose it is probably well to wait until the pregnancy has advanced to four months, and it should not be longer postponed for reasons which are evident. If practiced earlier than this, the uterus will immediately fall back, and no benefit will be derived.

The use of this method in gynæcology is very important, and so long as the hand is kept within the pelvis, no harm can well be done; but as soon as the hand passes above, there is a liability to

do injury which corresponds to the size of the hand and the size of the intestine.

In some cases the curves of the intestine are such that it is impossible to pass beyond them without lacerating the gut. Its chief use should be restricted to exploration in connection with diseases within the pelvis. The bowels should be thoroughly emptied before the operation; and when highly exploration is resorted to, throwing a stream of warm water alongside of the arm, by means of a long-nozzled syringe, will materially facilitate its passage. The operation, in general, should be employed only in exceptional cases.

It is justifiable when a differential diagnosis is to be made between a fibroid cyst of the uterus and an ovarian tumor, or whether the tumor is an ovarian tumor or a tumor which comes from above, such as an enlarged kidney or liver. Still it should not be resorted to, only when other means have failed in arriving at a diagnosis. As a rule, the loss of power in controlling the passage of the feces lasts only for a few days; yet this is one reason against an indiscriminate use of the method.

Dr. Leale was of the opinion that, with a very pendulous abdomen, such as his patient had, irritation of the solar plexus could not be as satisfactorily accomplished by external measures as by internal.

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Editorial.

The Rank of the Medical Corps of the U. S. Army.

At the last meeting of the American Medical Association, a letter was received from the medical officers of the army regarding the rank of the medical corps in the army. A committee was at once appointed, consisting of Drs. J. M. Keller, of Louisville, J. A. Murphy of Cincinnati, N. S. Davis, of Chicago, H. F. Askew, of Wilmington, Del. and J. M. Toner, of Washington, to memorialize Congress, upon the subject. That the medical corps of the army has been treated with great injustice in the distribution of honors will be seen from the following brief abstract of the letters presented to the Association:

To the President of the American Medical Association :

SIR:—It is proposed to present herewith a brief statement, showing that the Medical Staff of the United States Army has not been placed on an equal footing with the other staff corps of the army as regards rank, that they have not had the same consideration shown them in this respect as has been accorded to the navy, and that the record of services of this meritorious body of officers entitles them to the same advantages that have been granted to others.

When the rebellion broke out, the Medical Staff of the army with a total of 115 officers, had but one of higher rank than that of Major, while in the

Quartermaster's Department, with 37 officers, 5 were above that rank; in the Commissary Department, with 12 officers, 2 were above that rank; in the Adjutant-General's Department, with 14 officers, 2 were above that rank, in the Engineer's, with 12 officers, there were 7; in the Pay Department, out of a total of 28, there were 3; and in the Ordnance, 2 out of 36.

The Act of Congress of July 28, 1866, defined the "Peace establishment of the United States."

By its provisions the total number of medical officers were fixed at 217,7 of whom were above the rank of Major, or 3.22 per cent. The Quartermaster's Department was to consist of 76 officers, 17 of whom were above that rank, or over 22 per cent; the Subsistence Department of 29 officers, 5 being above that rank, or 17 per cent; the Adjutant-General's Department, of 20 officers, 7 being above that rank, or 35 per cent.; the Engineers' of 109 officers, of whom 19 were above that rank, or over 17 per cent.; the Ordnance of 64 officers, with 8 above that rank, or 12.50 per cent.; and the Pay Department of 65 officers, 5 being above that rank, or 7.50 per cent. It is thus seen that the Medical Department was given a smaller proportion of officers of rank than any other staff department, being less than one-half of that granted to Paymasters, one quarter of that in the Ordnance, nearly one-sixth of that in the Engineers and Subsistence Departments, less than one-seventh of that in the Quartermasters, and about one-twelfth of that given to Adjutants General.

The medical officer under the present law is accorded the rank of Captain after three years' service; he is promoted to Major by seniority, such promotion not ordinarily occurring in less than fifteen years' service, and that is the end of his prospects of advancement, unless he may be so fortunate as to secure a Medical Purveyorship, which can necessarily be within the reach of but very few, those positions being but five in number, and vacancies in consequence occurring but very seldom. Not only is this a great injustice to those surgeons on the active list, but it operates still more injuriously to those old and meritorious officers, who, having given their best years to the country, become disabled by age or infirmity and are desirous of availing themselves of the privileges of the retired list. The Adjutant-General, Quartermaster, or Engineer of thirty years' service can almost certainly retire with the rank of Colonel, certainly with that of Lieutenant-Colonel, while the veteran Surgeon is laid aside with the rank of Major, and an income hardly sufficient to support his station as a gentleman, or to sustain his family.

The Medical Department is not willing to be accorded a second place in comparison with any other arm of the service. It points with pride to its roll of honor during the last war, to the 38 of its members who were killed in action or died of wounds, to the 12 who were killed by accident in the performance of duty, to the 4 who died as prisoners of war, to the 73 who were wounded in battle, and to the 271 who died from the diseases and exposure of camp life (an array of figures greater than can be presented by any other staff corps), as a proof that they were always to be found where duty called."

It is believed that at least as high a grade of intellect, as finished an education, as eminent scientific attainments are required to make an accomplished medical officer as obtains in any other branch of the service. In the case of the vast majority of other staff officers, this education is obtained at the expense of the government, which not only furnishes the future Adjutant-General or Engineer with all the advantages which a scientific school can afford, but actually pays him a handsome salary for four years before he is sufficiently accomplished to render any service therefor. Not so the medical officer. He must obtain his education at his own expense, usually spending years in college, in medical schools, and hospitals, before he can hope to be sufficiently qualified to pass the ordeal of an examining board.

The rank of medical officers should, therefore, be no less than that of the other staff corps; they require an equal education and equal abilities, they perform equally arduous duty, they sustain as great responsibilities, they are exposed to like dangers, and in the distribution of the rewards of the military

career, they should be entitled to an equal share. That they are not at present on this footing of equality has been clearly shown in the foregoing comparisons.

A further injustice has been done, not only to the Medical Staff, but to the profession at large, by the legislation which at present forbids any promotions or new appointments in the Medical Department. To the former, because, from the rapid depletion which ordinary casualties make in its ranks, it throws increased labor upon those who remain, and necessitates the employment of physicians under contract, who, having but a temporary tenure of office, cannot be expected to be actuated by that single regard for the service, which is a *sine qua non* to the faithful performance of duty. To the profession at large, for it prevents many who are desirous of entering the military service from doing so, and thus perhaps compels them to abandon a design to the accomplishment of which their education may have been especially directed."

The letter sets forth the fact that there were sixty-one vacancies in the staff, fifty-three of them being in the grade of Assistant Surgeon. Unless some encouragement in the shape of a hope of promotion is held out to medical men few will be induced to enter the service, and the consequence will be that an increased amount of labor will be thrown upon those already in the service. The medical staff of the U. S. Army is second to none in the world in its devotion to duty and the advancement of medical science. It contains men in its ranks who would adorn any position in the profession, and the medical profession of the United States look with pride upon the contributions to scientific and practical medicine and surgery which have emanated from this source. In their devotion to duty they have sacrificed the comforts of home, health and even life itself, and their brethren in the profession demand that a suitable recognition be made of their services. This recognition can in a measure be made in the manner asked, namely an increased rank in the service, so that the medical officer may have something to look forward to after years of arduous service. This increase of rank has already been granted to the medical staff of the Navy, and no good reason exists why it should not be extended to that of the army.

We hope that Congress will take immediate action in the case.

The following is a copy of the proposed law:

A BILL

To Increase the Efficiency of the Medical Department of the Army.

SECTION I.—Be it enacted by the Senate and House of Representatives of the United States of America, in Congress assembled, That so much of the sixth section of the act entitled, "An Act making appropriations for the support of the Army and for other purposes," approved March 3, 1869, as forbids promotions and appointments in the medical department of the army be, and the same is hereby, repealed.

SEC. II.—And be it further enacted, That the organization of the medical department shall be as authorized in the seventeenth section of the act entitled, "An act to increase and fix the Military Peace Establishment of the United States, approved July 29, 1866. *Provided*, that from and after the passage of this Act, the Chief Medical Purveyor and four Assistant Medical Purveyors, now authorized by law, shall have the rank, pay, and legal allow-

ances of Colonels; and *Provided, further*, that surgeons who have served thirty years and upward, from the date of their original entry into service, shall have the rank, pay, and legal allowances of Colonels, and surgeons who have served less than thirty and more than twenty years, from the date of their original entry into service, shall have the rank, pay, and legal allowance of lieutenant colonels, and all other surgeons shall have the rank, pay, and legal allowances of Majors, as now authorized by law, and the rank, pay, and legal allowances of assistant surgeons shall be as now authorized by law. *And provided further*, that the foregoing provisions of this Act shall apply to all officers who may hereafter be promoted in the medical department.

SEC. III.—And be it further enacted, That nothing in this act shall be construed to permit the appointment or promotion of any person in the medical department until he shall have passed the examination now required by law.

SEC. IV.—And be it further enacted, That all laws and parts of laws inconsistent with the provisions of this Act be, and the same are hereby, repealed.

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Chloroform and Ether.

Our Boston friends seem determined to prove to the world that Ether is the only safe and reliable anæsthetic, and occasionally go to extremes, which to us poor mortals who live at the circumference of the wheel seems a little strange. We copy the following verdict of a Boston Jury upon a case of death from a mixture of Chloroform and Ether. The jury found :

That Mary F. Crie came to her death on Monday, the 10th day of November, 1873, between eleven A. M. and one P. M., in the office of Dr. Charles Eastham, a dentist, No. 25 Tremont street, Boston, and that her death was caused by the inhalation of chloroform administered in a mixture of chloroform and ether by the said Dr. Eastham. The jury use this opportunity to caution the public against the inhalation of so dangerous an agent as chloroform for the production of insensibility to pain. In the opinion of the jury the inhalation of sulphuric ether is safe, while the inhalation of chloroform either alone or mixed, is always attended with danger.

It was signed by Ezra Palmer, M. D., John A. Lanson, M. D., George Fabyan, M. D., George Lotz, M. D., Thomas Restieaux and Thomas Doliver.

The Boston jury here seem to ignore the fact that ether is capable of producing death, but wisely announce that chloroform alone was its cause. While we heartily agree with the gentlemen that ether is by far the safest anæsthetic, we think that occasions are not unheard of in which it was apparently the cause of death, and are at a loss to ascertain the course of reasoning pursued by the jury which enabled them to arrive at the conclusion that the chloroform contained in the mixture, and not the ether or both combined produced the fatal result.

—We learn from the *Philadelphia Medical Times* that the novel operation for Aneurism by Dr. Lewis, to which we alluded some time since, resulted fatally.

—The regular meeting of the Erie County Medical Society will be held in this city on the first Tuesday in January, 1874.

Books Reviewed.

Lectures on Diseases and Injuries of the Ear, delivered at St. George's Hospital. By W. B. Dalby, F. R. C. S ; M. B. Cantab, Aural Surgeon to the Hospital. Philadelphia: Lindsay & Blackiston, 1873 ; Buffalo: T. Butler & Son.

A Practical Treatise on the Diseases of the Ear, including the Anatomy of the Organ. By Dr. B. St. John Roosa, M. A., M. D., Prof. of Diseases of the Eye and Ear in the University of the city of New York, &c., &c. New York: Wm. Wood & Co., D. B ; Buffalo: H. H. Otis.

We know of no recent work upon Diseases of the Ear in the English language which has impressed us so favorably as has the work of Prof. Roosa. The author's large practical experience in the treatment of diseases of the ear, together with his knowledge of the literature of the subject, render him eminently able to produce a treatise which will be at once received as authoritative upon the subject.

The volume opens with a history of the progress of otology from the earliest ages of the profession down to the present time. This concludes with a list of authorities consulted, which will serve admirably as reference to those who wish to pursue the subject still further.

Part first treats of the external, second of the middle, and third of the internal ear. Part fourth considers deaf mutism and hearing trumpets. The anatomy of the parts is founded on the description of Henle. The diseases of each part of the ear are well considered, the history of the different modes of treatment which have been pursued occupying a portion of each department. The chapters close with a list of works upon otology which will be consulted with interest by those interested in the bibliography of the subject.

The work is amply illustrated, and forms for students and practitioners one of the best text books of which we have any knowledge. Were all writers so careful in their statements and so thorough in their investigations, we should not find so many contradictory statements in our standard works.

The little book by Dr. Dalby upon Diseases and Injuries of the Ear, comprises a series of eleven lectures upon the important points in otology delivered in St. George's Hospital. They do not pretend to be a scientific exposition of the subject, but simply a brief review of the more important points which might arise in a consideration of diseases and injuries of the ear. Both volumes will find their proper place in the estimation of the profession, and we doubt not that each in its particular sphere will be found to fulfill all that can be desired of them. In regard to the first the American profession have

cause to congratulate themselves that one of their number has produced so admirable a treatise upon a subject which a comparatively short time ago was but little understood, that little being confined to a few specialists in Europe.

On the Mechanical Treatment of Diseases of the Hip-Joint. By Charles Fayette Taylor, M. D. New York: Wm. Wood & Co., 1873; Buffalo: H. H. Otis.

This is a little book giving the authors views and the result of his observations in the mechanical treatment of Hip-Joint Disease

With a large experience in the treatment of this class of diseases, his observations have been such as will be confirmed by those in the habit of treating these affections.

The indications for mechanical treatment are:

“First—To relieve the pressure in the joint due to muscular contraction, by temporarily destroying the muscular irritability and contractibility.

Second—To protect the joint from weight and concussion.”

“Motion in the joint without pressure is not injurious but is highly beneficial.”

The essay gives a full description of Dr. Taylor's instrument and its mode of application. The above indications seem to be fully met by its application.

There are no appliances, however, which are suited for the treatment of Hip-joint Disease, which are not applied with care by experienced hands, and which are not patiently and carefully watched, both by the physician and those having the patient in charge. Patient perseverance should be the motto in treating Hip-joint Disease.

Books and Pamphlets Received.

Treatise on the Disease of the Eye. Including the Anatomy of the Organ. By Dr. Carl Stellwag (von Carion). Translated from the Fourth German Edition and Edited by D. B. St. John Roosa, M. D.; Charles S. Bull, M. D., and Charles E. Hackley, M. D. New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

A Manual of Midwifery. Including the Pathology of Pregnancy and the Puerpual State. By Dr. Karl Schroeder. Translated from the Third German Edition. By Charles H. Carter, B. A. M. D., B. S. Lord. New York: D. Appleton & Co., 1873. Buffalo: Martin Taylor.

A system of Midwifery, Including Diseases of Pregnancy and the Puerpual State. By William Leishman, M. D. Illustrated. Philadelphia: Henry C. Lea, 1873.

B U F F A L O

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Original Communications.

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ART. I.—*Hints on the Treatment of Fractures of the Lower Extremities.* By J. F. WOODS, M. D., Toledo, Ohio.

In a case of fracture we have for consideration the form and extent of injury of the bone and greater, or less bruise and laceration of the adjacent soft tissues.

Whatever the extent and kind of injury may be, the process of repair is essentially the same and the principles of treatment correspondingly uniform.

The method adopted should of course be such as to afford the greatest possible facility for these delicate processes, and in ordinary cases may be summarized as follows:

First—The *early* adjustment of the fractured bone in nearly as possible a proper position.

Second—The retention of the fragments in that position without being moved—thus avoiding interference with the efforts of nature.

Third—The treatment of any inflammatory or other complications that may arise.

It seems to me that there can be no reasonable doubt as to the duty of *immediate adjustment*, or at most within the period during which shock maintains a comparative relaxation of the muscles. At this time all the necessary examinations and adjustments may be effected with comparatively little pain—a matter of great con-

sequence; nothing can be gained by delay. The unnecessarily *rude handling* that is so often practiced by incompetent or pretentious surgeons cannot be too strongly condemned, and the "pulling the bones into place" may be effected almost without pain and within a short time, by slight but *continuous* extension, the lateral force of the stretched muscles aiding in aligning the fragments, so that often little or no other lateral pressure is needed.

The keeping of the fractured extremities *absolutely quiet* from the first is not fully appreciated. Any movement of the spiculated extremities cannot, in my judgment, fail to do some harm, and I see nothing but pain to the patient and injury to his prospects in the resettings and redressings that are so often indulged in with impunity prior to the "ninth day."

It is quite clear to me that the results in any case where this course is pursued might be improved by the surgeon dressing his patient *immediately* in an appliance that will be retained until union has occurred. This should, if possible, be done where the accident has occurred, in order to aid in his transportation.

Every physician and surgeon should select the method of dressing he prefers, and keep the material on hand ready for an emergency.

Failing to be thus prepared he has no alternative but to improvise an apparatus that will usually require replacement on the following day by one more perfect and adapted to the case if he succeeds in getting such constructed. This involves loss of time and untold vexations to the practitioner, and severe suffering to the patient, which, ordinarily might have been avoided and even then all concerned may feel happy if no further removals and redressings are necessary, especially if the injury be a severe one; one that needs absolute quietude and comfort.

Whatever may be the practice in Hospitals and by the more accomplished surgeons, many practitioners will discover in the preceding a hint at their own experience, recalling vividly their perplexity and anxiety during the treatment of such cases, the bandages that were too tight and must be loosened, too loose and must be tightened, splints that must be removed and repadded, a perineal band that excoriated and extension that ligated or blistered

or both, the heel that became a source of unrelievable torture, and at last sloughing, became nearly as bad as the original difficulty; the heat of the limb from packing, the disagreeable condition arising from fluid applications or prevalent discharges, amid the bandages and pads of cotton or bran, all giving rise to discomfort to the patient, retarding recovery, increasing the chances of a bad result, and even imperiling life.

The bed on which the patient is to lie should be of *sufficient length*, have a firm bottom, without cords or springs, and be covered with a hard mattress. No other should be used. If this cannot be obtained make a bunk of boards and scantling, with a board bottom and cover, with a mattress or its equivalent, so that the body and fractured leg shall lie on a uniform plane. *A bad bed* has made many a *bad leg* despite the best appliances and otherwise most accomplished and careful surgery.

Before applying any dressing the surgeon should ascertain clearly the nature of the injury. Avoidance of inflicting pain is a cardinal principle, but it should never prevent the surgeon from ascertaining the exact character of the fracture. This is essential as a matter of treatment, and may become in any case a question of great importance in a court of law.

The method by which the fractured extremities are to be kept in apposition is one on which there would necessarily be a diversity of opinions, based on either theory or practice, or both. It is true that with all methods good results, in a proportion of cases, have been produced, the general impression with the profession being still that there is something wanting; that, as a whole, our appliances do not perfectly fill the demands.

The double inclined plane is almost entirely discarded because of its manifest defects; the method of Buck, while correct in its principle of extension, is altogether too unreliable for general practice, and Plaster-paris, for many reasons, can never become a favorite method with the general practitioner.

The defects of the most popular methods have been such that a high authority recommends their abandonment and reliance on extemporized apparatus. The dressing thus produced on the spot and which have given the most satisfaction, in fracture of the

thigh, are usually, with slight modifications, the long straight splint of Desault. Though somewhat crude, its principle has met with general approval. Having during my army experience used

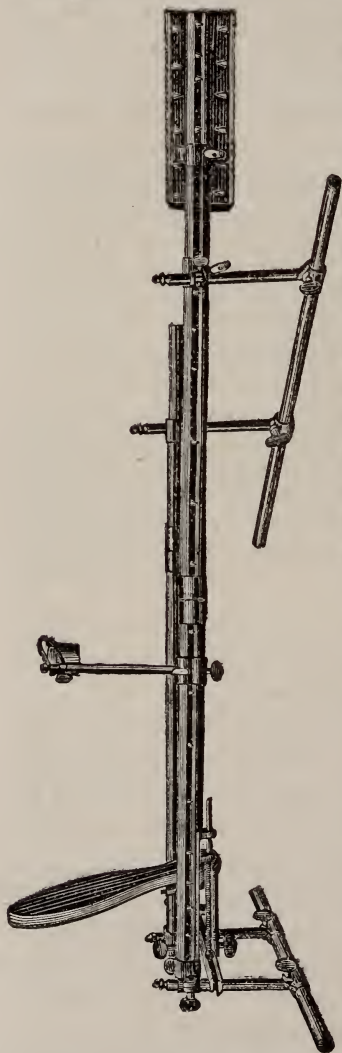
this splint, by modifying it, so as to secure the fractured limb in position by suspension, I some time since undertook to supply myself with it, thus modified, for an emergency. It also occurred to me to add to it some means of *continuous and controlable extension*. Having thus begun, I sought to add one after another method of meeting pressing practical wants, until I have produced an apparatus that in every form of fracture of the lower extremity has given to myself and professional friends the greatest possible satisfaction, and which I have ventured to designate as the

HAMMOCK SPLINT.

The various practical adaptations possessed by the apparatus, will appear in the following brief description:

This instrument, without the Hammock Cloth, is exhibited in the accompanying cuts, in which the long outer and short inner splint is substituted by two rods, with a pad on the upper end of the larger. These rods are kept in position by cross rods and uprights, the whole being fastened at all points by clamps and screws, in

such manner that the frame-work may be made high or low, wide or narrow, short or long, as desired to suit any size or length of limb, and adapt it to any variation in its size during treatment,—



without the removal of any dressing or in the least disturbing the fracture. In the figure the splint is arranged for the left leg but by turning the long rods, end for end, it is arranged for the right leg, and it is so constructed that these rods separate at a ferule in the middle in such manner that they may be so combined as to be adaptable to a leg of any length.

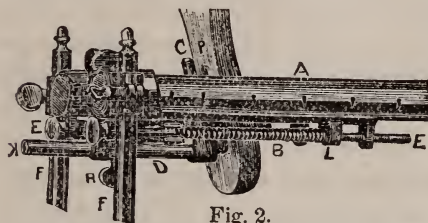


Fig. 2.

Figure 2 is an enlarged view of the boot extremity. The rods E, E, are supported by means entirely separate from the rods A. On these rods E E slides a slotted crossbar better seen in Fig. "1," and

to which the rod that supports the foot-piece is attached by a clamp. Coiled wire springs surrounds the rods E E, the power of which, as is easily seen, may be so used as to force the cross-bar and its foot-piece toward the end of the instrument. This spring power is also controlled bar L, by which it may be increased or lessened at will. The crossbar being pushed against the spring and the extension fastenings made secure to it, we have a *continuous and controllable* means of extension. The foot being made fast to the foot-piece, the whole may be rotated laterally to any desired point and then secured by the screw in the crossbar, thus giving entire *command* of the *position of the foot and alignments of the limb*.

To the hooks noticed on the splint rods is attached the Hammock Cloth. This consists of good unbleached muslin or drilling, and extends from the heel end to the upper end of the body pad and is in the same maner fastened to the short rod, leaving between them enough cloth to form the "Hammock."

Having been attached to the long rod near its edge it is now cut along the short rod to its perineal end, where a slight sweep inward removes enough to leave the anus uncovered, and then cutting straight out forms the Hammock Cloth in an L shape, the short end of which goes around the body and fastens to the long rod, holding the body and splint securely together. Fig. 3 shows the dressing applied, H being the short leg of the Hammock Cloth, starting from and returning to the upper end of the long rod. It will

be observed that the leg and thigh nates and back are all supported on one piece of cloth that should be without a wrinkle, and that, as a matter of mechanics, *the nates must afford the real basis of counter extension.* The perineal band is applied only as a means of security and should never be made tight enough to produce discomfort.

The extension is made by any means the surgeon may desire, adhesive plaster being undoubtedly the best. They should be so attached to a piece of tape as to furnish two tails on either sides to tie to the ends of the cross-bar.

I have found that these straps when constructed, as shown in Fig 4 to answer in a superior manner. B, B is a firm piece of bandage or tape, and A A two strips of adhesive plaster. Maws is the best cut, and applied around the roller as shown. Of these a pair is required, one being placed on either side of the leg. The adhesive plaster wraps around in a spiral manner, each side clasping the other. That *without strangulation* they hold very firmly, and *no bandage* is required, leaving *leg, ankle and foot entirely free from bandages* or any cover whatever. The tails are tied around either end of the cross-bar and may be long enough so that in case of fracture of the thigh the adhesive plaster need

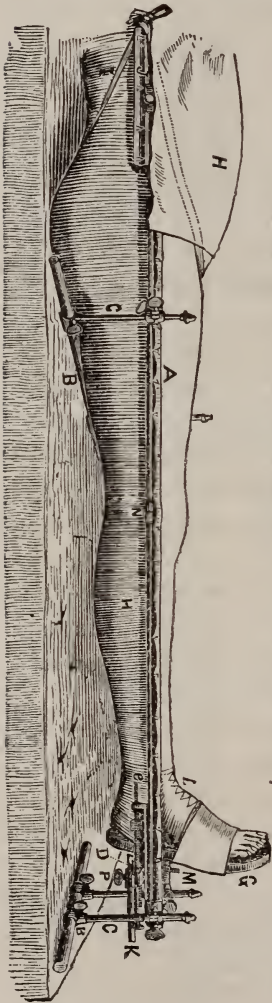


Fig. 3.

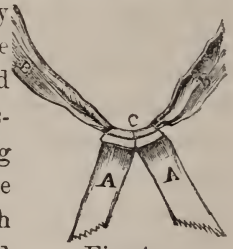


Fig. 4.

not come down near to the malleoli. When it is desired to produce counter extension, as in fracture of the leg, the plasters, constructed in the same manner, may be reversed and the tails tied to

the upper end of the splint. The upright seen in Fig. 1 is a moveable, irrigating apparatus that may be attached wherever desired, and the fluid applied from a cup by a cotton wicking syphon.

This apparatus when used in dressing fracture of the leg, can be adjusted to any length desired by the surgeon, and counter extension and extension effectually applied.

It is packed in a small box, only twenty-seven inches long, with which the physician may feel sure that in half an hour he can adjust any fracture of the leg and thigh, leaving his patient not only *comfortable* but *secure*.

This dressing, applied at once, is *permanent* and should not be removed until *union of bone* has occurred, nor the *ends of the bone moved in redressing*.

There being no bandaging and the whole limb in full view, with a foot-piece entirely under control, *if the surgeon can sight a gun, he ought to make a straight leg*.

The leg is suspended in a single layer of cloth beneath it, and is, therefore, *cool* as it possibly can be made, and affords all the facilities for irrigation or any other desired medication. Its convenience in *compound injuries* and *abscesses* is all that could be desired. *No excoriation or sloughing of the heel* can occur, *nor is the reparative material disturbed* at the after dressings, while the *extension is continuous and controllable* and counter extension obtained without discomfort from the nates.

Ample facilities for using the bed-pan are afforded without disturbing the fracture or erecting a trap through the mattress.

But whatever dressing may be selected, there are several points to be considered, and among which is coolness, cleanliness, means of rectifying defects of position, and *absolute quietude of the fractured extremities*.

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ART. II.—*Malignant Disease of the Uterus and Vagina*. By H. D. VOSBURGH, M. D., Lyons, N. Y.

Mrs. M——, of Phelps, Ontario Co., consulted me Jan. 4, 1872. She is a tall anæmic woman, though well nourished, 53 years of age, giving the following history. She was married at the age of

37, and has given birth to three children, the youngest born when she was 45. Her menstrual periods were always regular till after the birth of the last child, when the intervals became longer and soon the menstrual flow ceased entirely. Four years after she was called to nurse a sick friend, and for a few weeks was overburdened, broken of rest at night, ascending and descending long flights of stairs, several times a day, and doing such other duties as are required in tenderly nursing sick patients until she was thoroughly exhausted. At this time there appeared a bloody discharge per vaginam. Subsequent rest did not restore her strength nor arrest the hemorrhage. The latter, though at first slight, after continuing for several weeks, became a little more profuse and quite alarmed her. In her anxiety she was urged by friends, and did consult a Gynæcological quack, who persuaded her to submit to frequent applications of *caustic potash* through a vaginal speculum, though in his mandlin condition he doubtless was very indefinite in his point of application. These were attended by burning vaginal pains, and followed by feverishness and soreness to such an extent as to compel rest for a few days immediately after. After several "Treatments" the hemorrhage became intermitting—the interval from two days to a week in duration, when it would recur again in gushes, attended by pains like labor pains.

When I first saw her the caustics had been discontinued two months. On making an examination I found the vagina to measure just two and one-half inches in length, and to terminate abruptly as though tied up with a string. Through this stricture I carefully traced a small passage with a fine silver probe, but could not discover the uterus except by rectal examination, when I could feel it high up in the pelvis. In this way too I could feel the point of my probe nearly reaching the womb and only separated from my finger by the normal amount of tissue. I advised tonics and rest and a discontinuing of any further local interference, hoping the hemorrhage would cease spontaneously. About two months after this she consulted me again. The hemorrhage had ceased, but there was a feeling of weight and pressure in the pelvis, with difficult urination. A vaginal examination revealed a tumor of a doughy feeling, nearly filling the pelvis and pressing

backward upon the rectum and forward upon the urethra. I diagnosed it to be the vagina above the stricture distended by fluid, but feeling uncertain what course to pursue advised consultation. The conclusion arrived at by an eminent medical gentleman, after careful and thorough examination, was complete retroversion of the uterus backwards and filled with menstrual fluid. From this view I strongly dissented, but as no plan of treatment was advised, except to watch the case, I was content to do so.

The tumor continued to enlarge until it rested upon the floor of the pelvis and could be felt above the pubis, crowding the bladder so far upward that the catheter, which had to be relied upon entirely, passed upwards and forwards eight inches before reaching it. Her general health began rapidly to decline. The urine was loaded with mucous and pus, and her sufferings were constant and severe.

Sept. 2.—Professor J. F. Miner, of Buffalo, saw her in consultation with me. As indistinct fluctuation could be felt in the tumor it was determined to make exploration with the trochar. Upon introducing it two quarts of dark bloody fluid escaped and the tumor was collapsed. This fluid had no fœtor whatever, nor was there any thing in it or the patient which lead us to suspect malignant trouble.

The unfavorable symptoms existing prior to this time now rapidly subsided, and the patient seemed in a fair way to recover. After a fortnight slight hemorrhage began and it was soon apparent that the walls of the vagina which had constituted this tumor were breaking down. The finger now could be readily carried through the opening made by the trochar—the os uteri nearly complete could be felt in its normal position.

The hemorrhage soon became alarming and was only arrested by the most potent styptics. The vaginal discharges were very offensive and the destruction of tissues rapid.

She died exhausted Oct. 18.

Post-mortem 32 hours after death. Rigor unortis well marked; abdomen distended and tympanitic; thighs emphysematous; on opening abdomen found the peritonium every where rough and thickened and filled with horribly offensive pus and broken down

tissue; bladder small, thickened, and firmly adherent to abdominal walls; lower and left border of omentum thickened and easily crushed down under the finger. The upper portion of the vagina which had formed the walls of the sack, heretofore described, was entirely destroyed, leaving a free communication into the abdominal cavity. The uterus was found perfectly in place, considerably enlarged, and the lower one-half of the neck entirely destroyed. A section showed its internal surface thrown into folds and knobs and its villi so much elongated as to have the appearance of a surface covered with moss.

This case had baffled the diagnostic skill of several eminent medical practitioners, nor did any one even suspect it to be malignant till near its sad termination.

The question arises whether it had this malignant character *de novo*, or whether it was not called into existence by the regular and indiscriminate use of the caustics in the hands of this reckless quack.

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ART. III.—*Glasses, called "London Smoke," are preferable to blue glasses for shielding the eyes from too intense light.*

Translated from *Annales D'Oculistique*, of Sept. and Oct., 1873, by FRANK W. ABBOTT, M. D.

The Oculist is often called upon to protect the eyes of his patients against the action of too intense light; so also, among the invalids who frequent ophthalmological clinics, we see a great number who wear glasses designed to temper the light. The only difference which is noticed among them is, that some employ for this purpose blue glasses, while others prefer those of a gray color, called "smoked."

Blue glasses are those which a majority of Oculists especially recommend, but if they should be asked the reasons for their predilection, they would certainly find it difficult to give them, for lack of a scientific basis upon which they could rest. The examination of this question which I have made the subject of special attention, has led me to results which I will briefly state.

To give a clear idea of the problem before us let us analyze it from the point of view of the Young—Helmholtz theory, (*Vide*

Buffalo Medical and Surgical Journal, May, 1872, pp. 376 *et seq.*, TRANS.), not only because this best unites and explains the facts of dissimilar nature which belong to the domain of the perception of light, and of the colors, but especially because some facts, recently learned, (1) give to this theory a solid, and, so to speak, anatomical basis. Among these fact we should mention in the first place the discovery of Mueller of the fatty and colored drops which are found in the retina of birds and reptiles, drops which only allow the passage of rays of light which are very nearly of the same nature, whilst they hinder all the others.

Our right to admit the existence, in the retina of man, of an apparatus receiving the three primary colors is founded: 1st, upon the cases of congenital color-blindness, in which the eye is incapable of perceiving one of the primitive colors; 2d, upon the researches of Leber (2) who has demonstrated the existence of color-blindness following atrophy of the optic nerve and some other amblyopias. Such patients may be blind to red, and perhaps also to green, but they are never blind to blue; 3d, upon the researches of Dr. Weinow, (3) who has found that the periphery of the visual field loses not only receptivity for red, as Schelske had already proved, (4) but also for blue and violet, in such a manner that, towards the extremity of the periphery, there is found a zone possessing elements adapted only to receive the single color green.

From what precedes we can draw only one conclusion, that is, in order to protect the eyes against too intense light, it is necessary to employ glasses, which abate equally all the colors of which sunlight is composed.

If we place before the slit of a solar spectroscope first a blue glass, and then a glass of smoke color, in such a way that the luminous rays before being decomposed by the prism are tempered by these glasses, it is not difficult to recognize which of these glasses abates the solar light most equally. If the luminous rays pass through a blue glass, the colors which are the most enfeebled are the yellow and green, that is, the colors of the middle of the

(1) Dobrowsky. Zur Anatomie der Retina, in Reicherts. n. Bois Reymond's Archiv., 1871.

(2) Archiv. fur Ophthalmologie. Bd. XV. Aqth., 2 S. 26-107.

(3) Id. Bd. XVI., Abth. 1, S. 212-224.

(4) Id. Bd. IX, Abth 3, S. 39-49.

spectrum, whilst the red is scarcely affected and the blue and violet not at all. If the eye perceives any abatement in the bright red, near the line C, it no longer notices this abatement from B to A in the dark red color. This indicates that blue glasses, in addition to blue rays, allow a great quantity of red rays to pass, especially of the dark red, which correspond to the extremity of the spectrum. The brightest part of the spectrum, which is ordinarily found in the green color, not far from the yellow, is transported by a blue glass to the middle of the blue color.

If, on the contrary, the rays pass through smoke-colored glasses, the whole spectrum appears to the eye to be equally weakened from one extremity to the other. I certainly do not mean to say that all the colors are weakened in an absolutely equal degree, but simply that if any inequality exists in the weakening of the colors it never attains such a degree that our eyes can notice it. The impression produced upon our eyes, when we put on smoke-colored spectacles, accords in the highest degree with what has just been said: a sunny day then appears to us foggy and dark, as though there were no longer any sun's rays, and the sky were covered with thick clouds.

In this manner I have made my experiments upon the different kinds of blue and smoke colored glasses found at the shops, and I have always obtained the same results; the only difference depends on the darker or lighter tint of the glasses.

When our aim is to protect the nervous apparatus of the eye against the action of too intense light, it is naturally necessary to choose for this purpose spectacles possessing qualities adapted to defend equally the three kinds of nervous elements of the retina, by procuring for all of them repose and tranquility. Now, as we can only attain this end by using spectacles which weaken equally all the colors composing white light, we are forced to the conclusion that to protect the eye properly it is necessary to use smoke-colored glasses.

It is scarcely necessary to add, after what has just been said, that by the use of blue glasses, we resolve but very imperfectly the given problem. Blue glasses protect best nerves which are sensitive to yellow, and not at all those which are affected by blue.

In advising patients to wear blue glasses, even for working, we force just those nerve elements of the retina which are sensitive to blue, to take upon themselves all the work which was previously distributed among all the kinds of nerves of the retina. If patients, whose eyes are irritable, experience from the use of blue glasses some alleviation, some rest, it is probably because two kinds of nerves are soothed by them; but, as a consequence, afterwards, when the patients have recovered, and they try to lay aside the glasses, it is with much difficulty that they become habituated to the light of the sun, or even to the light of day, probably because all the nerves of the eye have not been equally protected. The nerves, which have been the most so, to speak accurately those which are sensitive to the yellow rays, have been unaccustomed to the influence of their ordinary excitant.

This great practical inconvenience, which is not rare in those who wear blue glasses, has already influenced some Oculists to cease prescribing them, and to prefer smoke-colored glasses.

Doctor Berthold, of Königsberg, has told me that, in his practice he has obtained from the use of grey glasses much better results as compared with those which he formerly obtained by the use of blue glasses, and stated that after using grey glasses the eyes accustom themselves very readily to solar light.

In prescribing blue glasses, we should also not forget that the sensitiveness of the eye for colors is far from being equal; that it increases from the red to the violet, so that the sensitiveness of certain eyes for the blue and the violet is twenty times as great as for the red at the other end of the spectrum.

So that by prescribing blue glasses and protecting against the action of light, the least sensitive nerves, we impose all the work upon the nerves endowed with the greatest sensitiveness. This prescription would only be justified in cases where it was demonstrated that our eyes, while distinguished for showing a very great sensitiveness for blue, endures it longer and more easily than the others without any fatigue, but up to the present time we have no data on this subject.

MISCELLANEOUS.

Croton-Chloral Hydrat.

The profession and the public are chiefly indebted to Dr. Oscar Liebreich for the introduction of chloral hydrate; and this obligation is further increased by the addition of croton-chloral hydrate, which will doubtless prove an equally valuable therapeutic agent. It is of the greatest service in cases of nerve-pain. Every sufferer from neuralgia is anxious to obtain speedy relief from pain; this may be obtained by taking croton-chloral hydrate, and then the antecedent causes of the neuralgia may afterwards be enquired into and treated accordingly. The following cases are interesting, as showing the immediate relief from pain that this drug affords.

A. suffered from facial neuralgia of a most severe character; it affected her hearing and eyesight. She could not rest or take food. She took one grain of croton-chloral hydrate every hour. In three hours, she was considerably better. After taking three more doses, she was entirely free from pain.

B. suffered much from facial neuralgia dependent on decayed teeth, and had not been able to take food or sleep for three days. She was ordered croton-chloral hydrate in grain-doses every hour, and obtained great relief after two doses. Six doses removed the pain completely. She slept that night.

C. This patient suffered from concussion of the spine caused by a railway accident some years ago. She had every variety of treatment for the pain she suffers in the spine and the nerves proceeding therefrom. She took potassium bromide gr. 20, and croton-chloral hydrate gr. 1, three times a day, with marked relief and no bad symptoms.

E. This is a young dyspeptic and neuralgic patient, and suffers greatly from dysmenorrhœa. She took two-grain doses when the paroxysms of pain came on, with marked relief.

F. has been under treatment for various neuralgiæ for some years. She has had, at one time or another, almost every external therapeutic agent in the *Pharmacopœia*—strychnia, iron, quinine, ammonium, chloride, aconite, belladonna, iodine, bromine, blisters, hypodermic injections, galvanism, together with baths and other hygienic appliances, including change of air. In this case, two grain-doses of croton-chloral hydrate, every hour afforded more speedy relief from pain than any of the above remedies. After taking eight grains, she was almost free from pain.

In thirteen patients who have taken croton-chloral hydrate, not a single bad symptom has been observed. In grain-doses, it relieves pain quickly; causes natural sleep; no subsequent headache or irritated tongue. In several cases, it acted as a gentle laxative.—Dr. Baker, in *Brit. Med. Journal*.—*Canada Lancet*.

Experimental Researches in Cerebral Pathology.

The following is Professor Ferrier's summary of his very important "Experimental Researches in Cerebral Physiology and Pathology," which appeared originally in the *British Medical Journal* for April 26, 1873, and subsequently with a full account of the experiments in the *West Riding Lunatic Asylum Medical Reports*, vol. iii. There is no doubt that those experiments open up a most important field and mode of research. To be able to stimulate directly limited portions of the brain in a living animal is a great advance of anything as yet attempted in investigation of cerebral function. It is not only what Professor Ferrier's experiments prove, but what they suggest, and will undoubtedly lead to, that gives them their superlative interest to all students of brain function.

1. The anterior portions of the cerebral hemispheres are the chief centers of voluntary motion and the active outward manifestations of intelligence.

2. The individual convolutions are separate and distinct centers; and in certain definite groups of convolutions (to some extent indicated by the researches of Fritsch and Hitzig) and in corresponding regions of non convoluted brains, are localised the centers for the various movements of the eyelids, the face, the mouth (and tongue), the ear, the neck, the hand, foot and tail. Striking differences corresponding with the habits of the animals are found in the differentiation of the centers. Thus the centers for the tail in dogs, the paw in cats, and the mouth in rabbits, are highly differentiated and pronounced.

3. The action of the hemispheres is in general crossed; but certain movements of the mouth, tongue and neck are bilaterally co-ordinated from each cerebral hemisphere.

4. The proximate causes of the different epilepsies are, as Dr. Hughlings Jackson supposes, discharging lesions of the different centers in the cerebral hemispheres. The affection may be limited artificially to one muscle, or group of muscles, or may be made to involve all the muscles represented in the cerebral hemispheres, with foaming at the mouth, biting the tongue, and loss of consciousness. When induced artificially in animals, the affection as a rule first invades the muscles most in voluntary use, in striking harmony with the clinical observations of Dr. Hughlings Jackson.

5. Chorea is of the same nature as epilepsy, dependent on momentary (and successive) discharging lesions of the individual cerebral centers. In this respect Dr. Hughlings Jackson's views are again experimentally confirmed.

6. The corpora striata have crossed action and are centers for the muscles of the opposite side of the body. Powerful irritation of one causes rigid pleurosthotonos, the flexors predominating over the extensors.

7. The optic thalamus, fornix, hippocampus major, and convolutions grouped around it, have no motor signification (and are probably connected by sensation).

8. The optic lobes or corpora quadrigemina, besides being concerned with vision and the movements of the iris, are centers for the extensor muscles of the head, trunk and legs. Irritation of these centers causes rigid opisthotonos (and trismus).

9. The cerebellum is the co-ordinating center for the muscles of the eyeball. Each separate lobule (in rabbits) is a distinct center for special alterations of the optic axes.

10. On the integrity of these centers depends the maintenance of the equilibrium of the body.

11. Nystagmus, or oscillation of the eyelids, is an epileptiform affection of the cerebellar oculo-motorial centers.

12. These results explain many hitherto obscure symptoms of cerebral disease, and enable us to localise with greater certainty many form of cerebral lesion.—*The Clinic*.

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A New Solvent of Phosphorus; Its Preparation and Pharmaceutical Use.

By A. W. GERRARD, Dispenser and Teacher of Pharmacy to the University College Hospital.

The principal known and most generally adopted solvents of phosphorus in pharmaceutical purposes are bisulphide of carbon, chloroform, ether, alcohol, oil of almonds, oil of theobroma, and mutton suet.

The power of these bodies to dissolve this element varies from any proportion to less than half per cent.; the most powerful being bisulphide of carbon, the least, alcohol.

Most of the above solutions of phosphorus, when dispensed, are of an unsatisfactory and unstable character. Those which are fluid and miscible with water in the presence of mucilage—the manner in which it is usually prescribed—are rapidly decomposed and become inert; they are likewise nauseous and objectionable to the patient in an extreme degree. The solid forms are but little better and are exceedingly troublesome to manipulate.

Bisulphide of carbon has been recommended by Mr. Prætor, of Newcastle, as a means of dispensing phosphorus in the pill form, and it answers the purpose very well, with the exception that the pills retain a compound smell of phosphorus and bisulphide of carbon, which is repulsive in the utmost degree.

The new substance which I propose to add to the list of solvents of phosphorus is resin, that body described in the Pharmacopœia as the “residue of the distillation of the turpentine.” This substance suggested itself to me amongst others as a probable solvent, and the result of my experiments upon it is that I

have found it capable of dissolving four or more per cent. of phosphorus; the limit of its solubility is a question for further experiment.

I would call this substance phosphoretted resin. The method of preparing it is thus: Take a strong wide-mouthed well-stoppered bottle and weigh it, then melt a quantity of resin sufficient to fill the bottle; let the bottle be warmed, then pour in the resin to nearly, but not quite fill the bottle, reweigh, and for every ninety-six parts of resin take four of phosphorus. Now observe that the resin is in a fluid state; if so, add the phosphorus, and fix the stopper tightly. Place in a sand-bath previously warmed, and apply heat to 200°C. or 392 F.; digest at this temperature, and shake frequently until the phosphorous is dissolved.

The kind of resin to be used in this preparation is the black translucent variety, known in commerce as rosin, not that pale, yellowish kind, usually met with in chemists' shops, unless it has previously been deprived of its water, of which it contains a varying amount, sometimes ten per cent.

In conducting the process, it is necessary to observe the following precautions: in adding the phosphorous, if possible let it be in one piece, and take care that the resin is previously in a fluid condition, as then the phosphorus readily sinks below the surface, and is covered by the resin; otherwise, if the phosphorus were in small pieces and the resin semi-fluid, the phosphorus would rest on the half-hot resin, and speedily take fire; but by observing the above precautions, this accident may be prevented.

A bottle full of the preparation should be made at a time, as I find there is great risk of accident (having had one myself) if the vessel is only partly filled. The phosphorous is also volatilized, and deposited in the upper portion of the bottle.

Keep a thermometer in the sand-bath during the process, and maintain the temperature between 200° and 210°C. At higher temperatures the resin boils, and the heat is liable to change the phosphorous to the red amorphous state.

When the prepared resin has cooled it is difficult to remove it unless the bottle be broken; the method I have adopted is to draw it from the bottle, when partly cooled, under hot water.

It is a pharmaceutical process which, like many others, requires care and attention to ensure success, but whatever difficulties may arise, to a practical person a remedy will suggest itself.

I will here mention a curious change which takes place if this phosphoretted resin be reheated. When it reaches a certain temperature it becomes of a whitish cream color throughout; if the temperature be raised still higher it again becomes transparent; this phenomenon does not occur in the cooling. It is probably due to the influence of molecular change.

The formula I would suggest for its exhibition is the following:
Take of—

| | |
|--|------------|
| Phosphoretted Resin, 4 per cent | 25 grains. |
| Powdered White Sugar | 75 grains. |
| Tincture of Tolu, a sufficient quantity. | |

Pulverize the resin, mix with the sugar, and form into a mass with tincture of tolu,—eight to ten drops are sufficient; then divide into twenty pills, each pill will contain one-twentieth of a grain. This forms a mass of an excellent consistence, and pills made therefrom retain their form and present an elegant appearance without the addition of any coating; they have but a faint odor of phosphorous, and that may be completely removed by the addition of oil of peppermint.

The experience gained from the administration of these pills in the in-and-out-patients' departments of the hospital to which I am attached proves that the therapeutic properties of the phosphorus are in no way injured or modified by this combination, but that it is fully equal to any that had been previously used.

In conclusion, I consider the advantages of this preparation to be that it is inoffensive to the tastes of the patient, definite and reliable for the prescriber, ready and convenient to the dispenser, and I believe, judging from its nature, it has unlimited keeping powers.—*Pharm. Jour. (London), Dec. 6th.*

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To the Medical Profession at Large:

In obedience to the resolution of the Convention of Physicians, lately assembled in this city, we undertake this address to your sympathy, with full assurance that its hallowed object will secure your cordial support.

But yesterday our community was as a house of mourning, and its wail of distress, arising from stricken hearts and desolate homes, smote the ear of the world with the horrors of our affliction. Those of our people who remained in the doomed city can alone appreciate the sad story of suffering seen and felt in our midst, when death thus held, for seven long weeks, its high carnival among us. Over the entire city death and silence brooded. Its deserted streets, alike both day and night, scarce echoed a sound save the mournful hearse-rattle as it hurried to the grave its load of dead, or the foot-falls of those ministers of mercy who lighted up the hours of darkness with their visits of charity. Silently and continually the pious labor of love was performed, and each rivaled the other in the patient discharge of a common humanity. When the shaft of death prostrated one, another with true Corsican spirit took his place, and the work of benevolence went fearlessly on, until under the favor of Heaven the disease was baffled and the reign of terror at an end. Each creed, sect,

order, and brotherhood had its heroes and its martyrs, and it is in commemoration of the deeds of both the living and the dead that our hearts should never suffer forgetfulness.

The faithful physician who survived the storm bears in his conscience its plaudits of duty done; but our seven brothers, Williams, Freeman, Crone, Hatch, Kennon, Blount, and Minor, fallen at their post, martyrs to the cause of humanity, ay, bright exemplars of professional honor and duty, sleep in their quiet graves, with more lasting glory than embalmed warriors in piles of storied marble. Our fallen Brothers, if they could be consulted, would doubtless wish no fitter burial than quiet interment in leafy Elmwood, but professional pride demands the honor of their perpetual commemoration, and we ask in this behalf that suitable stone be raised and carved for them. Their fame, the story of their heroism, belongs to the medical world, and our brethren throughout the broad land are respectfully requested to contribute something to this laudable end. Your contributions, however small, will aggregate a success of the enterprise.

Remittances may be made to either member of the Committee.

RICHARD H. TAYLOR, M. D., 44 North Court St.

F. L. SIM, M. D., 115½ Beale St.

R. W. MITCHELL, M. D., 275 Main St.

MEMPHIS, TENN., NOV. 10, 1873.

—:O:—

A Practical Sphygmograph.

By E. HOLDEN, M. D., Newark, N. J.

SIR:—Presuming that to those medical men who have looked with sanguine expectation to the Sphygmograph as a means of scientific research, and to all lovers of progress in medical science, the advent of an instrument practical as to expense, durability and facility of application will be a satisfaction. I send you drawing and description of one which for two years has been used with gratifying success. A crude and imperfect idea of this was once presented in this journal, and since then much time and expense have developed the perfected instrument. That it has been used so long, and after several thousand tracings has required no repair, will perhaps be sufficient evidence of durability; but the profession may be interested in the conclusions grown out of so many observations, and although conscious that a greater multitude of experiments alone can determine the position of sphygmography as a distinct science, yet the following have appeared to me to be facts regarding it:

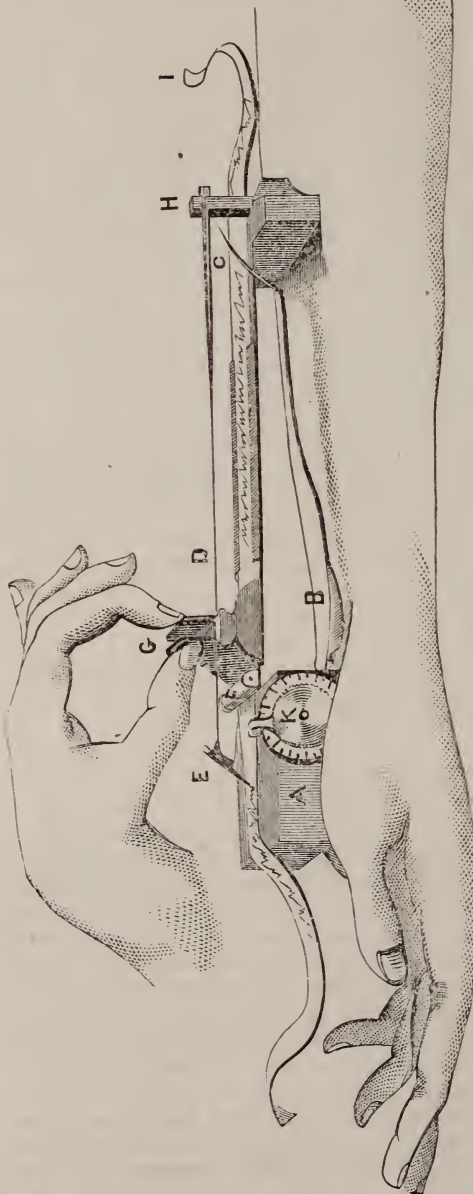
FIRST—That it is to be relied upon in many questions of diagnosis of obscure and simulated diseases.

SECOND.—It furnishes a means of ascertaining the condition of the arterial and venous circulation, the ability of the heart to equalize these, and the extent of impairment in disease of the heart itself.

THIRD.— It exhibits with accuracy the initiative action of remedies prior to any external and sensible manifestations of the same. Thus, in experimenting with quinine, a half-grain taken dry upon the tongue was found to show an effect upon the circulation as promptly, but in a different manner, as larger and repeated doses. The action of gelseminum and aconite was readily comparable by the tracings taken at intervals of three minutes. The opening, therefore, of a new field in experimental and therapeutical medicine is at once shown.

FOURTH.—The condition of the nervous system, in its relation to the economy as a vital power is readily exhibited, and with a dictionary of tracings, such as would result from extended experiments, the instrument may prove invaluable both in prognosis in serious disorders of the

brain and spinal cord, and in the diagnosis of the numerous occult affections of these structures.



FIFTH.—Such an instrument may prove of great value in life insurance in ascertaining the eligibility of applicants.

Several facts of a general character have also developed during my investigations, and no one using the sphygmograph can expect to be otherwise than disappointed without fully appreciating them. Thus:

FIRST—No tracing, however smooth and ample, is of necessity the correct record of the patient. Two tracings in the same minute, if under different pressures, may differ widely. Hence it is essential to take several at gradually increasing pressure, that being accepted which is of greatest amplitude. Others may then be continued at that degree. (The above instrument is so constructed as to allow of a pressure equal to two or more pounds, and adjustable with the greatest ease without removing.)

SECOND—The pressure exerted is so vital an element that tracings of patients at different degrees are rarely comparable.

THIRD—Tracings of radial arteries in one patient are not comparable with those of the ulnar, femoral, or carotid in others.

That the profession may have the amplest means of determining the significance of sphygmographic writings, and in the belief that with an instrument easily applied and accurately adjustable in its means of recording the compressibility of the artery (a point in which all previous inventions have been defective),—that with such an instrument a great and new field of medical science is opened. Messrs. Otto & Reynders, of New York, have undertaken to supply it at a price hardly sufficient to compensate them for their labor; the great difficulty in the way having thus far been the cost of watchwork on this side of the Atlantic, and the limited number likely to be required.—*Medical Record*.

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Case of Strychnine Poisoning.

On September 19th an inquest was held by Dr. R. F. Dill, the coroner for Belfast, on the body of Thomas Shaw, aged thirty-seven, who had met his death three days previously from taking an overdose of strychnine. From the somewhat imperfect report of the inquest, and from the newspaper correspondence to which it has given rise, we gather the following facts: The deceased, who was foreman in a muslin factory, was a delicate man and a great smoker, and possibly also (but of this there is doubt) was the subject of heart disease. On the 15th of September he consulted a medical man for some slight derangement of vision, who prescribed for him "seven drops of liquor strychniæ three times daily in water after meals. This prescription was dispensed by Messrs. Grattan & Co., who, it appears, in accordance with their instructions, furnished the deceased with an ounce bottle filled

with liquor strychniæ of Pharmacopœial strength. From this bottle the patient was directed to measure his own dose of seven drops by dropping into a wineglass. On September 16th, after breakfast, the deceased took a dose of his medicine without any ill effects. On the same day, after dinner, about twenty minutes after two, he took a second dose, and his wife, who saw him take it, counted the seven drops "in a run on the glass." He then took a short turn in the yard, and came in again "to take a nap on the sofa." He had not lain five minutes when he gave a yell, and jumped up, saying that he was poisoned, and asked for hot water, of which he drank three tumblersful. He vomited and became convulsed, the convulsions being tetanic in character, so that they were at once recognized as such by the medical man who was called in; the pupils were largely dilated; and he died in convulsions within an hour of his taking the fatal dose. The examination of the bottle from which the dose had been taken showed that more than 120 minims were wanting to make the total quantity which the bottle was originally supposed to contain.

Supposing the patient to have taken only fourteen minims of the solution, the dose of strychnine amounted to rather more than one-eighth of a grain in five or six hours, a dose far short of that which hitherto has been recognized as a fatal one, for half a grain is spoken of as the smallest fatal dose for an adult. If the patient took 120 minims, then he received a grain of strychnine in the specified time, and it is highly probable that the last dose was more than ample to destroy life. There are, however, several links missing in the chain of evidence. First, it was not proved that the bottle of solution as furnished to the deceased was absolutely full, so that the quantity missing from the bottle after the accident is hardly a safe criterion of the dose of strychnine taken. Secondly, it was not proved by analysis that the solution with which the patient was provided was actually of the Pharmacopœial strength. The lesson to be learnt from this case is the unadvisability of prescribing potent poisons in so concentrated a form. Here we have the history of a patient being furnished with twenty-two days' medicine—sufficient, possibly, to kill eight men—in so small a compass that he might carry it in his waistcoat-pocket. Then, again, the mode of measuring the dose is one which gives most varying results. We have seen sixty drops of water let fall from a bottle into a minim measure fill the said measure to the amount of two drachms and a half; so that it seems to us possible that, even supposing the deceased counted his dose accurately, he may have received more than twice the amount which was intended for him. We heard not long since of a similar (though not fatal) accident occurring to a London physician who had prescribed a mixture containing strychnine, with the direction that a teaspoonful was to be taken for a dose. On revisiting his patient, he was horrified at finding him suffering

from symptoms of strychnine poisoning, which had been brought about by the not unnatural mistake of the druggist, the nurse, or the patient—we forget which—of a “tablespoon” for a “teaspoon.” Dangerous drugs like strychnine should always be administered in the most bulky form which is compatible with the well-being of the patient.—*London Lancet.*

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Ovarian Tumor Removed by Enucleation; Drainage through the Douglas cul de sac, ect. Recovery.

By GEO. A. MURSICK, M. D., of Nyack, N. Y.

“As the following case presents some points of practical interest, I have thought it best to place it upon record.

Mrs. G., aged about forty years, married, but never pregnant, presented herself to me about two and a half years ago for advice concerning a small tumor which she had discovered in her left iliac region. Upon examination by palpation and per vaginam, I found a tumour of the left ovary about the size of a large orange, which I advised her to let alone and await events.

The tumour slowly increased in size, so by the summer of 1872 she appeared like a woman six months pregnant; and was thought by her friends to be so. As her general health at that time was beginning to fail, I advised its removal; but she declined any operation. I did not see her again until April last, when she presented the following appearance: The tumor had largely increased in size, the abdominal walls were thin and tense, through which the outlines of several cysts could not only be felt, but could be seen. She was much amaiciated, her respiration was embarrassed, and her strength was failing her. She then wanted it removed. The dangers she had to face were frankly stated to her, when she remarked that “she could die but once.”

May 29th. With the assistance of Dr. John Shradv I proceeded to remove the tumor. Anæsthetic, sulphuric ethér. The usual incision was made through the abdominal walls below the umbilicus, and about four inches in length. Upon division of the peritoneum a large quantity of reddish-coloured serum gushed out. The largest of the cysts which presented at the opening was tapped with a large-sized trocar, and about a quart of clear amber-coloured fluid drawn off. This enabled me to introduce my hand into the abdomen, when I found the tumour largely adherent posteriorly and in the region of the pelvis. The peritoneum and the peritoneal surface of the intestines were stained a reddish-brown colour, and studded with numerous flocculi of lymph, evidence of a past peritonitis of mild character. Seven cysts were tapped successively, and their contents, a clear amber-coloured fluid, drawn off. They

varied in size from an egg to a cocoon. This reduced the size of the tumour about two-thirds. The abdominal incision was now extended upwards to two inches above the umbilicus. As an attempt to elevate the tumour from the abdominal cavity proved fruitless, I proceeded to detach it, with my fingers and the handle of a scalpel, from its adhesions and *vascular investment*. This was done without serious difficulty, and the tumour removed. *No hemorrhage occurred, and no ligatures were required*. Apprehensive lest fluid should accumulate in the abdominal cavity, after the closure of the incision, I deemed it expedient to make an opening for free drainage through the vagina. I therefore punctured the Douglas cul de sac with a large trocar, and passed one end of several strands of stout ligature silk out through the vagina, the other end out at the lower end of the abdominal incision. The two ends were knotted together externally, thus establishing a regular *seton* for drainage purposes. The abdomen was now carefully cleansed, and the incision closed with six silver sutures passed through the peritoneum, and over which was laid a cloth wet with warm water, and a binder was applied. The patient was now placed in bed; bottles of hot water were applied to her feet, and a third of a grain of morphia was given by subcutaneous injection.

The tumour, upon further examination, proved to be not only multilocular, but proliferous—that is to say, it was made up of nine primary cysts, from the interior walls of three of which numerous smaller cysts had developed, which by proliferation had nearly filled up the parent cyst, giving it the external appearance of a cystic sarcoma. The sacs and their contents weighed about thirty pounds.

29th, 10 P. M. Pulse 120; respirations 18; skin moist; mind confused from the effects of the ether; has some spasmodic twitchings of the lower extremities. Ordered \mathcal{R} . Tr. opii gtt. xx; spts. trumenti \mathcal{I} ij, every three hours.

30th, 7 A. M. Pulse 104; skin moist; temperature normal. Drew off six ounces of urine with catheter. Says she has occasional cramps in her legs. Ordered \mathcal{R} . quiniæ sulph. gr. ij; morph. sulph. gr. $\frac{1}{2}$, in solution, every three hours; also a tablespoonful of milk-punch every two hours—with cracked ice *pro re nata*. 8 P. M. Pulse 110; some fever and gastric irritability; vomited the last dose of quinia, but retained the milk-punch; has urinated twice during the day; moved the seton drainage threads backward and forwards, to keep the opening free.

31st, 7 A. M. Pulse 110 and intermittent; and complains of excessive thirst; the gastric irritability has increased; some tympanites; expression anxious; skin sallow, in fact she presents the general appearance of the initial stage of septic poisoning. Ordered \mathcal{R} . Quiniæ sulph. gr. x; morphiæ sulph. gr. $\frac{1}{4}$ at once; milk-punch and ice to be continued. 12 A. M. She vomited the quinia powder, tympanites increased; complains of pain in the abdomen,

and and is very restless; *slight discharge from the vagina*. Introduced a No. 1's double uterine catheter through the lower end of the abdominal incision, and washed out the abdomen with the following solution: \mathcal{R} . Sodæ chlorid. gr. xx; acid. carbol. gr. v; aquæ bul. Oj. The return discharge was of a dirty red colour. 7 P. M. Pulse 110, and feeble; the stomach has rejected everything swallowed, and she is much prostrated. the tongue is becoming red and dry. Ordered \mathcal{R} . Quiniæ sulph. gr. iv; morphiæ sulph. gr. $\frac{1}{2}$, by subcutaneous injection; and sodæ hyposulphit. gr. xx, every three hours in water; also an enema of beef-tea, containing spirits. frumenti \mathcal{Z} j.

June 1, 7 A. M. Pulse 110, and of good volume; expression less anxious. The gastric irritability is lessened; but she vomits the soda hyposulphite; there is a very free discharge of red serum per vaginam. Syringed out the abdomen as before; also the vagina with a weak and warm solution of acid. carbol. Ordered \mathcal{R} . Quiniæ sulph. gr. iv; morphiæ sulph. gr. $\frac{1}{2}$, every six hours, by subcutaneous injection; also an enema of beef-tea, containing spirits. vini. gal. \mathcal{Z} ss, three times daily, and as much cracked ice, per orem, as she chooses to take. 7 P. M. Fever less; some retching, and she spits up a great deal of viscid mucus; tympanites increased. Syringed out the abdomen and vagina as before, and continued the hypodermic injection of quinia and morphia.

2d, 3d, and 4th. The gastric irritability has been excessive, and the constant retching and ejection of viscid mucus tinged with bile have induced great prostration; otherwise she has remained pretty much in the same condition, and the same treatment has been continued. The discharge per vaginam has been quite free, and the seton threads have been drawn backwards and forwards twice daily to keep the opening free.

5th. 8 A. M. Her general condition has much improved; pulse 98; no fever; tongue red, but more moist; the gastric irritability has nearly ceased, and she expresses a desire for food; the discharge per vaginam is much less, and the tympanites is slight; syringed out the vagina, etc., \mathcal{R} . Tinct. ferri chlor. gtt. xx.; potass. chlorat. gr. x, every six hours. To have chicken-broth and milk-punch. The abdominal incision has entirely healed except at its lower end; removed all the sutures. 7 P. M. Some fever; pulse 104; discharge per vaginam free; there is a small bed-sore forming over the sacrum.

6th. 8 A. M. Pulse 86; she is steadily improving and is able to take a moderate quantity of fluid food and milk-punch, which the stomach retains together with the medicine. \mathcal{R} Quiniæ sulph. gr. v, in one dose daily in addition to the iron, etc. 7 P. M. The discharge from the vagina is slight, and the abdomen is quite flaccid; is doing well.

7th. 8 A. M. Pulse 94; complains of a great deal of flatus; her bowels have not been moved since the operation; removed the seton threads. \mathcal{R} . Ol. ricini \mathcal{Z} j; other treatment continued.

7 P. M. Bowels have moved three times; pulse 90; is sweating profusely.

8th. Pulse 86; is doing well, but is excessively weak; the discharge per vaginam is very slight. *R.* Acid. phosphoric. dilut. gtt. xx; strychniæ gr. $\frac{1}{20}$, every six hours, and brandy four ounces daily made into milk-punch, and as much beef-tea as she will take.

11th. She has steadily continued to improve, though her bowels have been rather free for the past twenty-four hours; the stools are black and tarry; the acid. phosphor. and strychnia were suspended, and ferri et potass. tart. gr. v, and quiniæ sulph. gr. ij, three times daily, substituted; the diarrhœa is controlled by tinct. opii deodorat. gtt. xx pro re nata.

28th. She continues to improve, but regains her strength and appetite slowly; some slight discharges have occurred per vaginam, but they have now ceased; she sits up part of the time, and occasionally walks across the room. *R.* Quiniæ sulph. gr. ij; strychniæ gr. $\frac{1}{20}$; three times daily in solution.

July 14th. Has continued to do well, and is now up and about the house attending to her household duties; her general health is steadily improving, and she states that she feels much better than she has done for the past three years.

Aug. 1st. Health perfect; is growing quite fleshy; menstruates regularly, and has hopes of future offspring.

I have reported this case in detail because of its points of practical interest, viz:—

1. The removal of the tumor by enucleation.
2. The establishment of free drainage per vagina by the seton.
3. The administration of Medicine by subcutaneous injection, in consequence of the excessive gastric irritability.
4. The support of the patient by nutritive enemata.
5. The value of quinia in the prevention and cure of septicæmia.

Since Dr. Miner reported his case a number of ovarian tumours have been removed by enucleation, and I have no doubt but that further experience will prove this method of procedure to be one of great value, especially in cases where the peduncle is short, or, as in the above case, where there was practically no peduncle. It dispenses with the use of clamps, ligatures, *et id omne genus*. The ruptured vessels of the investment of the tumour bleed but little, if any, and a slight oozing of blood is of much less consequence, where free drainage is established, than the application of ligatures of any kind, which *are not always* sacculated, and which often induce the formation of abscesses and other obnoxious sequelæ.

Dr. Sims has recently called attention to the value of free drainage per vaginam as a preventive of septicæmia after ovarian operations, and with his usual ingenuity has devised several instruments to facilitate it, as he was not satisfied with Chassaignac's drainage tubes. The procedure adopted by myself was a very simple one, and in this case proved effective, not only in affording free drain-

age per vaginam, but in keeping open the lower end of the abdominal incision, and thus avoiding the use of tents, which are occasionally required for that purpose. By the aid of Nott's double uterine catheter introduced through the opening, the abdomen can at any time be thoroughly syringed out with an antiseptic or other wash, as has been often done by Dr. Peaslee, to whom we are indebted for this procedure.

The value of quinia as a preventive and in the treatment of septicemia has been fully established, and I need not dwell upon that point, but I would especially call attention to its administration by subcutaneous injection, in cases accompanied by excessive gastric irritability. For several days my patient's life "hung by a thread," the stomach rejecting everything; but by this method it was administered with facility and its action was prompt. To it and the administration of sufficient nutriment by the rectum during the days of gastric irritability, I believe my patient owes her life more than to anything else.

I have given quinia by the rectum both in septicemia and in pyemia during my military service, but its absorption into the system was so slow that but little if any good was accomplished by it. Had I given it at those times by subcutaneous injection, I have no doubt that my success would have been greater."—*American Journal Med. Sciences.*

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Immediate Compression of the Common Iliac Artery for the Prevention of Hemorrhage during Operations upon the Lower Extremity, particularly in Reference to its Usefulness in Hip-joint Amputations.

By FRANK WOODBURY, M.D., Resident Physician at the Pennsylvania Hospital.

In the performance of an operation involving section of the femoral artery in its upper portion, the absolute control of the circulation through the vessel, for a few moments, is of inexpressible importance, and may decide the success or failure of the operation, the life or death of the patient. The difficulty of doing this effectually constitutes the great immediate danger in the operation of amputation at the hip-joint. To meet this requirement surgeons have adopted aortic compression by Dupuytren's or Pancoast's abdominal tourniquet. That these have proved valuable adjuncts, and that their use has been attended by success, cannot be denied; nor can the fact that they fail to accomplish the result as effectually and with the degree of certainty that are so eminently desirable in such cases; nor are they entirely free from the suspicion that the amount of pressure required may be prejudicial to some

of the viscera. When the abdominal tourniquet is applied so as to stop the circulation in the inferior extremities, everything between the pad of the tourniquet and the vertebral bodies must sustain an undeniably abnormal if not pathogenetic degree of pressure. What influence this may exert in the production of the shock after the operation by compression of the solar plexus, or what may be its secondary effects upon the mesentery, intestine, or great vessels themselves (including the vena cava), has not been, until now, taken into consideration as weighed against the great emergency which called the abdominal tourniquet into being; but where the object can be more quickly, certainly, and effectively attained by a simple manual procedure, these accidents command respect, and, where it is possible, should certainly be avoided.

In the examination of a case of nephritic colic, in which a stone was supposed to exist in the renal pelvis, or in the ureter, the writer found that while exploring the abdominal cavity, with the right hand and part of forearm in the rectum, he was able to observe that no stone of size existed in the parts indicated, and was struck by the novel sensation produced by the pulsation of the common iliac arteries and abdominal aorta immediately under the fingers. The idea occurred that the abdominal aorta and iliac vessels might be compressed and controlled with as much certainty and almost as readily as the radial artery. The value of this where the circulation is required to be checked for a brief period, in either or both lower extremities, is sufficiently evident, but is enhanced by the fact that the compression is made by a sensitive fleshy pad directly upon the vessel, and the venous trunk is avoided. As the patient is always anæsthetized in large operations, compression need not be instituted until the surgeon is ready to commence the external incision; it can be cautiously removed and instantly reapplied if necessary, and is immediately removed when the vessel is secured, thus maintaining the pressure during the *minimum* of time. The bowel should be evacuated by a large warm-water injection previous to the operation. In controlling the right common iliac artery the right hand of the assistant will be the most convenient, and the left vessel will be most easily controlled by the left hand. In either case, the hand being anointed (with lard in preference to oil), and the fingers folded into a cone, it is gradually introduced into the rectum with its dorsum to the sacrum until reaching the sigmoid flexure, when the hand may be pronated, and, as the vessels are right under the fingers, the main supply of blood to the limb may thus, in a few moments, be completely controlled; if, in conjunction with this, the plan recommended by Esmarch, of Heidelberg, be practised, the operation of amputation at the hip-joint may be rendered almost as bloodless as some of the operations of minor surgery. Other applications will suggest themselves as the exigency occurs requiring the checking of the circulation in the limb, such as in the operation for femoral aneurism high up, or

in operations lower down, where the size of the thigh makes the application of a tourniquet on the femoral difficult if not impossible.

The value of recto-abdominal exploration has been generally acknowledged, and, if in the *eclat* of its first appearance, or the excitement of its reintroduction with new and valuable applications, the operation has been misapplied and even abused by surgeons in their haste to accept such a welcome aid to diagnosis, there also exist cases, as in the diagnosis of the supposed tubal calculus before mentioned, and in the application herein suggested, where it is of undeniable importance. The sphincter muscle of the anus, as in most of the reported cases, regains its tone in a few days, and in tardy cases may be hastened to that result by the daily Faradaic current. Superficial lacerations, fissures of the anus, or hemorrhoids need not occur if a little time be taken in introducing the hand, so that the internal sphincter may have time to yield; when they do occur they rapidly heal under simple treatment."—*American Jour. Med. Sciences.*

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Ovariectomy by Enucleation.

Dr. LUDLAM thus describes a successful operation by the above method in *U. S. Medical and Surgical Journal* :

"I made the incision, as usual, along the linea alba. At first it was only four inches, but it was afterwards enlarged to five inches. There was but little Hemorrhage. Anteriorly the adhesions were so intimate and firm that it was only by the escape or the abdominal fluid that the lower end of the incision, and the application of Atlee's test that we were certain that the peritoneal cavity had been opened. The sound was passed beneath the umbilicus, but would not glide over the anterior surface of the tumor at all. A slight separation of the adhesions was attempted on each side of the incision, sufficient to prove that they were very compact and very vascular. This fact was so obvious that all the physicians present expressed themselves as satisfied that the operation must have been abandoned, or that the patient's life would have been put in great peril by completing it after the old method. And this state of things caused me to renew my resolution to test the expedient of enucleation.

At a glance it was evident, however, that the mode of performing this operation as first recommended and practiced by Prof. J. F. Miner, of Buffalo,* was impracticable. The tumor could not be turned out upon the abdomen, and the adhesions were in the way of getting at the pedicle. Therefore, in order to separate the cyst, we could not begin "under the central portion of the pedicle," † but had to content ourselves with first detaching it at a point opposite the abdominal incision.

Now this, as you may suppose, was a very delicate matter. The peritoneal layer being very thin, and the cyst-wall likewise, the greatest care had to be exercised in beginning and in completing their dissection and detachment. A very slight incision was first made, and then the handle of the scalpel was

*The American Journal of the Medical Sciences for October, 1872, p. 391.

† This is not always practicable or necessary, adhesions should be separated as they present themselves. The attachments of the pedicle are to be treated in the same way as those of adjacent parts. It is better however, when possible, to commence at the base, avoiding the vascular portion, and to follow out the strands of the pedicle to their termination. ED.]

used to carry on the separation until it was sufficiently extended to allow of the fingers being employed in the same way. It was only with extreme care and patience that this part of the operation was performed, for the cyst required to be separated in this manner throughout the whole circumference. Indeed it took Dr. Dorion and myself nearly three-fourths of an hour to accomplish this object. And during all this time we exercised the precaution not to lift or disturb the matrix of the tumor lest we might rupture some delicate adhesions on its posterior surface, and thereby cause a concealed internal hæmorrhage.

He says, in review of this case: I am satisfied that Dr. Miner's operation is an invaluable one. Especially is this true where the nature and the extent of the parietal and visceral adhesions render it unsafe and impracticable to remove an ovarian cyst by the more ordinary method. I do not suppose that this operation is suited to all cases indiscriminately; but, in this particular instance, it is evident that my patient owes her life to it and to the careful after-treatment and nursing which she received."

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Editorial.

Another Death from Anæsthesia.

Just as our last JOURNAL, in which we made some remarks concerning Ether and Chloroform, was going to press, we received copies of the *Boston Evening Journal* for Dec., 10th, 11th, 12th and 16th, 1873, containing an account of the Coroners inquest in a case of death from ETHER, occurring during an operation for Pelvic abscess, in Lynn; Mass. From all that we can learn on reading the testimony the ether was properly and carefully administered, although it leaves us to conjecture regarding the amount taken. A pound was sent for and after the death of the patient 1.728 fluid ounces were handed to Prof. E. S. Wood for analysis; that this was all that remained, the testimony does not state.

Our Boston friends have been too sanguine regarding the safety of ether and the danger which *always* accompanied the administration of chloroform.

It is far from our intention to advocate the other extreme and declare chloroform safe and ether unsafe. On the contrary we heartily agree with the Boston physicians regarding the greater safety of ether, but must qualify this opinion by saying that we regard neither as entirely free from danger,—both as highly dangerous unless administered *with care by experienced hands*. Boston medical authorities have been in the habit of decrying the use of chloroform, and looking upon physicians who were in the daily habit of using it as being entirely inexcusable, and should death occur, accountable for the accident. We have regarded their opinion as biased by custom and partially, perhaps by the fact that Ether was claimed as a Boston invention. We hope that the time will come when they will look upon this matter in its true light

and not as one physician did in this examination, declare that "any amount of ether could be administered to a patient." As a sample of what prejudice will cause a man to say, we copy the following extract from the testimony of Dr. Francis Minot:

"Francis Minot was then called. My occupation is a physician; am an Assistant Professor at Harvard College; also a physician at the Massachusetts General Hospital; have had great experience in the use of ether; have never known a sudden death while the patient was under ether; think it would be a difficult matter to kill a healthy patient; think a person might be killed by asphyxia, but by no other way; do not think death could be produced by over-anæsthesia; have never heard of a case where ether might cause the death of a debilitated person; have known a person kept under ether for any length of time; I think that chloroform can kill a person; this is done by a sudden paralyzation of the heart, which is unexpected; in most cases the patient is sitting up and the operation is a slight one; think that ether is generally administered in a careful manner; think from what I have heard of the late Mrs. Homan's case that she did not die from ether; think it must have been from chloroform; do not think any death has occurred in the hospital from the administration of ether."

If the newspaper report of the testimony can be depended upon, it is not only highly laughable but absurd.

The testimony of other witnesses showed that the patient had repeatedly been under the influence of chloroform without any unpleasant results.

The following testimony of Dr. L. F. Warner, reads much more as if he had carefully considered the subject:

"L. F. Warner next testified. Live in Boston; am by occupation a physician; have made a specialty of diseases of women; have had experience with the use of ether; think, if administered in a proper manner, it can produce death; it produces death by over-anæsthesia; think that chloroform has no peculiar properties in itself to cause death; if chloroform in a case produces death, think it is due to the condition of the patient; a person, by an overdose of chloroform, can be killed as well as by an overdose of alcohol; think a person can be killed in the same way with ether; cannot say that ether is administered carelessly by physicians; the signs of asphyxia would be a lack of breathing caused by ether given so rapidly as to exclude all air from the patient; do not believe with Dr. Wheeler that any amount of ether could be administered to a patient; think that ether is safer than chloroform; could not say that ether is administered too carelessly in Boston or New England; think that the doctrine that ether cannot kill a dangerous one; have seen many cases of pelvic abscess; in Mrs. Homan's case would not have attempted an operation without the aid of ether; would have greatly urged the operation: was present at the autopsy on Mrs. Homan's body and from that examination could see no cause for her death; as an expert I should say that she died from the ether; do not think the amount given was too much; the operation on Mrs. Homan's was properly performed; that could not have positively conducted to her death; think that there would have not been immediate death from the operation if ether had not been administered; from the evidence I see no evidence of the doctors forcing ether upon the patient; think it very easy for a non-professional person to imagine they felt the beating of a pulse; think the twitching of muscles would deceive a person; do not believe that Mrs. Homan was alive after Drs. Bixby and Graves announced that she was dead."

The latter portion of this testimony refers to the statement of a Dr. (?) Cushing, that he was called about an hour after Drs. Bixby and Graves had left the case, and found the heart still pulsating and slight pulse at the wrist. Al-

together the case is very interesting. We append the verdict of the Coroner's Jury, which reads as if they wished to shield the Ether from as much blame as possible. The Jury found:

"That the said Elizabeth M. Homer, came to her death at her residence, 7 Pleasant St., Lynn, on the fourth day of Dec., 1873 between the hours of four and five o'clock, P. M., from the combined effect of sulphuric Ether and nervous exhaustion, while undergoing a trifling surgical operation; and the jury further find that the etherization and operation were properly done, and that prompt, energetic and all necessary means were employed to resuscitate the patient."

With the verdict in the case of death from Chloroform and Ether in his mind, no Doctor in Boston will dare to administer chloroform to a patient in the future, and should he be unfortunate enough to have a patient die under the influence of Ether, he can lay the death to the influence of nervous exhaustion.

Obituary.

It becomes our painful duty to announce through the columns of this Journal, the death on January 8th, at Riverside, California, of Prof. SANDFORD EASTMAN, M. D., formerly of this city. Dr. EASTMAN was born at Lodi, Seneca County, N. Y., Sept. 29th, 1821. His father was a physician who recognized the value of educational advantages, and gave his son the advantages of a thorough education. At the age of fifteen he entered Amherst College, graduating four years later. After leaving College, he taught school for a few years. Having pursued to some extent the study of medicine under his father's direction, he resolved to adopt it as a profession, and in 1849 he came to Buffalo, where he entered the office of Prof. Jas. P. White, as a student. After attending three courses of lectures he graduated at the Buffalo Medical College in 1851. Commencing without the aid of influential friends, he soon gained a position of honor among his professional brethren, and won the esteem and confidence of the community. In 1859 he was appointed Professor of Anatomy in the Medical Department of the University of Buffalo, which position he held until 1870, when ill health compelled him to resign the position. On the acceptance of his resignation he was made Emeritus Professor of Anatomy and Clinical Surgery. As a teacher, Prof. Eastman was beloved and respected by his pupils, and the news of his death will be received with a feeling of deep sorrow by those who have been privileged to listen to his teachings.

Prof. Eastman undoubtedly adds another to the long list of those whose lives have fallen a sacrifice to the dangers which constantly beset the path of the medical man and more especially those engaged in a Surgical practice. While making an amputation at the Hospital of the Sisters of Charity for

disease of the knee-joint some of the virus was absorbed into his system through an abrasion on his thumb, pyæmia resulted and an abscess formed in one of his lungs already weakened. This condition did not however, deter him from practicing his profession as vigorously as his weakened system would allow, and when remonstrated with for giving so much of his time to patients who could make him no return, when his health scarcely allowed him to attend even to those who could make him some pecuniary return, he replied that he must attend to his poor patients for they depended upon him.

Finding that he could not stand our severe winters he removed to California and for a time seemed to improve. Early in the fall he undertook an excursion to the mountains by which his health, which had declined somewhat, was improved. But here we again see his entire forgetfulness of self when what seemed to him duty's call summoned him elsewhere, while enjoying the change which the mountain air produced he was summoned to attend a friend at Riverside. Although his friends and relatives attempted to dissuade him from returning, he went back and nursed his friend through a long and severe illness, from which he recovered. Almost immediately upon the recovery of his patient Prof. Eastman had an attack of hæmoptysis from which he never recovered.

Prof. Eastman was one of the Surgeons to the Buffalo General Hospital and to the Hospital of the Sisters of Charity. He was an active member of the Buffalo Medical Association and of the Erie County Medical Society, and did much to increase the usefulness of these organizations. He was also a permanent member of the New York State Medical Society. For several years he filled the office of Health physician, giving to its duties all of his accustomed vigor and zeal.

Taken away in the prime of life we shall long mourn his departure. Beloved by all both in professional and social circles, we shall search long before finding one to fill his place. To those who had the pleasure of his friendship and acquaintance his death will cause a loss which can never be replaced. He was a true type of the noble self-sacrificing christian physician.

At a special meeting of the Buffalo Medical Association January 10th, feeling tributes were paid to his memory by Drs. White, Rochester and Miner, and the following resolutions were drawn up by a committee consisting of Drs. White, Rochester, Samo and Miner:

Resolved, That, in the death of Dr. Eastman, the Buffalo Medical Association mourns the loss of one who stood among its most honored members; one who largely contributed to its reputation, both at home and abroad; and who to many of us stood in the endeared relation of instructor in the first principles of our profession; and though years have passed since he met with us, the recollection of his services as a member, of his genial qualities as a companion, and of his character as a gentleman, will long be cherished by this Association.

Resolved, That while the death of such a man makes a gap in the profes-

sional ranks that can not easily be filled, we feel that his influence and example are not lost; we point to him with pride and are thankful that he lived.

Resolved, That to those more intimately related to him, upon whom his loss must fall most crushingly, to his bereaved family, we tender our deepest sympathies.

Resolved, That a copy of the foregoing be sent to the family; a copy also furnished the Buffalo Medical Journal and the daily papers for publication, and a copy preserved in the records of this Association.

At the regular meeting of the Erie County Medical Society held January 13th, the following Resolutions were adopted:

Your Committee, to whom was given the painful task of putting into form the expression of this Society with reference to the death of Prof. Sandford Eastman, beg to say that,

Whereas, It is but too common to find the great and the good everywhere removed from that sphere of usefulness for which Providence and natural capacity has wonderfully fitted them; and

Whereas, It has pleased God to remove from among us, in the person of Sandford Eastman, late Professor of Anatomy in the University of Buffalo, one who was in an eminent degree possessed of those qualifications that rendered his life so useful, and in consequence, its prolongation so much to be desired; but

Whereas, It has otherwise been ordered by Him who rules all things according to His will; be it therefore

Resolved, That we deeply sympathize with his bereaved family in their irreparable loss, and offer them our heartfelt condolence.

Resolved, That this expression of our feeling be published in the papers, and a copy sent to his family.

JOHN CRONYN, }
T. M. JOHNSON, } COMMITTEE.
WM. RING, }

At a Special Meeting of the Faculty of the Buffalo Medical College, upon the announcement of the death of Prof. Sandford Eastman, a committee was appointed, consisting of Profs. James P. White, T. F. Rochester and M. G. Potter, to present resolutions expressive of the loss sustained in his death.

The following was unanimously adopted:

Whereas, It has pleased an All-wise Providence to remove from earth our friend and former colleague, Prof. Sandford Eastman. Therefore,

Resolved, That while we bow submissively to the will of God, we sadly deplore the loss of one whose unflinching energy and enthusiastic zeal won our highest admiration, making him at once a wise co-operator in medical teaching and emphatically the students' friend.

Resolved, That while we mourn the circumstance of failing health which compelled the "Lamp of Life" to fade in a distant state, and deprived us of the sad privilege of ministering to our brother in his last days of earth, we will emulate his pure example and all the virtues which cluster so tenderly about the christian teacher, physician and friend.

Resolved, That we tender to the mourning family our heartfelt sympathy in their bereavement, and commend them to the loving kindness and tender mercy of the widow's and the orphan's God.

It is with painful surprise that we learn just as we are going to press, of the death of Dr. S. W. BUTLER, editor of *The Philadelphia Medical and Surgical Reporter*. Dr. BUTLER has been the editor of this Journal ever since its first publication in 1858, and was previously connected as Assistant Editor and Editor with the *New Jersey Medical Reporter*.

His long Editorial life has made him generally known to the profession of the United States, and his death will be mourned by many friends. Dr. Butler at the time of his death was over fifty years of age. The disease of which he died was Phthisis Pulmonalis.

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Appropriations for the U. S. Army Medical Museum and Library.

The appropriation committee in Congress have very unwisely, we think, reported in favor of cutting down the appropriation for the Army Medical Museum and Library from Ten Thousand dollars, the usual amount, to Three Thousand—a sum wholly inadequate to insure the progress of the work already undertaken in those valuable institutions.

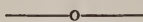
We are pleased to learn that our law makers are disposed to economize, but they are moving in the wrong direction when they withhold the necessary funds from the Army Medical Museum. From a small beginning this museum has now grown to be the pride of the medical profession of the United States and the admiration of medical men all over the world. It is without doubt the best collection of its kind ever brought together. The library has become in the short space of time since its conception a magnificent collection of medical works, and under the care of the Surgeon-General and his faithful co-laborers has grown far beyond the expectations of its most sanguine friends. All this has been accomplished by a most careful and economical use of the funds at the disposal of its founders; and now that they are beginning to see the fruits of their labors, and the profession of the United States and the world are about to be benefited by them, it is a most serious disappointment and disadvantage to have the funds so necessary to the continuance of the work withheld. We most earnestly hope that the Appropriation Committee will reconsider their action in this respect and place the usual amount of funds at the disposal of those in charge of the Medical Museum and Library.

At the annual meeting of the Erie County Medical Society, held January 13, 1874, the following resolutions were unanimously adopted:

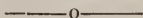
Whereas, We regard the Army Medical Museum and Library of great importance to Medical Science and the Medical profession; therefore,

Resolved, That we would most urgently request that the appropriation for the Army Medical Museum and Library be continued at the usual amount of Ten Thousand dollars.

MEETING OF THE STATE MEDICAL SOCIETY.—The annual meeting of the Medical Society of the State of New York will be held in Albany February 3d, 4th and 5th. Several important questions are to be discussed at this meeting, among which will probably be the publication of the transactions, the propriety of changing the time of meeting, and the proposed change in the appointment of the nominating committee. The meeting will be an interesting one, and it is to be hoped that a large number of members and delegates will be present.



NEW JOURNALS.—Two new journals are shortly to be established. George M. Beard, M. D., of New York, announces that he intends early in the year to issue the first number of a semi-annual journal, *The Archives of Electrology and Neurology*; devoted to Electricity in its relations to Medicine and Diseases of the Nervous System. Drs. S. S. Jewell and Henry Bannister, of Chicago, also announce the proposed publication of a quarterly journal of Nervous and Mental Diseases



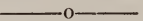
REAPPOINTMENT.—Dr. E. C. W. O'Brien has been reappointed Health Physician by the new Board of Health. The appointment is one which will meet with approval, as the Doctor has shown during his terms of office that he is fully awake to the duties of his position. A better selection could not well be made.



We would call attention to the circular addressed to the Medical Profession at large in our Miscellaneous Department. The object is one in which all will sympathize, and we hope to see a lasting and appropriate monument erected to the memory of those faithful martyrs to the cause of humanity.



DICTIONARIES.—Of the indispensable books to a physician's library a good dictionary takes the lead. We know of none which is so well calculated to meet the wants of a physician as is Webster's Unabridged. The definition of medical terms have been made under the eye of an educated physician, and will be found to be correct, and, in most instances, sufficiently extended to meet all the wants which a dictionary is intended to supply.



HARD ON CORONERS.—In a conversation recently, during which something was remarked concerning the death of the old year, we heard a gentleman express the opinion that probably the Buffalo Coroners had not heard of it yet, or they would have held an inquest before this time. In view of the zeal and promptness with which these gentlemen generally perform their *duty* it seems a little severe that any insinuations should be thrown out against them, if they do now and then neglect to hold an inquest over the remains of the departed.

ALUMNI ASSOCIATION OF ALBANY MEDICAL COLLEGE.—At the commencement exercises of the Albany Medical College, January 20th, an Alumni Association was organized. About eighty names were registered, and the following officers were elected.

President—Dr. H. D. Didama, Syracuse, ('46).

For Vice-President—Dr. T. B. Reynolds, Saratoga Springs, ('42); Dr. J. M. Schemerhorn, Stockport, ('45); Dr. John Swinburne, Albany, ('46); Dr. A. Van Woert, Visscher's Ferry, ('46); Dr. H. Lenardson, Charleston Four Corners, ('47).

For Secretary—Dr. W. G. Tucker, Albany, ('70).

For Treasurer—Dr. James S. Bailey, Albany, ('53).

For Members of Executive Committee—Dr. Levi Moore, Albany ('51); Dr. H. March, Albany, ('53); Dr. H. B. Whiton, Troy, ('54); Dr. R. Loughran, Kingston, ('57); Dr. H. B. Mahen, Ilion, ('57); Dr. C. A. Winship, Eagle Mills, ('58); Dr. N. M. Carter, Poughkeepsie, ('59).

We hope that all graduates of the Albany Medical College will give the Association their hearty support.

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Books Reviewed.

Lectures on Clinical Medicine. By A. Trousseau, Late Professor of Clinical Medicine in the Faculty of Medicine, Paris. Translated from the Third Enlarged and Revised Edition. By Sir John Rose Cormack, M. D., F. R. S. E., and P. Victor Bazire, M. D. Complete in Two Volumes. Philadelphia: Lindsay & Blackiston, 1873. Buffalo: T. Butler & Son.

At this time to attempt to give a Review of Trousseau's Clinical Medicine, would be attempting to inform the profession of the merits of a work with which they are already fully acquainted. The third edition of these lectures have been under the editorial supervision of M. Peter, formerly Trousseau's *chef de clinique*, and it is from this edition that the present translation is made. One of the objections to the former English edition, was the number of volumes which it comprised, but this is overcome by the publishers of the present one who have condensed the five volumes into two. This has been done without any sacrifice of the amount of material which was contained in the five volumes, except the notes of the translators. The lectures are printed in type sufficiently plain to be easily read. The lectures are arranged in the order in which they were delivered by Prof. Trousseau.

Messrs. Lindsay and Blackiston, have certainly placed the profession under obligations for this neat and handy edition of Trousseau's Clinical Lectures.

Treatise on the Diseases and Injuries of the Eye, Including the Anatomy of the Organ. By Dr. Carl Stellwag. Translated from the fourth German Edition. By D. B. St. John Roosa, M. D., Charles S. Bull, M. D., and Charles E. Hackley, M. D., New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

The present edition of the American Translation of Prof. Stellwag's Treatise, is presented in a form thoroughly revised and considerably enlarged. Over one hundred new pages have been added, and the whole work bears evidence of a thorough revision of its contents. Having passed through three previous American Editions, it is so well known to the profession that any thing but a notice of its republication is unnecessary. In the additions which have been made, is a description of two new methods of extracting Cataract. The translators have also included in the form of an appendix the subject of direct examination of the fundus of the eye, in which is included an illustrated description of Dr. Loring's adaptation of the ophthalmoscope to this method.

Replete with all that is desirable in a complete treatise on the subject of Ophthalmology, this fourth Edition of Prof. Stellwag's work is one which may be studied by all with profit. When the student has mastered its contents he may be said to have truly laid the foundation for a knowledge of Ophthalmology, which, if properly built upon will place him in full possession of all that is known upon the subject. While the author expresses his own opinions, founded upon extensive and careful observation, in a forcible manner he has nevertheless a just respect for the views of other laborers in the same field, and gives his readers the full value of their observations. In doing this he does not enter into a long and tiresome debate concerning the merits or demerits of certain views but after expressing plainly his own opinion leaves his reader to decide for himself. By those who have not had the benefit of a German Education, this English Edition of his work will be highly prized.

The Physicians' Visiting List for 1874. Philadelphia: Lindsay & Blakiston.

The Visiting List of Messrs. Lindsay and Blakiston, has been so long known by the profession, that should its publication be discontinued they would feel that they had sustained a severe loss. It makes its appearance this year in its usual form, and requires of us no formal introduction to the Profession. We have long considered it the neatest and most simple visiting list for physicians published.

A Physicians "Hand Book" for 1874. By Drs. Wm. and A. D. Elmer. New York: W. A. Townsend.

The publisher of this Hand Book has been more ambitious than to produce a mere visiting list, but has comprised in his Hand Book a Visiting List, Book

of Reference, Record of Practice and Account Book. In trying to combine so many things in one he has necessarily complicated them somewhat, and we think that beyond an ordinary visiting list it will find but little use.

A System of Midwifery; including the Diseases of Pregnancy and Puerperal State. By William Lieshman, M. D., Regius Professor of Midwifery in the University of Glasgow. Philadelphia: Henry C. Lea, 1873.

A Manual of Midwifery. By Dr. Karl Schröder. Translated from the Third German Edition. By Dr. Charles H. Carter (London). New York: D. Appleton & Co., 1873. Buffalo: Martin Taylor.

Dr. Lieshman's object in preparing this work was, he says "to furnish Student's and Practitioners a Complete System of Midwifery of the present day." That he has done this thoroughly and in a manner which for completeness of style will form a favorable contrast with some of the works which have been placed before the profession; all who have had the pleasure of reading his work will at once admit. To qualify himself for this work our author tells us that he has made himself familiar with most of the modern works upon the subject, both British and foreign. Of this statement his book gives ample testimony in most instances of the truth. We are familiar with no treatise upon Obstetrics, which is so fully in accordance with, and evinces so thorough knowledge of the accepted teaching of the present time.

Although the work is in most respects an admirable one, we can not but regret that this American Edition did not pass through the hands of an American Editor, in order to make it conform with our usages and teachings. We have noticed a few passages which are to be accepted with a degree of allowance, and others which might have been somewhat improved. Our space does not allow us to notice these in detail as we should desire. We can only mention as an Example those passages relating to the forceps and their application which are among the most faulty in the book.

The student of midwifery looks upon the use of the forceps as one of the most formidable operations in obstetric practice and will naturally look to a work of this kind for the latest and most advanced knowledge. In this respect we are sorry to say that he will be disappointed, for Prof. Lieshman treats this important topic in a hesitating and uncertain tone.

The subject of inversion of the uterus and its treatment receives somewhat extended notice at the hands of the author. In cases of chronic inversion he recommends the use of taxis, replacing that part first which came down last, giving to Drs. Montgomery and McClintock the credit of the suggestion. He

speaks of a case of Tyler Smith's in which he reduced an inverted uterus of *ten* years duration, evidently referring to the case reported in the *Medical Times and Gazette* for April 24, 1858, and which had been *twelve* years inverted. In this connection he entirely ignores the labors of Prof. White, whose claims for priority in the employment and scientific description of taxis are well founded, and seems entirely ignorant of his having reduced in the eleven cases which he has successfully treated, two which were of the unprecedented time of *fifteen* and *twenty-two* years duration.

The few passages such as have been mentioned are however more than counterbalanced by the general excellence of the work, and we predict that it will be, as it deserves to, a general favorite with the profession. The typography is excellent and the illustrations well chosen and in many instances entirely new.

To meet a want which the work of Naegele, hitherto the standard German authority, did not supply, Dr. Schræder published in 1870 the first edition of this Manual of Obstetrics. Two succeeding editions were called for and it is the last of these that the English translation is made. The work is intended to be a practical one and hence omits all discussion of points not yet fully established. The condensed style of the author, who takes it for granted that the elementary points are already understood, will render it unfitting as a text-book. As a manual of the subject to be referred to by the advanced practitioner it will be fully appreciated. The anatomy of the pelvis and female organs of generation is omitted, the reader being referred to anatomical works for its study. As an exponent of German teaching it will find a ready reception and is worthy of the careful attention of every medical practitioner.

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Books and Pamphlets Received.

A Dictionary of Medical Science with the Accentuation and Etymology of the terms, and the French and other Synonyms. By Robley Dunglison M. D., LL. D. A New Edition Enlarged and thoroughly Revised. By Richard J. Dunglison, M. D. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

A Universal Formulary: Containing the Methods of Preparing Official and Other Medicines. By R. Eglesfeld Griffith, M. D. Third Edition Revised and Enlarged. By John M. Maisch, Phar. D. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

A Hand-Book of the Theory and Practice of Medicine. By Frederick T. Roberts, M. D., Bc. S., M. R. C. P. Philadelphia: Lindsay & Blakiston, 1874.

Sex in Education or a Fair Chance for the Girls. By Edward H. Clarke, M. D. Boston: James R. Osgood & Co., 1873. Buffalo: Martin Taylor.

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No. 7.

Original Communications.

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ART. I.—*Old Eyes made New.* By CHARLES A. ROBERTSON, M. D.
A paper read before the Albany County Medical Society, January 14th, 1874.

MR. PRESIDENT:—I present to your observation a picture cut from an advertisement, representing a cup about to be applied over the eye of a person by the hand which holds an elastic india-rubber ball. Below you may read the glowing exclamations, printed in capitals with exclamation points to match.

“RESTORE YOUR SIGHT! SPECTACLES AND SURGICAL OPERATIONS RENDERED USELESS! THE INESTIMABLE BLESSING OF SIGHT IS RENDERED PERPETUAL BY THE USE OF THE NEW PATENT IMPROVED EYE-CUP.” ABOVE IN DISPLAYED TYPE, IT IS ANNOUNCED THAT MRS. REV. HENRY WARD BEECHER AFTER USING THE IVORY EYE-CUPS, ORDERS A PAIR FOR THE WIFE OF REV. CHARLES BEECHER, OF GEORGETOWN, MASS.”

I deem it a duty to utter a warning against the employment of this cupping apparatus as not only a sheer imposition, since it is false in principle, but as also exceedingly dangerous to the well-being of the eye.

It is an old contrivance for the purpose of gain, and palmed off regardless of the consequences that dupes may suffer. A few

years ago, an advertisement appeared in the Journals to this effect: "Old eyes made new"—Send for a pamphlet. Price ten cents."

The ten cents would bring back a pamphlet, containing a description of the cups, stating how the eye, flattened by age, could be restored to its pristine state, and giving numerous testimonials of their efficacy. Of course, these were all as false as grave-stones. I was told that these cups were made at a factory, at or near Hudson. The pair which I saw were turned out of wood. Instead of the single cup and clumsy hollow ball to exhaust the air, represented in our picture, which can cup only one eye at a time, there were two little wooden cups, each furnished with a small piece of india-rubber tubing that connected in a Y shape with a larger tube. The rejuvenator of his eyes was required to place the main tube in his mouth, apply the cups over his senile eyes and then suck away. It is hardly necessary in this Society to dwell on the dangerous congestion of the delicate structures of the eye, inevitably incident to this dry-cupping operation, to the liability of rupturing delicate blood vessels within the eye-ball, or to mention that, (all risks being set aside from consideration) the convexity of the cornea, which could be produced, must inevitably be very transient and the reaction to its former shape very rapid. You remember the old Roman proverb—"drive out nature with a fork and she will come running back!"

The idea, that the eye-ball possessed such plasticity that it could be altered in form by external force being applied, was conceived by Benjamin Franklin. He advised pressure with the thumb and fingers around the eye-ball so as to force the flattened front of the eye, or cornea, into a greater degree of convexity and by consequence increase its refractive power and obviate the necessity of spectacles. There were, however, two serious errors in the premises from which Franklin reasoned. One error was the untenable assumption that the cornea can be moulded into convexity, so as to practically compensate presbyopia or old sight. The other was the notion that the sight fails in advancing years from a flattening of the eye.

This latter notion still remains in the popular mind, and it is also generally supposed that near-sightedness is the opposite of

old-sight (some times called far-sight,) and being due to excess of convexity that the defect of near sight will diminish as age advances. Although occupying still a place in text-books of natural philosophy these notions are to-day demonstrably erroneous.

It has been proved by actual measurement that the cause of near-sightedness is the too great length of the eye from front to back, and a consequent formation of the visual image in front of the retina instead of upon it. In order to throw the image further back a concave glass to diverge the rays of light is required. This defect is therefore structural or anatomical.

Not so, however, in presbyopia. The sight of those who require spectacles for reading or sewing, does not fail for perceiving distant objects. It is only in looking at small objects near by that the necessity for glasses is felt. If the small object is near by, the eye refuses to focus or accommodate so as to make an image on the retina, as in youth. If it is removed to a great distance a very small object will not form in the eye a sufficiently large image to excite visual sensibility. The long mooted question as to where the power of focusing or accommodating for different distances was situated, has been incontrovertibly settled, and it has been conclusively shown, that varying degrees of convexity of the crystalline lens and almost entirely of its anterior face, determine the accommodation. Helmholtz, by a delicate instrument measured the image of a candlelight reflected on the front surface of the lens, and found it greater when the eye was regarding distant objects than when regarding near ones; as the size of an image made by a convex mirror is in inverse ratio to the degree of curvature, it follows from the experiment of Helmholtz, that the anterior reflecting surface of the crystalline lens is less convex in regarding distant objects than when accommodated for near objects. Helmholtz also found that no change took place in the size of the corneal image whether reflected from the cornea while vision was accommodated for a near or a distant point. When the lens is wanting, no accommodation exists. It has been determined by careful observation of many thousand cases, that the power of accommodating for a near point sensibly diminishes from the age of ten years, as the lens becomes firmer, until about the age of

forty, it cannot achieve sufficient convexity for accurate definition of fine objects close at hand, and the necessity arises for augmenting the refraction artificially, in other words, for using convex glasses, the ordinary spectacles of elderly persons.

From these considerations it is clear how radically erroneous is the theory that presbyopia may be cured by modifying the convexity of the eye or cornea rather; and it is also clear, that failing sight is owing to a physiological change or hardening of the lens which begins at an early age.

I have said that these eye-cups are dangerous, and that warning should be given against their employment. In proof of this, I will narrate a single case.

Mrs. B. the wife of a wealthy gentleman in a city not very remote, found her sight failing. She did not like to resort to the use of glasses, and having seen the eye-cups advertised as a sure cure she tried them. After a short time the sight of one eye was lost. Thereupon she consulted an oculist of high repute in another city, who examined her eye with lenses and artificial light, and stated to her that she had a cataract. Although she was enjoined to bear her affliction with resignation, she settled down into a state of melancholy on her return home. I chanced to spend a Sunday with friends in the city where she resided, and her husband requested me to ride out to his residence, and if possible cheer her up. Assuming the diagnosis given as a foregone conclusion I was a good deal perplexed as to what I could say to cheer her up; but after having engaged in conversation with her, I requested her to give me the history of her case. She stated that her sight was good until within a few weeks, except that she felt the need of glasses, and she went on to speak of using the eye-cups. One day, she said a black spot appeared before her right eye, and almost immediately it seemed to shoot out processes like a spiders' legs, and her sight was soon gone. This history the gentleman alluded to, had not sought, or I am sure he would have hesitated before committing himself to the diagnosis of cataract.

I was glad to find in her account of the manner of losing her vision some ground for encouraging and cheering her. Without even troubling her to submit to examination of the eye, which she

seemed to dread lest it should only confirm the opinion already received, I assured her that I was confident that my friend had made a mistake, and that she had no cataract, for her history of the case and the manner of invasion of her blindness negatived the probability of it. I gave my opinion that by use of the dangerous eye-cups she had ruptured a small blood vessel and that the appearance of the spider-like spot was due to intraocular hemorrhage, which I believed would be absorbed and her sight return. I advised her to keep quiet in a shaded apartment, give her eyes absolute functional rest, and to throw her eye-cups into the fire. I had the gratification to learn by letter from her husband within three or four weeks after that her sight had completely returned.

I regarded this as a fortunate escape for her, for it is not always that the effects of intraocular hemorrhages disappear so completely.

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ART. II.—*Medical Society of the County of Albany. Semi-Monthly Meeting, January 14th, 1874.*

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Reported by F. C. CURTIS, M. D., Secretary.
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The first Semi-Monthly Meeting of this Society for the winter was held as usual at the City Building, Dr. JOHN SWINBURNE, President, in the chair. Thirty-two members were present. After the minutes of the last semi-monthly meeting had been read and approved, the attention of the Society was called to the death of Drs. J. F. TOWNSEND, PETER VAN BUREN, and J. H. LASHER, former members, and committees were appointed to prepare suitable resolutions in regard to them.

Dr. E. R. HUN then reported a case of *Calculus in the Urethra*, as follows:

W. J., aged 53 year, came to me January 26th, 1873, complaining of a difficulty and pain in passing water. He told me that while in the British army twenty-four years ago, he contracted gonorrhœa for which he was treated by strong injections, which put an end to the discharge in a few days. He had no further trouble for

the next ten years, when he suddenly found himself unable to pass water. He was relieved by catheterism, and for some time after had no further symptoms. About six years ago he observed that the stream of urine was becoming smaller, and that it took him a long time to empty the bladder, and some three or four years ago, after retaining his urine for some time and making forcible efforts to expel it he passed two or three small gritty particles which occasioned very considerable pain. During the past three years he has never been able to pass water freely, and has several times suffered from retention, which has been relieved by warm baths and various internal remedies, advised by his friends. His urine now is expelled drop by drop, and his underclothing is constantly wet with that which passes involuntarily. He is considerably emaciated and so feeble as to be unable to do ordinary work; does not rest well at night, and has but little appetite. Upon attempting to introduce a silver catheter, I find it arrested about an inch from the meatus by a firm unyielding stricture. A No. 2 olive pointed bougie could be passed through this stricture, but encountered another about two inches farther back, through which it was passed with difficulty, although stiffened by the introduction of a wire stilet, a third stricture was met with in the membranous portion of the urethra after passing which the instrument entered the bladder. Upon removing the bougie and examining it, I was surprised to find it cut and scratch on its exterior, as if it had been drawn on some hard jagged body. I then felt along the urethra and found a calculus mass lying between the second and third strictures, which could be pushed up and down the urethra but was too bulky to pass the strictures. I endeavored to dilate the anterior strictures by graduated bougies, but it was so firm and unyielding that I made no headway.

A short time after I first saw the patient, the State Society met in Albany, and Dr. Otis of New York, exhibited his new urethrotome to me, which I thought would be just the instrument for such a case as the one aboved described.

I therefore asked him to meet the patient at my office, which he kindly consented to do, and we tried to introduced the instrument. The stricture however would not admit it and Dr. Otis then tried

to enlarge the passage with a Maisonneuve's urethrotome. After considerable difficulty he succeeded in passing through the largest size blade of Maisonneuve's, and followed it with his own instrument, but not without using force, so dense and unyielding were the fibrous bands forming the two anterior strictures. The doctor then by means of the screw in the handle, opened the blades of his instrument so as to dilate the strictures preparatory to dividing it, but after a few turns of the screw the blades became clogged with the calculus material contained in the urethra, and he could neither open or shut it. He managed to withdraw it with great difficulty, and the pain occasioned by the process was so great that the patient refused to allow anything more to be done, and insisted upon going home.

I saw him the next morning, and found the penis much inflamed and swollen. He had passed only a few drops of urine, and the bladder was distended. I tried to induce him to let me perform external urethrotomy and remove the calculus and give exit to the urine, but he obstinately refused to permit anything to be done. He persisted in his refusal for the next few days, although in the mean time he suffered great pain, and the urine only dribbled away drop by drop. On the fifth day after Dr. Otis had seen him he consented to go to St. Peters' Hospital, where he was at once etherized, and Dr. Swinburne opened the urethra just in front of the posterior stricture. A calculus was removed measuring one inch in length by three-eighths of an inch in diameter, and with it three or four small angular masses of gravel. The stricture was then divided, and an elastic catheter passed into the bladder through which a large quantity of offensive urine passed off. The whole penis was sloughing from urinary infiltration, and the scrotum and several parts in the groin were incised and gave vent to purulent matter, having a strong urinous odor. The patient gradually sank and died forty-eight hours after the operation. No autopsy could be obtained.

From the size and shape of the calculus it must have been in the urethra for a long time, and it would be an interesting point to determine, whether it originally formed in the dilated portion of the urethra between the two strictures or forced from the blad-

der in the form of a small particle of gravel, and afterwards increased in size by the deposit of phosphatic matter from the urine, which was constantly retained in the pouch in which it was found.

I am inclined to the opinion, that the latter explanation is the true one, from the fact that other particles of gravel were found with it.

The experience of the case would lead me to at once perform external urethrotomy should a similar one present itself to me and not waste valuable time, and run the risk of urinary infiltration by attempting to dilate the strictures.

Dr. SWINBURNE remarked that the case was an unusual one. He had no doubt that it was strictly an urethral calculus, forming in the cul de sac between the strictures. He had never seen one just like it.

Dr. HENRY MARCH, spoke of five cases in which his father had removed calculi from the urethra. In one of these the patient had been troubled with symptoms of gravel for a year, when a small calculus became wedged in the urethra just in front of the scrotum. It was extracted by means of an instrument designed for the removal of a ball—a tripod spring in a canula. In the case of a child, the stone being located in the same situation was removed by external urethrotomy.

Another case occurred in the person of a shoemaker, aged 35. He was troubled for three years with the ordinary symptoms of renal calculus passing down the ureter. He has passed bloody urine, and had other symptoms of cystic irritation, and a calculus was detected in the bladder. He was put upon treatment preparatory to the operation of lithotomy, when the stone, half an inch in length and as large as a pipe stem was found to have passed into the urethra. It was removed by maniputution and the use of a large sound.

In all these cases the calculus originated in the bladder, passing thence into the urethra.

Dr. C. A. ROBERTSON read a paper entitled *Old Eyes made New*,* giving a case in which eye-sight was temporarily destroyed by the use of "eye cups" according to the advertisement of a charlatan.

Dr. Hailes enquired as to the location of the hemorrhage in the

* See Art. I.

case given. It could not be into the anterior chamber, as there it would be very apparent, and there could be no danger of mistaking it for a cataract.

Dr. Robertson said that he had not examined the eyes with the ophthalmoscope. It was probably due to a rupture of one of the small retinal or choroidal vessels.

Dr. J. P. BOYD, Jr., reported a case of Pneumonia as follows:

A few months ago a patient was admitted at St. Peters' Hospital, with the following history. Age 26; born in Ireland; occupation laborer. Stated that a few days before coming to the hospital he had a chill, followed by feverishness, and loss of appetite. Previous health had been good. On the evening of admission the temperature was 102° , pulse accelerated, respiration normal, otherwise nothing of interest. A laxative was prescribed, and the ordinary diaphoretic. The second night after admission he became delirious, and was with difficulty kept in his bed. He told the attendants at this time that "his bladder had burst" and that he could "not pass his water." Previous to this he had passed his water regularly, and without difficulty. A catheter was introduced by the house physician and a moderate quantity of highly colored urine drawn off. Nothing abnormal was discovered in the region of bladder, and urethra. Urine found to contain urates in abundance. Following morning temperature 104° , pulse 90. Face was now somewhat flushed; pupils normal. Continued delirious during the day. The delirium was of a good natured character, and patient's gait on attempting to walk was unsteady.

On the evening of this day temperature, was 105° , pulse over 100; 4th day after admission temperature morning 103° , evening 105° ; 5th day temperature morning, 103° , evening $103^{\circ}.5$; 6th day temperature, morning 103° , evening 105° ; 7th day, morning 103° , evening 104° ; 8th day, morning temperature 104° , evening 105° . Up to this date the urine had been drawn off regularly, the delirium had continued, although not so marked as at first. Respiration had been easy; patient had complained of no pain. On entering the ward at this date, I observed for the first time, that the breathing was hurried and that the lips were slightly cyanotic. He did not cough. On examining the chest, I found slight dull-

ness over lower lobe of right lung, and not very marked dullness over left lung. Crepitant rales were heard on right side of chest. The chlorides were found to be diminished in quantity in the urine; 9th day, temperature morning 104° , evening 105° . Increasing dullness over lower lobes of both lungs; fine crepitant rales over both sides of chest. A herpetic eruption on the lips; increased cyanosis; cough for the first time; 10th day, temperature morning 105° , evening $105^{\circ}.5$; complete dullness over lower two-thirds of both lungs, bronchial breathing; broncophony, increased vocal fremitus; 12th day, temperature morning, 106° , evening 107° , this was the highest point realized in the disease. The characteristic rusty sputa of pneumonia was present. From this date the temperature fell, and slowly returned to the standard of health. The bronchial breathing, and broncophony gave place to the rales redux; the dullness gradually disappeared, and the lungs once more were in sound condition. Patient was in the hospital six weeks; confined to bed four weeks. Discharged cured. The treatment consisted in the use of the oil silk jacket, quinine, carb. of ammonia and nourishing diet. The points of interest in connection with the case are; 1st, the length of time existing between the chill and first symptom of trouble in the respiratory apparatus; 2d, the slowness of the pulse when compared with the high temperature of the disease, and to which the German authors call attention; 3d, absence of all pain, and cough until after disease had been fully established; 4th, the well marked stage of delirium.

Dr. SWINBURNE enquired concerning the experience of members as to means of reducing high temperature. He had himself found good result from filling the air of the room with steam.

Dr. BOYD said that he had seen in Germany, ice applied to the chest in Pneumonia, without unfavorable results.

Dr. BOYD also presented a pathological specimen of Fallopiian Salpingitis. The specimen had been taken from a woman aged 25; married; never had borne children. She died in a fit of intoxication while suffering from Brights' disease. The liver was large and fatty; osseous deposits on the mitral and aortic valves. Membranes of the brain thickened and opaque. Kidneys both

enlarged and fatty. Mucous membrane of the stomach dark red and congested, with evidence of chronic inflammation.

The uterus was of normal size; the mucous membrane of cervix and fundus in a state of chronic inflammation and covered with a thick tenacious substance which is found to be made up of pus corpuscles, fat and debris of epithelium. Very slight and beginning cell proliferation in tissues adjacent to the mucous membrane. The fallopian tubes admit a very fine probe for a distance of about three-fourths of an inch, beyond which point they are impervious. Under the microscope they present nothing special; the arborescent arrangement of folds of mucous membrane remains, but the epithelium is destroyed and pus corpuscles are numerous. About an inch from their uterine mouth both tubes are widely dilated and terminate in blind sacs near the ovaries. The fimbriated extremities cannot be recognized. The abdominal extremities of both tubes are bound by firm adhesions to ovaries. The mucous membrane of the dilated tubes is replaced by a smooth, shining membrane consisting mainly of cellular tissue and covered by some cells of flat form; the remaining coats consist mainly of cellular tissue. The contents of each tube weighs two ounces, and is a greenish, gelatinous substance which on examination is found to contain pus, fat and granular bodies. The ovaries are of normal size, and on section, show numerous small cysts. Both are firmly bound to the tubes.

The subject of providing an entertainment for the State Society, at its next annual meet was brought up by Dr. W. H. BAILY. The question was discussed at some length, and the Society finally adjourned with action being taken upon it.

JANUARY 28th, 1874.

The society met at the usual hour and place. Dr. SWINBURNE, President, in the chair.

About thirty members were present.

The names of the following gentlemen were proposed for membership, and referred to the *comitia minora*; Drs. L. T. Morrill, G. L. Van Allen, W. W. McGregor, H. C. Everts and A. T. Van Vranken.

Dr. L. R. BOYCE presented a specimen of an *anencephalic monster*, with a sketch of the case. He said: In the latter part of November last, I was called to attend in confinement Mrs. R., aged thirty-five. She is the mother of five children, born at full term and well formed, only one of which is now living. Two died at two or three years of age, one nine days after birth, and one was still-born. She also had a miss-carriage at the third month, a year and a half ago. The present confinement came in at the seventh month of pregnancy. She has always enjoyed excellent health until within the past two years, when her strength declined from exposure and hard work, which she was obliged to undergo on account of her husband being thrown out of employment. Having never been accustomed to such outside work, and being, as she thought, very hardy, she exposed herself so much that she caught severe colds, and although never stricken down with any particular disease, she has been, as she expresses it, "delicate" ever since. She is nervous, bowels irregular, appetite capricious, and though looking strong and fleshy she can endure but little work or exercise. Her two miss-carriages have occurred since this breaking down of her health and strength.

On reaching the bedside, I found that she had felt no life for three days; that the membranes had given way some hours before and the pains were light and regular every five minutes. The os was well dilated and the head presenting. You can imagine from the appearance of the head of the fœtus, the difficulty in deciding at that moment as to the presentation. Labor proceeded regularly and ended in about two and a half hours after I first saw her. The placenta passed off readily and she made a good recovery, no sequellæ following.

I have not looked up the subject of monstrosities, but I suppose the condition of this fœtus, due to a lack of development from defective nourishment on account of ill-health of the mother.

The head of the fœtus is set squarely on the shoulders, the neck being almost wanting. It slopes back directly from the eye-brows and the brain is altogether wanting. Spina bifida is also present.

Dr. MOORE remarked that he had a similar case several years ago. The parents were both healthy, and well developed children

had been produced by them both before and since the birth of the monster.

Dr. BECKETT said that he had also met with one of the same nature. He noted the fact that the liquor amnis was excessive in quantity, fully a pailful passing away. The same has been observed by others, and the cause of the undeveloped condition of the fœtus has been looked for in an abnormal condition of the amniotic membrane.

Dr. LEVI MOORE presented the following case of rupture of the heart, with the pathological specimen:

Mr. R., has suffered from a stricture of the urethra for more than thirty years, and his urine had been voided with pain and difficulty. The cause of this stricture could not be ascertained, nor did I learn that any efforts were ever made to effect a cure by the usual methods of dilatation. About seventeen years ago, owing to the presence of a foreign substance or to inflammatory action, sloughing of the penis took place, a false passage was found through which the urine flowed, and considerable destruction of the neighboring tissues by gangrene ensued, placing his life in imminent peril. He made a slow and tedious recovery. The fistulous opening healed slowly without affording relief to the stricture. He also suffered for many years from hemorrhoids. About two weeks before I was called to attend him, he complained of severe pain through the left side and shoulder, which was aggravated by exercise. He also had occasional attacks of dyspnœa.

I was summoned to attend him Nov. 2d, 1873. I found him suffering from great prostration, with a weak irregular pulse, severe cardiac pain extending to the left shoulder, and difficult respiration. I was not able to detect any organic lesion of the heart. By the aid of anodynes, a nutritious diet and absolute rest, the condition of the patient was much improved, and the depression of mind which had marked the case when I was called gave way to a feeling of cheerfulness and hope of an early recovery. The apparent improvement in the condition of the patient continued until Nov. 12th, when after taking a walk of two or three blocks and returning, he complained of great fatigue, a return of pain in the region of the heart, and expressed himself

as feeling very badly. He passed a restless night, and the next morning while seated in a chair suddenly expired.

The autopsy was made by Dr. Van Derveer, in the presence of several of the physicians of the city. The left ventricle of the heart was found ruptured near the base, and the pericardium was distended with a large clot and about six ounces of serum. The heart was enlarged, and its muscular tissue flabby and pale in appearance. There was considerable effusion into the pleural and abdominal cavities.

An examination of some of the facts connected with rupture of the heart may not be without interest. It occurs more frequently in males than females, in the proportion of about five to two. In most of the reported cases it occurred at an advanced age, often between fifty and sixty, more frequently after the sixtieth year.

When this lesion takes place we may expect to find in most cases that some diseased condition of the heart previously existed. Fatty degeneration with softening of the muscular tissues of the organ is perhaps the most frequent condition. Calcification of the ruptured tissues is often found, or, this wanting, we may look for some one of the many changes produced by disease in the structure of this organ.

It has been observed, that in most cases of rupture of the heart, as in the case I have presented, the rupture takes place in the left ventricle. Next in order it has been found that the right ventricle is involved; much less frequently the auricles.

In most cases of rupture of the heart, the lesion occurs suddenly, and is attended with almost instantaneous death; in other cases however, the rupture appears to take place more slowly, the patient has pain in the precordial region extending to the shoulder, dyspnoea, giddiness and faintness with small and perhaps irregular pulse. These symptoms, more or less urgent and always increased by exercise, may continue through several weeks, while the muscular fibres are gradually yielding to the strain to which they are subjected, until the rupture becomes complete, when death at once ensues.

To this latter class I believe, belongs the case I have presented to you this evening. Well marked cardiac symptoms were ob-

served nearly four weeks before death, due no doubt to the rupture of a layer of muscular fibres. The graver symptoms which existed when I was called to see him, resulted I believe from an increase of this lesion, by the rupture of additional fibres, and two weeks later the rupture became complete, when death instantly ensued.

It may be fairly a question if, in the case of Mr. R., the stricture of the urethra, with its attending straining in his efforts to empty the bladder, may not have contributed something towards producing the lesion of the heart which finally took place. Indeed as there was no marked strictural change in the vicus itself, is it not probable that such was the case?

Dr. BECKETT reported having met with a case of rupture of the heart, in which no extraordinary exertion had been made, the patient having died while in bed at night. There had been no immediate symptoms that were at all urgent preceeding it. An opening hardly the size of a quill was found in the right auricle. The valves were very extensively calcified. The subject had always been a healthy man.

Dr. LANSING reported a similar case which had occurred recently. The patient, an elderly gentleman, having been previously in his usual good health, was taken at four o'clock in the morning with precordial pain and dyspnœa. He arose from bed and went to a window for air. The pain ran down both arms to the ends of the fingers. Ether, carbonate of ammonia and hypodermic injections of morphia were administered, with the effect of relieving him in a measure. Next day while sitting at stool he died suddenly.

There was found, *post mortem*, a firm coagulum investing the heart and distending the pericardium. There was no serum. An inch from the apex of the right ventricle there was a large rent. about the point of rupture an apoplectic effusion had taken place. The coronary arteries were atheromatous, and one was opened at the point where it crossed the rent in the heart. The heart was fatty and large, weighing upwards of thirty ounces. A point of interest in the case is when the rupture took place. It would seem that it began when the first symptoms appeared, and was not complete until next day, when the patient died while straining at stool.

Why did rupture take place in this heart? It is usually associated with exertion more or less violent, but there was no such cause here at first. The fatty condition usually existing was present. Is it not probable that it took place from muscular contraction of the heart, which is strongest at the apex.

What is the cause of death in rupture of the heart? Is it pressure on the organ, or shock, or loss of blood from the circulation? The two latter would seem to be the main elements, for the heart is often subjected to great pressure by pericardial effusion without fatal issue. Attention was called to the fact that there was no serum, but simply a firm clot in the pericardium. In all the cases he had seen, the same condition was found.

Dr. MOSHER spoke in regard to the cause of death in rupture of the heart. He mentioned a case of rupture of the aorta within the pericardium, in which the blood was probably escaping into the pericardium for about ten hours. The patient having eaten freely was taken with unpleasant feelings and pain, which were ascribed to indigestion. A cathartic was taken without producing relief. When seen a few hours before death, he was laboring under extreme dyspnoea, nervous excitement, exhaustion and syncope. No distinct action of the heart could be made out. There was found, after death, a quart of solid and fluid blood in the pericardium, completely distending it, and practically obliterating all the cavities of the heart. Doubtless all the symptoms were produced by the occurrence of the rupture, and the consequent escape of blood. The crippling of the heart, and the loss of so large a quantity of blood from the circulation, were, either of them, sufficient causes of death, but probably the former was the main element.

Dr. J. S. BAILEY reported a case of rupture of the heart, occurring in the person of an elderly female. She had been affected for years with dyspnoea on exertion. Twenty-eight hours before death, she was taken suddenly with syncope, and complained of a tearing sensation about the heart. Her countenance was blanched, pupils dilated, skin was cold, pulse scarcely perceptible and no heart sounds distinguishable. There was found a rupture of the ascending aorta half an inch above its origin, the internal coat

being first perforated and dissected up a short distance, before tearing through of the external coats took place. There was about a pint of solid and fluid blood in the pericardium.

Dr. VAN DERVEER reported two cases, presenting the specimens; one of rupture of the aorta, similar, to Dr. Bailey's, and one of rupture of the heart.

RUPTURE OF THE HEART.—J. R., aged 63. Had usually enjoyed good health, with the exception of obstinate constipation, and this was relieved by an injection each morning.

On Dec. 25, 1871, having passed a comfortable night, he got up at his usual hour; made no complaint of feeling ill until after he had taken an enema at a little past 7 A. M. At this time he experienced great pain in the abdomen, more especially in the umbilical region, and becoming more and more severe, though under medical treatment, yet little relief was afforded. At 9:15 A. M. he suddenly referred his pain to the region of the heart, and in a severe paroxysm died.

Post-mortem was held at 3 P. M. All the organs of the abdomen presented a healthy appearance. The ascending transverse and a portion of the descending column was very much contracted. On laying open the intestine it did not appear that the calibre or cavity was larger than a pipe stem. On opening the thorax the lungs presented a healthy appearance. The pericardium was observed to be greatly distended. On opening, it was found filled with partly coagulated blood; in all, estimated to be eight ounces. There was a rupture of the anterior walls of the left ventricle near its base, about half an inch in length. The heart appeared pale, yet firm in texture; was of normal size, and presented no disease of its valves.

RUPTURE OF THE AORTA.—L. U., aged 49, a musician, had for a long time complained of feeling badly in the region of the heart. On the evening of March 1st, 1870, having passed an unusually restless day, he visited the Opera House, where he was engaged to play; but soon after commencing, was observed to turn suddenly pale, to cease playing, and in a moment to fall forward upon the floor. He expired immediately, before any medical assistance was rendered.

At the the time no *post-mortem* was allowed by the family; but three weeks later, the body having been well frozen and placed in the vault, they consented.

On opening the thorax and pericardium, the latter was found distended with blood. On examination, the inner coat of the arch and descending portion of the aorta was found studded with atheromatous deposits. About three inches from the heart the inner coat of the aorta had given away. The blood had dissected its way down for half an inch, and then had burst through the middle coat, and having worked its way down between the middle and external coat had ruptured through the latter just within the pericardium. The aorta appeared large, but there was no distinct aneurismal sac. The heart was hypertrophied, and the semilunar valves of the aorta were approaching ossification. There was no other disease of the remaining valves. No other organs were examined.

The President enquired if death had occurred, in the experience of any of the members, except at an advanced age, or upwards of fifty. He had not seen it. This would be an important consideration in forming an opinion in certain cases.

Several gentlemen expressed opinion coinciding with this.

Dr. CRAIG thought it evident that rupture of the heart is more common than formerly. A number of specimens were presented at this meeting, most of them having occurred recently. He raised the question as to the cause for this.

Dr. VAN DERVEER thought that this was more apparent than real, due probably to more post mortem examinations being made now than formerly.

Dr. J. H. BLATNER read a paper entitled "Cases in Obstetric practice."

He first presented an analysis of one hundred cases as follows:

| | |
|---|----|
| Left occipito—anterior,..... | 49 |
| Right " " | 30 |
| Placenta praevia centralis,..... | 1 |
| Placenta praevia lateralis,complic with shoulder present. | 1 |
| Lateral plane with prolapse of hand and arm,..... | 1 |
| Prolapsed uterus, | 1 |

| | |
|--|---|
| Placenta accerta, | 4 |
| L. O. A. complicated by tumor at junction of coccyx and sacrum, | 1 |
| Twins, complic. with lacerat. of cord, | 1 |
| Cord about neck of child, | 4 |
| Face presentation, | 2 |
| Eclampsia complicating labor, | 1 |
| Constrict. band from sup. to inf. com. complic. labor | 1 |
| Hand and arm prolapsed aside of shoulder, | 2 |
| Abortion in consequence of typhoid fever, | 1 |

The following are a few cases of interest from the number:

CASE I.—*Placenta prævia centralis*. Mrs. P., aged 22, robust constitution, primipara. Had hemorrhages during the 3d, 4th, 5th and 7th months of pregnancy. The hemorrhage being persistent during the latter month the diagnosis of placenta prævia was made. At this time labor pains also set in, and the hemorrhage continued. Making little progress after twelve hours of labor, and having employed the tampon and a rubber bag filled with water to check the hemorrhage, but with little success, we concluded to dilate the os and cervix with Barnes' dilator. The dilators were used during the day, when the os being sufficiently open to admit the passage of two or three fingers, rapid dilatation was effected by means of the fingers and hand. The insertion of the placenta being directly over the os it was almost entirely removed, and podalic version performed. very little hemorrhage following the operation. After the delivery of the fœtus a small portion of placenta was found to be adherent to the inferior margin of the anterior surface of the uterus. The hemorrhage following the operation was not such as we should naturally expect with an adherent placenta. I attributed the recovery of this case to the method of treatment followed, viz: the rapid dilatation of the os and cervix, and the quick termination of labor, the *accouchment force* of the French writers. A few days after confinement parametritis developed itself, followed by pelvic cellulitis and the formation of a pelvic abscess. The abscess finally opened through the posterior wall of the vagina. The remaining history of the case is that of a slow recovery. The patient is now in good health, and

has since mis carried again at the fifth month of pregnancy. The treatment of the complications attending the lying-in state, was by carbolic acid injections, and a general tonic treatment and regimen.*

CASE II.—*Shoulder presentation, complicated with placenta prae-via lateralis.* Mrs. G., aged 35, robust constitution, multipara. Had at her first labor twins, which were still-born, and at her second a macerated foetus. During this, her last confinement, pains came on early and no diagnosis of the presentation could be made during the first twenty-four hours of labor. After a siege of nearly forty-eight hours, the following condition of things was found. The shoulder was presenting at the os, and to one side the margin of the placenta could be easily distinguished. Auscultation was repeatedly employed, but it gave no clue as to whether the child was living or dead. The pelvis being somewhat contracted and the patient fast failing in strength, podalic version was determined upon and performed while the patient was under the influence of chloroform. After considerable trouble in turning, owing to the escape of the amniotic liquor, an asphyxiated child was delivered, which could not, however, be resuscitated. The placenta was found to be attached low down and partially at the inferior margin of the uterus and os internum. Considerable hemorrhage followed the removal of the placenta which was partially adherent, but it was controlled by means of pressure, ergot, cold applications, etc. The patient rallied well while in child bed, and is at present in good health. The only objection to version in this case might have been the possibility of detaching the placenta during the operation, and thus engendering a dangerous hemorrhage; but the position of the child and the late hour at which a diagnosis was made in this case, admitted of no other course of procedure. Should a similar case occur again in my practice, I would, providing I could make a diagnosis sufficiently early, employ rapid dilatation, and effect as speedy a delivery as possible, in order to save the life of the child, the cause of whose death in the case cited, was

* Molesworth's uterine dilator was shown—an instrument for the rapid dilatation of the os and cervix. It consists of a piston syringe to which is attached a glove finger shaped rubber bag, which being injected with water, admits of considerable expansion. It was said to have acted satisfactorily.

undoubtedly owing to the long continued pressure upon the placenta and cord

CASE III.—*Left lateral plane—presentation with prolapse of the arm and hand.* Mrs. D., aged 40, pale and anæmic, multipara; has had six previous confinements most of which were breech presentations. At my first examination which was twelve hours after uterine contractions had begun, and the waters broken, I found a hand and arm filling up the vagina, and upon introducing my finger into the os, plainly felt the thorax of the child. By external manipulation I found the head in the left side of the mother. Examining the position of the hand which lay with its palm toward the anterior surface of the vagina, I diagnosed a lateral plane presentation, with the abdomen of the child toward the anterior surface of the vagina. The pulsation of the foetal heart was heard on the left side below the umbilicus, and at the rate of 132 per minute. Podalic version was the only plan of treatment indicated, and it was accordingly performed with much difficulty and only after repeated attempts. The extremities and thorax were easily brought down as far as the head, which would not yield. Smellie's method of hooking the finger in the mouth of the child was first attempted, but proving unsuccessful I employed the method generally known under the name of the "Prague manipulation." This consists in bringing the body well down, placing the first and third fingers aside of the nape of the neck, bringing the occiput under the symphysis by drawing the body of the child well towards the nates of the mother, then raising the body towards the abdomen of the mother by means of which the forehead and face are carried over the perineum. The only objection to this treatment is the impossibility of supporting the perineum, as both hands of the operator are in use. The danger of tearing the head from the trunk, as stated by some authors, is hardly I think to be dreaded. In case of a macerated foetus it might possibly occur. By this manipulation I succeeded in delivering the foetus which proved to be, as I had suspected from the foetal pulsation, a male child, with an unusually developed, although not hydrocephalic head. The patient progressed toward convalescence without any interruption. The child which was born in an asphyxiated condition was resusci-

tated by introducing a small catheter into the larynx and thus inducing artificial respiration.

In regard to the diagnosis of sex in utero by means of auscultation of the heart, twenty cases have been tested, and a correct diagnosis made in fourteen. Of five female children, the pulse ranged from 135 to 180; and of nine males from 110 to 130.

CASE IV.—*Labor impeded by a bony tumor at the junction of the sacrum and coccyx.* Mrs. R., aged 40; weak constitution; has had two previous confinements, the first of which was tedious but terminated naturally; at the second she was attended by a homœopathic physician in Brooklyn, who applied the forceps after she had been in labor for over forty-eight hours. Patient states that when the child was delivered with the forceps she felt something snap or break. At her third confinement in which I attended her the pains came on well, and the os dilated rapidly. Everything progressed normally until the head had fairly entered the excavation of the pelvis, when it seemed to be impacted. Upon making a more careful examination of the bony structure of the pelvis, I found a hard resistant body about the size of a walnut, with one end flattened, just at the junction of the sacrum and coccyx, which evidently was the cause of the non-advancement of the head. Upon questioning the patient more closely I discovered that she had sustained a fall upon her back and buttocks when seventeen years of age, and was lame in consequence for some time after. The tumor was apparently caused by the union of a fracture of the lower end of the sacrum with resulting exuberent callus; and causing ankylosis of the sacro-coccygeal joint. After consultation with Dr. Van Derveer, we decided to apply the forceps. The head being small was easily delivered without any unpleasant complication. With the exception of a very lame back the patient convalesced nicely. The head of the child bore no impression whatever, and it is to this day living and in good health.

CASE V.—*Fragile Cord—Ligature applied three times.* Mrs. M., a healthy multipara. The case was a perfectly normal one, and nothing untoward happened until I proceeded to ligate the cord, which as is my custom, was tied about three inches from the navel. The first ligature which was not tightly drawn cut through the

coats of the umbilical vessels, and copious hemorrhage ensued. I immediately applied a second ligature, but with the same result. The ligatures which I had used were composed of five or six strands of cotton threads, and a serviceable one as I have found in most cases. Compressing the bleeding vessels with my fingers, I sent for some broad tape, and finally succeeded in ligating the cord by means of it, there only remaining about one inch of the cord attached to the umbilicus. Was this a case of fatty degeneration of the umbilical arteries and veins? It certainly demonstrates the necessity of not cutting the cord too near the navel.

CASE VI.—*Twins at seven months, complicated with laceration of the Cord.* Mrs. F., aged 28, multipara; called in great haste by the messenger, stating that "the woman was bleeding to death." When I arrived, I found the patient very feeble, and almost as pale as a cadaver. The bed was drenched with blood. Upon inspection I discovered a seven months fœtus already born, and immediately tied the cord. Examining per vaginam, I felt the breech of a second fœtus, which was not advancing, as there was no uterine contractions, and the uterus was in a state of atony. There being no time to lose, I extracted the second fœtus, and in doing so must have lacerated the cord, for there was very profuse hemorrhage, which I afterwards found came from the laceration of the cord. The placenta almost immediately followed. The hemorrhage ceased upon exerting pressure above and below the laceration, until I had an opportunity to apply the ligatures. The placenta was divided in two parts by a membranous bridge. The patient needing all my attention, I could make no attempt to resuscitate the children. She made a very slow recovery, and is yet suffering from all the effects of anæmia.

Dr. MOSHER said that he had been much interested in the paper; such analyses of cases being always of benefit. In regard to placenta prævia, he thought the main thing is to attend to the case without delay; the great danger to both mother and child being from loss of blood. He had found no difficulty when the os was dilated to the size of a silver half dollar in dilating it rapidly with the fingers and hand; when the child should be delivered as soon as possible. This is the only sure way to stop the hemorrhage.

Dr. BABCOCK said that his experience in regard to rapid dilatation coincided with that of Dr. Mosher. As to cutting the cord with the ligature, he had used bobbin and strands of cotton thread, and found that both of them sometimes did this. A substance softer than these should be used.

He also presented a bit of rough bone about two inches long, apparently from beef, which he had removed from the rectum of a patient. The man had presented himself at the alms-house, having been traveling some distance afoot. The foreign substance had set up a great deal of irritation, all the tissues about being swollen and inflamed. No clear history of the case was obtained.

On motion, the Society adjourned.



ART. III.—*Concentrated and Palatable Powders.* A paper read before Toledo Medical Society. By J. W. SOUTHWORTH, M. D.

Mr. President and Gentlemen of the Society: It is with pleasure that I bring to your notice some recently prepared and highly palatable powders of aconite, veratrum, jalap and senna; thus enhancing in some degree the practical utility of our common stock of medicinal agents. These are the only ones yet experimented with, but we are confident that it can be advantageously extended to many others which the wants of the profession may indicate among the arterial or nervous sedatives, narcotics, cathartics, &c.

Our object is to present the virtues of each drug in the form of a powder which shall be the most palatable and compact, as well as stable and soluble condition possible, without materially increasing their cost. By this means the practitioner is enabled to carry an ordinary assortment of drugs in a very small space, and also without the annoyance of breaking vials and the spilling of the liquid contents, nor be troubled to find vials corresponding in size to the broken ones in order to replace them. An ordinary (clasp) cigar case, in which are placed ten small and six large envelopes, (open at the end), made of sheepskin parchment, will afford sufficient space and variety for most physicians who carry much medicine

with them to dispense at the bed side of their patients. While to those who carry only a few drugs, the clasp match safe, (a miniature cigar case), will be a most admirable convenience; using, of course, little parchment envelopes—four or five on each side—filled with whatever the exigences of one's practice would call for.

Several physicians of this city have availed themselves of the above plan, Dr. S. S. Thorn being the "pioneer," I believe, in this most excellent method.

It is a well known and deplorable fact that we have not reached that degree of perfection in the art of rendering medicines palatable so much needed, and which is so naturally, earnestly and properly desired by our patients. So much so, that in many cases they turn to the votaries of charlatanism to get the much coveted articles which shall cure (?) them and yet be so very pleasant to take! However inert such remedies *may be*, they of course are illy fitted to judge; and, if for no stronger reason, we should be negligent of our duty to ourselves and to our fellows men, did we not strive to attain the object sought. This, you are all aware, is no equivocal part of our duty as practitioners for it often happens that we are partially, if not wholly, thwarted in our efforts in the treatment of infants and refractory children, or even among fastidious adults by the impalatableness of our usual remedies. I trust none will regard these remarks in the light of an apology for calling your attention to the preparations presented; such an idea would be an injustice to myself as well as to an appreciative, intelligent, and humane profession.

The method of preparation is as follow:—The active principles of the drugs are obtained by either infusion, maceration or percolation with alcohol and water, after which they are concentrated to a proper degree by evaporation and then mixed in definite proportion with sugar of milk and powdered liquorice root, so as to represent when dried and pulverized the entire virtues in as small a bulk and in as palatable a condition as one could wish or expect.

In the case of concentrated aconite powder, 1 gr. is made to equal two minims of the F. E. of Aconite Root. The concentrated verat. viride powder 1 gr. is also made to equal two minims of the F. E. of that plant. Other vegetable, nervous and arterial seda

tives, such as gelsemium, digitalis, calabar bean, etc., etc., can be easily prepared in the form of a powder of the same strength as the preceding.

The concentrated jalap powder is condensed to nearly the same strength as the powdered extract, and retaining all of its properties *except* that of agglutination. Whilst, if one prefers the jalap resin alone, it can be prepared in a pulverent form, and in as compact a state as could reasonably be desired, the only loss in a therapeutic point of view being the absence of the diuretic action of the drug.

The concentrated powder of senna is prepared by leaving out the liquorice and adding heavy carbonate of magnesia, with or without the same quantity of sugar of milk. My plan is to add the concentrated solution of senna leaves to the sugar of milk until the dried compound was too "gummy" to pulverize properly, when by the addition of the magnesia it could readily be brought to a desirable degree of firmness. The amount of magnesia added was equal in weight to both of the other substances. Lastly, the whole was aromatized with strong tincture of fennel and coriander made from the oils. This makes a most excellent laxative or purgative for children and infants, and is always readily taken in sweetened water. The dose varies from five to ten grains repeated in three or four hours until it operates. By substituting one-half of the magnesia for sulphur we get a much more convenient and compact comp. senna powder than the "Pulvis Glycerrhizæ Comp-situs" of Dr. David Page (*Practitioner*), which is composed as follows:—℞ Senna leaves Pulv. et Glycerrhizæ Rad. Pulv. aa. ℥vi. + Fennel Sem. Pulv. et Sulph. Flor. aa. ℥iii. + Sacch. Alba pulv. ℥xviii. Mx. Ft. A. powder. Dose, a teaspoonful or more at bed time.

If one should wish, the combination of the senna powder with jalap resin would afford a very convenient and reliable laxative or cathartic agent, one that would scarcely be offensive to the taste.

MISCELLANEOUS

DR. JAMES P. WHITE made the following response to a toast to the Buffalo Insane Asylum, at a dinner given to the Common Council and City Officials at the Tift House, recently:

MR. CHAIRMAN AND GENTLEMEN: At this grand re-union of our fellow citizens I am proud to have my name associated with the Buffalo State Asylum for the Insane. You will soon perceive that I cannot make a speech and I need not detain you by saying so. The only merit I will promise in my remarks is brevity. It is peculiarly gratifying to one who has lived in Buffalo for half a century and seen it expanding from a little hamlet of two thousand inhabitants to a great city of nearly two hundred thousand, to be present here this evening and by the eloquence of friends familiar with the subjects to be assured of a corresponding growth in commerce, manufactures and all the industrial pursuits important to the welfare and prosperity of a great community. It is gratifying also to be assured that at the same time the religious and educational interests have received no inconsiderable attention—that the city is also being supplied with civic public buildings suitable to its requirements and adorned with beautiful parks and public grounds, that hospitals properly administered are provided for the homeless sick. In all these respects have the enterprise and benevolence of our citizens kept pace with growth in population and wealth. Finally, my friends, Buffalo is undertaking through state authority and munificence to provide for our insane. There is no subject which marks more distinctively the degree of progress in Christian civilization in any community; nothing, which proclaims “good will to men” more truly, than efforts to care and make safe provision for these bereft of reason and self-control. It is now conceded by most intelligent alienists that the insane can be best treated and cared for when collected in hospitals properly constructed and equipped. The State of New York, fully recognizing the truth enunciated by Horace Man, that “the pauper insane are the wards of the State,” has upon the application of a few of our fellow citizens undertaken the erection of a suitable structure, upon lands generously donated by this city, for the reception of this class of her afflicted and unfortunate children in the Eighth Judicial District. This great work has gone on so quietly as to attract little popular attention. Yet do the Managers of this institution indulge the hope that with a suitable appropriation this winter they will be enabled to complete within the next eighteen months more than five hundred feet of frontage, with suitable kitchen and other rear buildings necessary for the reception and care of more than two hundred patients. But fel-

low-citizens, what it is, we are building? This institution has nothing in it of the heroic or romantic. Its massive walls are to commemorate no victory of war. It is not even designed to minister to the advancement and glory of any sect or party. No my friends it is nothing of the kind. On the contrary, it springs from those common instincts and virtues of our nature, which have received from the civilizing and Christianizing influences of our time a scope and direction unknown to the polished nations of antiquity,—to relieve suffering, both of body and mind; to rescue the helpless men and women from practices discreditable even to a barbarous age, to lead back the wandering mind out of the darkness and mazes of disease into the unclouded light of reason; to remove from many a home some stricken one whom all the arts of affection only serve to embitter rather than to console and heal; to lighten the burthen of those who have exhausted their strength and means in caring for some cherished member of the family circle; to improve this ministry to the disordered mind, by the intelligent application of medical science—such are the aims of this institution. Is it not then worthy our warmest sympathy, our deepest respect, our strongest help? To say that insanity is the loss of reason—the great prerogative of man, conveys to the dullest understanding the fact of a great calamity to the sufferer himself, but no one without a professional acquaintance with the subject can have any idea of the extent and variety of the misery inflicted by this most terrible disease—insanity. It is but a century since Virginia, to its credit, be it said, erected the first building designed exclusively for the insane. Many years elapsed before this worthy example was followed and indeed those which were built were intended as places of confinement and safety, a substitute for the gaols in which they had been previously imprisoned. Now, if the helpless insane are the wards of the State—then each and all of them are equally entitled to its care and protection. To extent them to one, and refuse them to another, to render it almost impossible for the distant counties to avail themselves of the benefits of the hospital, is to act the part of an unnatural guardian. And yet this is precisely what has been done. At this moment there are hundreds in this great state suffering every variety of hardships (in alms-houses and in unsafe homes) who are as clearly entitled to the privileges of a hospital as any of those who have been received within its walls. The State is gradually making more extensive provision for the care of her unfortunate children. But statistics conclusively show, that of the total number of insane in the State, *less than one-half* can at present be provided with suitable hospital accommodation.

No accident of fortune or birth, no measure of strength, no exercise of prudence, may be able to save us from the fate of others once as little likely to meet it as ourselves. Sad as it may seem it is nevertheless a well established fact that there is a con-

stant parallelism between the progress of society and the increase of mental disorders; that while in aboriginal races and people insanity is comparatively unknown, it prevails in greatest frequency in nations of the highest culture and refinement. We are all, therefore, interested in urging on this good work to a rapid conclusion.

On behalf of my colleagues and myself, to whom the State has confided the care of this great enterprise, permit me to say it shall not be our fault if it is not prosecuted with zeal and economy. May we not claim for this great humanitarian undertaking your undivided sympathy and co-operation.

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The Nitrite of Amyl in Epilepsy.

Dr. CRICHTON BROWNE has contributed to the last volume of "West Riding Lunatic Asylum Medical Reports" a paper in which he describes his experience in the use of nitrite of amyl in epilepsy. The results at which he has arrived are mentioned in the *Medical Press and Circular*.—

Being engaged in tracing out the areas of blushing as induced by nitrite of amyl in different individuals and under different circumstances, with a view to elucidate the laws regulating the diffusion of that form of emotional expression; Dr. Crichton Browne was struck by the fact that the degree and extent to which the blushing caused by nitrite of amyl is manifested are influenced by certain pathological states. He found that general paralytic patients may inhale a considerable amount without displaying any marked flushing, even of the face, and that epileptics cannot breathe the smallest quantity without exhibiting extreme cutaneous hyperæmia over the face, neck, and chest. Guided by these observations and by an ingenious argument founded upon them, he was led to conclude that if the nitrite of amyl could be given immediately before an epileptic fit, the spasm of vessels might be prevented, and so the whole sequence of morbid events averted. "And," as he forcibly remarks, "a fit averted in epilepsy is no slight gain; it is, in fact, a step made towards recovery, and a postponement of those degenerative consequences which are, as a rule, developed in proportion to the frequency and severity of the fits. To interrupt a pathological habit is to give a chance of recovery; to control the fits is to limit the destructiveness of epilepsy." In several cases in which the nitrite of amyl was administered immediately after an aura the usual fit did not supervene, and in one case in which it was administered regularly three times a day, a series of fits from which the patient was suffering was abruptly interrupted. In rabbits, too, rendered artificially epileptic by Professor Ferner, it was noted that the fit which

invariably followed on electrical irritation applied to the exposed brain when no interference took place, was arrested by the inhalation of nitrite of amyl. "The result of all my experiments is to convince me," says Dr. Crichton Browne, "that it will be found invaluable in many cases in not only postponing but in altogether preventing epileptic seizures. The utility of an agent possessing this power can scarcely be exaggerated. It will, I believe, supersede other methods of attempting to avert the fit by acting upon indications afforded by the aura. Pressure upon, or ligature of a limb, section of a nerve trunk, or cauterization of the surface from which an aura originates have done good service in certain cases, in hindering the accession of seizures, but the nitrite of amyl appears to be a more ready and certain means for compassing the same end. A vinaigrette small stoppered bottle containing a sponge soaked in nitrite of amyl and carried in the pocket, so as to be at hand on the occurrence of an aura, will, I think, be found a safeguard to many sufferers from epilepsy. Whenever there is time after the initiation of the aura, and before the development of the proper phenomena of the fit, to breathe the nitrite of amyl freely, the fit, with its terrible accompaniments and disastrous sequela, may, in many instances, be not merely postponed but abolished."

But there is another epoch in epilepsy besides the pause between the aura and the fit, when according to Dr. Crichton Browne's experience, the nitrite of amyl may prove beneficial, that is, at an advanced stage, when the alarming condition, the *status epilepticus*, is developed. In ten cases of the *status epilepticus* the nitrite of amyl has been used, and eight of these have terminated in recovery. Under its influence several patients have rallied from what was apparently a hopeless condition. Whenever it is inhaled the breathing becomes freer, the circulation is relieved, and the seizures are diminished in frequency and severity. It appears to act with a directness and certainty that cannot be ascribed to any other remedy hitherto employed in the *status epilepticus*.—*Medical and Surgical Reporter*.

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On Professor Esmarch's Mode of Performing Bloodless Operations.

By WILLIAM MACCORMAC, Surgeon to St Thomas's Hospital,

The importance of the simple and efficient method briefly described by professor Esmarch at the second Surgical Congress in Berlin, for preventing loss of blood during operations on the limbs, is so great that Mr. MacCormac takes the earliest opportunity of communicating his experience on the subject, brief though it be.

A little girl, five years old, struck the left tibia twelve months ago against a stone; necrosis followed, and when admitted to hospital a year afterwards a sequestrum could be felt in the tibia

inclosed by a considerable thickness of new bone. Whilst the patient was being chloroformed, Mr. McCormac applied pretty tightly an ordinary elastic bandage from the toes to the middle of the thigh. The bandage was two inches wide and five yards in length, and thus applied, the bandage forced all, or nearly all, the blood from the limb into the body. When the patient was fully narcotized, a half-inch India-rubber rope was wound around the thigh immediately at the upper border of the bandage, and sufficiently tight to obstruct all the afferent vessels. Hooks previously attached to the extremities of the rope furnished a ready means of fastening it, as well as of removing it at pleasure. The bandage first applied was now unrolled, when the limb presented a blanched appearance. The operation was then commenced; some new bone removed, so as to get at and take away a considerable-sized sequestrum. During the entire time not a single drop of blood appeared in the wound; a sponge was not once required, and the facility with which the operation was conducted and finished requires to be seen to be realized. The tissues were divided, so far as bleeding was concerned, just as they might have been on the dead body. This operation was performed in St. Thomas's Hospital on August 16th in the present year, Esmarch's method for producing local anæmia being then practiced for the first time in Britain. Since the operation the little patient has progressed very favorably, and although carefully watched, no peculiarity which might be attributed to the use of the apparatus has been observed either in the wound or in the limb.

Since then other operations for necrosis have been performed, and an excision of the knee lasting thirty-five minutes, also an amputation of the thigh, and in no instance has one single drop of blood been lost. The advantages of such a plan Mr. MacCormac writes, are so palpable as not to need much insisting upon. The generality of hospital patients can ill spare a serious loss of blood, and such a loss often proves inevitable during operations for extensive necrosis of bone. In amputations the greater part of the blood of the lost extremity is preserved, to the advantage of the patient. The duration of operations will be much shortened, as there is neither blood nor the constant dabbling of sponges into the wound to remove it to interfere with the surgeon's sight; No accident or ill consequence at all appears to follow the use of the apparatus. In cases where amputation require to be performed for gangrene, or where there is a deposit of septic material in the limb about to be operated upon, there might be a risk of the elastic bandage forcing some portion of the septic material into the circulation. In the further use of the apparatus this possibility must be kept in view. Any one will be surprised, in trying it upon his own arm, to find what a small amount of pressure of the India-rubber rope will stop the pulsation of the radial artery, and the femoral can also be stopped with no great exercise of force. Doubt-

less the history of surgery abounds with many attempts to empty limbs of blood previous to amputation, and to arrest hemorrhage during their performance. Stromeyer, in 1853, as he remarks in his "Maxims," adopted a plan precisely similar in principle in an operation on a brachial aneurism. He bandaged the limb to a point just above the aneurism, and then applied a tourniquet. The loss of blood was very small during the operation. Billroth mentions that when he was assistant to Von Langenbeck, in 1853 and 1854, a somewhat similar plan was tried in the clinique in Berlin. Vanzetti, of Padua, relates in the *Italian Medical Gazette* that Mr. Silvestri, in Vicenza, has employed bandaging and the India-rubber rope compression above it in amputation, but notwithstanding, to Professor Esmarch must be attributed the credit of devising and making known a most simple, practicable, and efficient plan for wholly preventing loss of blood during operations, of whatever kind, when performed upon the extremities of the body.—*Med. Times and Gaz.—Half Yearly Abstract.*

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On the Importance and Dangers of Rest in Pulmonary Consumption.

An interesting paper on this subject, by Dr. Berkart has drawn from Dr. Horace Dobell a communication on this topic, which appears in *The British Med. Jour.* of Nov. 22. He says: "The rules for the cautious application of localized rest in lung-diseases which I recommended, as dictated by a consideration of the nature of tuberculosis, and justified by the results of my own practice, are as follows:

"1. If one lung, or a portion of one lung, or a portion of each lung, has become diseased, under circumstances which makes it certain that there is no constitutional cause of lung-disease, then it is safe to secure localized rest for the diseased part, and to throw the extra work upon the sound parts; but even then it is necessary to be cautious that the extent of the lung so rested is not too large in proportion to the extent of sound lung upon which the extra work is thrown. If there is any question about this, rest of the whole body must be secured in addition to the localized rest of lung, so as to save the sound lung from as much work as possible.

"2. If there is a constitutional cause of lung-disease, but only a small area of lung at present suffering, and that in the upper lobes, while there is a capacious chest with large areas of lung in the lower portions quite sound and insufficiently used, then it is safe to secure localized rest for both upper lobes, and to make the lower portions do a fairer proportion of the work; but even under these circumstances, the respirations should be kept at as low a point as practicable.

"3. If a portion of lung has become disintegrated, under the

influence of constitutional causes, and remains obstinately unhealed a ter ail constitutional symptoms have been arrested, and, for some time past, no other portions of lung have shown a tendency to yield, then I think it is quite safe to secure localized rest for the disintegrated portion, so as to give it a fairer chance for healing; while an amount of air and exercise may be allowed to the patient, for the purpose of improving his reparative powers, which could not have been permitted while the damaged lung was exposed to the same amount of action as the sound parts. But even here the utmost caution is required not to carry the exercise beyond a very limited amount.

“4. If the constitutional tendency to lung-disease—the abnormal physiological state—is strong, and signs of impending mischief in the lungs are scattered, no localized rest should be attempted, but every means should be brought to bear upon the important object of maintaining respiration at its lowest point consistent with life and nutrition, until the constitutional tendency has become passive and the local symptoms have been removed.

“In conclusion, to prevent misapprehension on so vital a point, let me remind my readers that, in urging ‘the importance of rest in consumption,’ I am referring to cases where the lungs are already damaged, or in which the constitutional disease has declared itself in sufficient force to render tuberculization imminent. If the symptoms are only what are commonly called premonitory, that is, if they are those of commencing tuberculosis, and no reason or sign is discoverable which justifies the suspicion that tuberculization has commenced; if a sufficiency of fat remains without calling upon the albumenoid tissues, the principles of treatment are quite opposite to those detailed.”—*Medical Record*.

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Editorial.

Twenty-Eighth Annual Commencement of the Buffalo Medical College.

The twenty-eighth annual commencement exercise of the Buffalo Medical College was held at St James Hall Tuesday evening Feb 24th, at which time the degree of Doctor of Medicine was conferred upon thirty-six graduates. After music by Poppenberg's orchestra, the exercises were opened with prayer by Rev. D. R. Fraser. Dr. Miner, Dean of the Faculty, then read the following list of graduates upon whom the Council, upon recommendation of the Faculty and Curators, had voted to confer the Degree of Doctor of Medicine:

John R. Selover, Bath, N. Y.; Edward Nathaniel Brush, Buffalo, N. Y.; Edward Mott Moore, Jr., A. B., Rochester, N. Y.; William Ellsworth Fitzgibbons, Hornellsville, N. Y.; Bernard Bartow, Buffalo, N. Y.; John

Andrew Pettit, Buffalo, N. Y.; Jacob Depew Terwilliger, High Falls, N. Y.; John Preston Frink, Buffalo, N. Y.; George Matthew Blake, Dansville, N. Y.; Elroy Sabin West, Buffalo, N. Y.; George Morrison Gillett, Cuba, N. Y.; William Judson Howe, Buffalo, N. Y.; William Davis Whitney, Youngsville, Pa.; John Wockener, Bennington, N. Y.; Theophilus Henry Boyson, Buffalo, N. Y.; Thomas Lawrence Barry, Buffalo, N. Y.; Robert Porter Bush, Penn Yan, N. Y.; Paul Alexander Quick, Sugar Run, Pa.; James Warren Graham, Hubbard, Ohio; Darius Glead Pickett, Stockton, N. Y.; John M. Felts, Wayland, N. Y.; John C. Lewis, Dewittville, N. Y.; John Adelbert Love, Stockton, N. Y.; William Chancellor Roney, Wright, N. Y. David Benjamin Horton, Wolcott, N. Y.; Henry Martin Bishop, Edwardsburgh, Mich.; Daniel Curtis, St. Thomas, Ont.; James Monroe Callender, Scranton, Pa.; George Washington Pearson, Nippinose, Pa.; Clinton Allen Sage, Pekin, N. Y.; Frank D. Parker, Akron, N. Y.; Thomas F. Major, Hornellsville, N. Y.; Ransom Terry, Ischua, N. Y.; Marcenos Henry Cole, Pittsford, N. Y.; Adin Pattin Waid, Centreville, Pa.; Robert H. Hewes, Western, N. Y.

He also announced that the Faculty and Curators deem a thesis upon "Syphilitic Affections of the Nervous System," by Edward N. Brush, and one entitled, "To what are the Changes in the Color of the Blood due?" By Edward Mott Moore, Jr., worthy of honorable mention and recommend the same for publication; also a thesis by Bernard Bartow upon Aneurism, worthy of honorable mention. After music by the orchestra, the Diplomas were delivered to the class by Prof. James P. White, President, *pro tem*, of the Council; this was followed by music after which Mr. Joseph Warren was introduced to the audience and delivered the address to the graduating class. The address was listened to with marked attention and frequently called forth hearty applause. Want of space forbids our publishing it in this issue of the JOURNAL, it will however appear in the March number. Music and the benediction by Rev. Mr. Witherspoon closed the exercises.

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Buffalo City Dispensary.

We are gratified to see that the old Buffalo City Dispensary is again in active operation. This institution has been more truly humane in its scope and influence than any other with which we are acquainted in the city. The poor not under the care of the poor department, have, through its provisions, been able, when sick, to obtain satisfactory medical advice, and carefully prepared, pure medicine.

When the new "Free Dispensary," so called, entered the field as a sort of rival for dispensing charity, the long established and most humanely conducted Buffalo City Dispensary for a time closed its doors, hoping, as we suppose,

there would be no further need of its benefits. Time seems to prove that its field of usefulness was in no way lessened and its board of officers have again opened its doors to the desitute sick,

The following medical and surgical staff was appointed for the ensuing year :

J. F. Miner, M. D., Consulting Surgeon.

T. M. Johnson, M. D., " "

J. P. White, M. D., Consulting Physician.

T. F. Rochester, M. D., " "

PHYSICIANS.—Wm. Ring, M. D., J. B. Samo, M. D., M. G. Potter, M. D.,
J. Hauenstein, M. D., L. Krombein, M. D.

APOTHECARIES.—W. H. Peabody, C. M. Lyman and J. P. Deihl.

OFFICERS.—F. P. Wood, Esq., President.

Geo. A. Moore, Esq., Vice-President.

S. N. Callender, Esq., Treasurer.

Isaac D. White, Secretary.

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DEFECTIVE DRAINAGE.—At the last meeting of the State Medical Society the Committee on Hygiene presented an interesting report which provoked an instructive discussion, confined chiefly to the subject of defective drainage. A full report of the discussion and of the report of the committee is contained in the *Sanitarian* for March, and will amply repay a careful study. The report is accompanied by maps of a portion of New York, and of Brooklyn and Kings County. The subject of drainage is one of vast importance, and the neglect of proper attention thereto will be followed by an increased amount of sickness and death. We shall in our next present our readers with a valuable paper on The Diffusion of Typhoid Fever by Means of Drinking Water, from the pen of Prof. Austin Flint, which will contain some valuable remarks upon this subject.

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STATE MEDICAL SOCIETY.—The Annual Meeting of the State Medical Society was largely attended and was full of interest. The Society voted to try the experiment of publishing its own transactions, in which determination we hope it will be encouraged by the county societies. The following officers were elected for the ensuing year.

President, Dr. Geo. J. Fisher, Sing Sing.

Vice President, Dr. Harvey Jewett, Canandaigua.

Secretary, Dr. Wm. H. Bailey, Albany.

Treasurer, Dr. Charles H. Porter, Albany.

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NEW JOURNAL.—The Vermont Medical *Journal*, edited and published by J. M. Currier, M. D., Burlington, Vt., is a new candidate for professional support. We wish it success.

Books Reviewed.

A Hand Book of the Theory and Practice of Medicine. By Frederick T. Roberts, M. B., B. Sc., M.R.C.P. Philadelphia: Lindsay & Blakiston, 1874.

Dr. Roberts has succeeded admirably in the work which he has undertaken. His book is not intended as a treatise upon the principles and practice of medicine, but rather as a text-book which shall present in a condensed and at the same time useful form the salient points upon the subject. The arrangement of the work is excellent, and the several subjects are treated in an intelligent manner. The author has departed from the plan usually pursued by writers upon medicine. 1st. Before describing the individual diseases of the several organs, an outline has been given of the clinical phenomena which indicate a morbid condition of each, and the modes of examination employed in their investigation, while the principal symptoms are considered in detail. 2d. An endeavor has also been made to generalize the remarks upon diagnosis, prognosis and treatment as far as practicable. The plan is somewhat novel, but we think will meet with general approbation. In the treatment of the various subjects, the author has at times omitted to mention several points of more or less importance, but these omissions, although detracting somewhat from the value of the work, are to be excused when we take into consideration the object of the author and the general excellence of his work. A copious index adds to the value of the book, which will be found upon study, to be a valuable addition to the list of Hand-Books for students, and which will also be of no little advantage and instruction to the practitioner.

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On The Cerebral Convulsions of Man, Represented according to Observations, especially upon their Development in the Fetus. By Alexander Ecker, Prof. etc. Translated by Robert T. Edes, M. D. New York: D. Appleton & Co., 1873. Buffalo: Martin Taylor.

Dr. Ecker has in this monograph given the results of a vast amount of laborious research and study. It has been his object to place in the hands of physicians, a guide whereby they may be directed in their study of the Human Cerebral Convulsions. This is a work which has been attempted in a measure by others, but in most instances with but little satisfaction; how well the present writer has succeeded, careful study can only disclose. From a hurried reading we are inclined to think that he has made a valuable addition to the works on the anatomy of the brain.

A Treatise on the Diseases of The Eye. By J. Soelberg Wells, F. R. C. S., etc. Second American, from the Third English Edition. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

The work of Mr Wells is so well known that it is unnecessary for us to give an extended notice of it at this time. The present edition embraces several additions to the former and will be found to be fully up to the present standard of ophthalmological science. The work has passed through the press under the supervision of Dr. J. Minnis Hays, who has made a few additions upon points which have escaped the notice of the author. As a complete treatise upon Diseases of the Eye, the work of Mr. Wells has no superior in the English language, and we bid a hearty welcome to the second edition of a work which has deservedly gained the admiration and favor of all students of Ophthalmology.

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Lacerations of the Female Perineum and Vesico-Vaginal Fistula: Their History and Treatment. By D. Hayes Agnew, M. D., etc., with numerous illustrations. Philadelphia: Lindsay & Blakiston, 1873. Buffalo: Theo. Butler & Son.

These papers have already been published, the first, in the *Pennsylvania Hospital Reports*, the second in the *Philadelphia Medical and Surgical Reporter*. The History of Lacerated perineum is given to some extent, and the different methods which have been pursued to prevent the occurrence of the accident or to remedy it when it has taken place, are described in detail. The author prefers the metallic suture secured by perforated shot, to the quilled suture. He gives a description of his operation, and relates the history of several cases. The conclusions that he arrives at are,

1st. That laceration of the perineum and the recto-vaginal septum can be satisfactorily cured at a single operation.

2d. That by the peculiar method of inserting the first suture (introduced three-fourths of an inch from the margin and below the lowest point of the wound, carried through the middle of the septum just above the line of denudation and carried through the corresponding part of the other side,) there is no necessity for a series of stitches to close the septum, independent of those used for the closure of the perineum.

3d. That the interrupted can be substituted for the quill suture.

4th. That the division of the sphincter is not necessary to a cure.

5th. That the superficial sutures may be dispensed with.

The article concludes with a resumé of the literature of the subject.

The article upon Vesico-Vaginal Fistula is the most extended of the two, and is a very able review of the subject. As in the first paper the history of

the subject is given, its causes and the various methods of relief are dwelt upon to some extent. After a description of his own mode of operation, which does not differ materially from the methods usually pursued, the history of eighteen cases are given, in which Dr. Agnew operated for fistula. They all contain points of more or less interest, and make a valuable addition to the statistics of the operation. The papers are well written and give a clear and concise statement of the methods to be pursued in the operation for lacerated perineum and vesico-vaginal fistula, and are a valuable contribution to practical surgery.

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Sex in Education; or a Fair Chance for the Girls. By Edward H. Clarke, M. D., etc. Boston: James R. Osgood & Co., 1873. Buffalo: Martin Taylor.

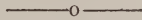
This little book is the outgrowth of an essay which the author read about a year since before the Women's Club of Boston. The ideas of the author at that time attracted considerable attention and so many were the inquiries addressed to him concerning his views, that he was induced to review the whole subject carefully, and the result has been, the book now before us. The topic under consideration is one of general interest and it is discussed in a manner which shows careful study and a desire to place the subject in its true light. Now that the subject of female education is and has been attracting so much attention, we are glad to see that Dr. Clarke has seen the necessity of looking at the matter from a physiological point of view. It is from this stand point that the subject is in the future to be decided, and the author has opened the discussion in a manner which will carry conviction to many of his readers.

Those who have hitherto insisted that the girl was capable of going through with the same course of study as her brother in the same manner and space of time have overlooked the physiological differences which distinguish her from the male sex. It is against this vicious system that this book is directed. Dr. Clarke has had opportunities of observing the working of this system and its results and the arguments which he brings against it are supported by sound medical judgment. He speaks plainly, and does not endeavor to cover up the truth or obscure his meaning by the use of obscure and blind phrases. Written by a physician of experience, it will be read by his professional brethren with interest, but at the same time the general public will do well to read and profit by its teachings. The law which governs the education of the boy and the life of the man is continuous; it is not during any time divided into periods during which any different rules of living are found necessary.

With the girl on the contrary, after a certain age life is a system of periods. It is during the time that this change is about to take place that the young girl is most frequently made to undergo the most severe strain at school and

seminary. Nor is any calculation made in the system of study which they are made to undergo that at regularly recurring monthly periods, there occurs a number of days when nature demands, and should have in order to the proper performance of a peculiar and important function, complete rest.

As a statement showing the position the physician occupies in relation to this problem, we copy from page 61: * * "The sick chamber, not the school room; the physician's private consultation, not the committee's public examination; the hospital not the college, the work shop, or the parlor, disclose the sad result which modern social customs, modern education and modern ways of labor have entailed on women. Examples of them may be found in every walk of life. On the luxurious couches of Beacon Street; in the palaces of Fifth Avenue; among the classes of our private, common and normal schools; among the female graduates of our colleges; behind the counters of Washington Street and Broadway; in our factories, workshops and homes—may be found numberless pale weak neuralgic dyspeptic, hysterical menorrhagic, dysmenorrhœic girls and women, that are living illustrations of the truth of this brief monograph. It is not asserted here that improper methods of study, and a disregard of the reproductive apparatus and its functions during the educational life of girls are the sole causes of female diseases; neither is it asserted that all female graduates of our schools and colleges are pathological specimens. But it is asserted that the number of these graduates who have been permanently disabled to a greater or less degree by these causes is so great, as to excite the gravest alarm, and to demand the serious attention of the community." We should be pleased to quote many other passages but can only say to our readers get the book study and read it for yourselves. The author has been sharply criticized by some who seem to think that in some passage they detect a thrust at some pet institution. If they do not come under the list of those who would pay no regard to the physical peculiarities of the female let them strive to bring others into a like manner of thinking rather than find fault with Dr. Clarke in the excellent work which he has undertaken.



The Mechanism of the Ossicles of the Ear and Membrana Tympani. By H. Helmholtz. Translated from the German by Albert H. Buck and Normand Smith. With Twelve Illustrations. New York: D. Appleton & Co., 1873. Buffalo: Martin Taylor.

This essay attempts to place in a clearer light, and to demonstrate more perfectly than has hitherto been done, the problems concerning the action of the conducting apparatus of the ear in transmitting sound.

Prof. Helmholtz, is a thorough and careful investigator, and this work will be received by those interested in the department of otology with pleasure. The translation is well made, although from the terse style of the author such

a task is far from easy. The eight sections into which the work is divided, treat of the results due to the small dimensions of the auditory apparatus, the Anatomy of the Membrana Tympani, the attachments of the Hammer, and of the Anvil; the movements of the Stirrup, the concerted action of the bones of the ear, the Mechanism of the Membrana Tympani, and a mathematical consideration of the mechanism of curved membranes. As a scientific work this essay deserves a first position, and the greatest regret which we have, is that it will be read and appreciated by but few, except those who make the study of otology a special work.

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Books and Pamphlets Received.

History of the American Ambulance Established in Paris, during the Siege of 1870-71: together with the details of its Method and its Work. By Thomas W. Evans, M. D., D.D.S., Ph D., etc., London: 1873. New York: William Wood & Co. Buffalo: H. H. Otis.

The Nature of Gun-Shot Wounds of the Abdomen, and their Treatment. By Eugene Peugnet, M. D. New York: Wm. Wood & Co., 1874. Buffalo: H. H. Otis.

Clinical Researches in Electro-Surgery. By A. D. Rockwell, A. M., M. D., and Geo. M. Beard, A. M., M. D. New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

A Hand-Book of Medical and Surgical Reference. By John A. Wyeth, M. D. New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

A Clinical History of the Medical and Surgical Diseases of Women. By Robert Barnes, M. D., etc. Illustrated. Philadelphia: Henry C. Lea, 1874. Buffalo: Theo. Butler & Son.

The Students Guide to Surgical Anatomy. By Edward Bellamy, F. R. C. S., etc. Illustrated. Philadelphia. Henry C. Lea, 1874. Buffalo: Theo. Butler & Son.

A Practical Treatise on the Diseases of Children. By J. Forsyth Meigs, M. D., and William Pepper, M. D. Fifth Edition Revised and Enlarged. Philadelphia: Lindsay & Blakiston, 1874.

The Sphygmograph; Its Physiological and Pathological Indication. By Edgar E. Holden, A. M., M. D. Philadelphia: Lindsay & Blakiston, 1874.

Dictionary of Elevations and Climatic Register of the United States; containing in addition to Elevations, the Latitude, Mean Annual Temperature, etc. etc., with a brief Introduction. By J. M. Toner, M. D. New York: D. Van Nostrand, 1873.

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Original Communications.

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ART. I.—*On the Diffusion of Typhoid Fever by means of Drinking Water.* By AUSTIN FLINT, M. D.*

Of the late acquisitions in medicine, one of the most interesting and important is the discovery that typhoid fever may be communicated through the medium of water used for drinking or for culinary purposes. It is now less than half a century since the researches of Bretonneau and Louis established the basis of the individuality of this disease. Its non-identity with typhus fever has only within the last quarter of a century been generally admitted, and even now there are some who deny this well-settled doctrine. The contagiousness of typhoid fever has been a mooted question since the date of Louis' researches. It is possible that the doctrine of its non-contagiousness has at the present time some adherents; but the proof of its communicability has been

* To the Editors of the Buffalo Medical and Surgical Journal.

DEAR SIRS.—This paper was read at a meeting of the American Public Health Association, held in the city of New York, in November last. One reason for sending it to you for publication is, that the epidemic which it describes occurred very near Buffalo, and there are certain points relating to the epidemic, which on account of their importance at the time not being appreciated failed to receive attention. These points are, the proximity of the privy of the tavern, and of the privies of the surrounding houses to the well in common use the nature of the soil, the depth of the well and other circumstances bearing on the question as to the pollution with excrementitious matter of the water used for drinking and culinary purposes. Facts with respect to these points may perhaps now be ascertained, and I shall be glad if the publication of the paper in your Journal excites interest in the Physicians living in or near North Boston, sufficiently to lead to enquires which will supply information rendering the history of the epidemic more complete. With much esteem,

Yours very truly,

AUSTIN FLINT.

rendered so abundant and conclusive that the number of those who are not convinced of the fact must be exceedingly few. Heretofore, however, some of the ablest of observers and authors have advocated its non-contagiousness. A concise statement of fundamental facts relating to the contagiousness of typhoid fever will prepare for an appreciation of our knowledge touching the agency of water as a medium for the communication of this disease. For the sake of conciseness I shall embody these facts in a few propositions.

1. Typhoid fever is very rarely, if ever, communicated by means of emanations from the bodies of patients affected with the disease.

My own experience in this regard accords with that of numerous observers cited by Murchison, exclusive of an epidemic many years ago, within a circumscribed area, of which I shall presently give an account. I have know of very few instances in which personal intercourse could be suspected as the means of communicating the disease. In these few instances there was room for the supposition either that the disease was not communicated, or that contagion was received otherwise than through the atmosphere. The disease does not spread from cases in the hospitals to fellow-patients, nurses, and medical attendants. This statement is based on large opportunities for observations for more than twenty years. The different members of a family are seldom affected successively in such a way as to show communication of the disease from one to another. Certainly, as a rule, whenever several persons in a family become affected, the most rational, if not an obvious explanation, is that they have been exposed to a cause alike common to all. As a rule, when persons contract the disease in one locality and pass through the disease in another locality they who are brought into contact with, or proximity to, the cases do not contract it. There are exceptions to this rule, but in the exceptional instances there is now a more satisfactory explanation than that which refers the communication by means of an infectious miasm. These are the considerations which establish the first proposition.

2. Isolated cases of typhoid fever are numerous, occurring in

situations and under circumstances which preclude the possibility of the disease being due to contagion.

It has been said in contravention of this proposition, that contagion may be operative in these cases, although its sources be not discovered, as, for example, we suppose is the fact when small-pox occurs without our being able to trace it to any exposure. This, however, is not a fair comparison. For the cases are few in which small-pox is not known to be produced by contagion, and hence it is rational to infer the latter, although not known, whereas the number of isolated cases in which typhoid fever occurs without any known exposure in any way is so large that when it is otherwise coincidence or a common causation is to be inferred rather than communicability.

3. Outbreaks of typhoid fever have repeatedly occurred in houses and public institutions in consequence of morbid emanations from sewers, cess-pools, or drains, and from their contents either exposed upon the surface of the ground or permeating the soil. Facts warrant the belief that under certain circumstances the special cause of this disease may be a product of decomposing changes taking place in collections of human excretions. It is claimed that this product always involves a contagium, but in many instances the circumstances are such as to render this not merely improbable, but apparently impossible.

4. Certain outbreaks of typhoid fever are evidently dependent on the importation of cases of the disease, the circumstances being such as to furnish logical proof that the outbreaks are due to the diffusion in some way of a contagium.

In the outbreaks now referred to not only is the disease not produced by local causes alone, but the special cause is a morbid product derived from the bodies of those affected with the disease—a product the efficiency of which depends on its source being the body of a patient having typhoid fever. In other words, the special cause is not an extrinsic poison which patients bring with them, but it is an intrinsic typhoid product—that is, a contagium. An instance, which is perhaps the most remarkable on record, exemplifying the correctness of this proposition, will be presently stated.

These four propositions are submitted as embodying fundamental facts which can be fully established by logical proof. The scope of this paper will not permit me to adduce the proof which might be brought forward for the establishment of each of the propositions. I must, therefore, take it for granted that the facts embodied in the propositions can be fully substantiated. Assuming this, it follows that typhoid fever may or may not be contagious.

Between it and typhus fever there is this difference, namely, typhoid fever is not, like typhus, communicable by means of impalpable emanations from patients affected with the disease. At least, if it be ever communicated in this way, the instances are rare exceptions to the general rule. As a rule, when typhoid fever occurs in isolated cases, there is no proof of its having been caused by contagion—in this respect differing from typhus fever. Typhoid fever may be produced by elements derived from healthy person, which we have no reason to believe is ever a source of typhus fever. But typhoid fever is capable of producing a contagium by means of which the disease is diffused, herein affiliating with typhus fever. Typhoid fever thus may occur sporadically, endemically, and epidemically.

I come now to inquire as to the source of the typhoid fever contagium. If it be not contained in emanations from the body, it does not, of course, proceed from either the skin or the air passages, and there is certainly no palpable product containing it on the surface of the body. We are, therefore, brought, reasoning by way of exclusion, to seek for it in the alvine dejections. If it be contained in these, by what avenue does it gain entrance into the system? If the dejections containing the contagium are conveyed from dwellings by soil-pipes, we can understand that it may pervade the atmosphere of houses, in consequence of defective provisions against the escape of sewer emanations, and if excrementitious matter be deposited on the surface of the ground, the atmosphere within a certain area may be polluted by emanations therefrom, which contain the contagium. But there is logical proof of the diffusion of the disease by contagion under circumstances which render it vastly improbable that the contagium is

inhaled; and, therefore, reasoning again by way of exclusion, we are brought to consider the alimentary canal as the avenue through which the contagium enters the system. Thus we are rationally led to the conclusion that drinking water is a medium by which typhoid fever may be communicable.

I have spoken of this conclusion as a late discovery. The supposition or theory that drinking water is a vehicle by which the typhoid contagium may be carried into the system is not of very recent date. It was enunciated by Canstott, in Germany, in 1847, and it has been inculcated since an earlier date by Prof. Von Gielt, of Munich. Riecke, also a German, author of a treatise on special pathology and therapeutics, published in 1852, reported several instances in which outbreaks were traceable to drinking water polluted with sewage. More recently observations have been contributed by British writers, and especially by Dr. Wm. Budd which seem to furnish demonstrative proof of the communicability of the disease in this way.* Budd, however, and others, have contended for the existence of a contagium in the typhoid dejections received into the system either by means of drinking water or atmospherical emanations, as exclusively the cause of the disease. They claim that the dejections contain a virus not less specific than that of small-pox, and that typhoid fever is never produced otherwise than by the introduction of this virus into the system. Facts render such a doctrine untenable. If the propositions which have been stated are correct, communicability through a contagium in the alvine dejections will account for the connection in only a certain proportion of instances.

For the numerous observations on which the causation of typhoid fever by the agency of a contagium in drinking water, in a certain proportion of instances, rests its claims as a recently discovered truth, I must refer to works treating of this subject. I shall content myself in this paper with an account of an outbreak of the disease which came under my observation thirty years ago, ante-dating any publication on the subject. I have alluded already, in this paper, to the outbreak now referred to.

It is, perhaps, the most remarkable on record as embracing a com-

My authority for these statements is Murclison. *Vide* work on Fever, second edition, 1873.

bination of circumstances proving, in the first place, the communicability of typhoid fever and, in the second place, rendering vastly probable, if not certain, the communication by means of a contagium contained in drinking water. The circumstances which relate to the latter point are more significant and forcible because at the time of the outbreak, and until within a late period, the agency of drinking water as a vehicle of contagion was not thought of. The facts were recorded and published by me without any idea that water was the medium of the diffusion of the disease. So completely were the circumstances combined with regard to this mode of communication that had they been deliberately planned with the express intention of rendering the proof as convincing as possible, nothing could have been added. Accident fulfilled all the requirements of careful experimentation with a view to test, first, contagiousness, and, second, the correctness of the theory that the contagion may be contained in drinking water, and in this way gain entrance into the system.

The outbreak occurred in 1843, at a place called North Boston, in Erie County, N. Y., situated twelve miles from Lake Erie. The situation at the time mentioned was in every respect salubrious. There were no paludal grounds in the neighborhood. Neither intermittent fever nor any disease had prevailed for several years. Not only was typhoid fever an unknown disease in that particular situation, but in no part of the county had it been known to have occurred up to that time. The fever then and previously indigentous in this section was a mild remittent, or, as it was generally called, bilious fever. The place called North Boston was a small hamlet consisting of a cluster of houses, embracing nine families, all situated within an area of 100 rods in diameter, but the few houses in which the disease occurred were closely grouped around a tavern, the house furthest removed from the tavern being only ten rods distant. Forty-three persons made up the entire community. On the 21st of September, a young man from Massachusetts traveling westward in a stage-coach, (there were no railroads then in that part of the State,) took lodging at the tavern. He had been ill several days, and kept on his journey until he felt unable to proceed further. He remained at the tavern and died on the

19th of October—twenty-eight days after his arrival. From the testimony of two intelligent physicians who attended this patient, it is certain that his disease was typhoid fever. This fever prevailed to some extent in the town in Massachusetts which the patient left when he started on his journey. Between Oct. 14, five days before the date of his death, (Oct. 19,) and Dec. 7, (twenty-one days,) twenty-eight of the forty-three persons comprising this little community, were attacked with fever, and in ten instances the disease proved fatal.

The first person attacked was a son of the inn-keeper, aged sixteen years. A few days afterward, a daughter, aged fifteen years, was attacked, and afterward, in this family, there were five cases, making the whole number seven, (exclusive of the stranger.) In three of these cases the disease proved fatal. A son of the inn-keeper, who lived at a distance, but at the time of the epidemic came to assist his father's family, and occupied with his wife part of a house about four rods from the tavern, was attacked on the 15th of October. Two cases occurred in a family living about three rods from the town, the patients being children aged seven and nine years. In a family living about three rods from the tavern there were seven cases and two deaths. In a family living about ten rods from the tavern were seven cases and five deaths. In a family living three rods from the tavern were four cases, all recovering. One case occurred in a family living within twenty feet of the tavern. Of these six families, in five the heads of the families, that is, the husbands and wives, were living; the sixth family consisting of a widow and son. The widow was about fifty years of age, and the ages of the male heads of the remaining families were between forty and fifty years. The ages of the wives were not much less. All these escaped, a fact which affords an illustration of the diminished liability to typhoid fever after about forty years of age. Of the families which composed this community, three escaped the disease. Of these three families, one lived about forty rods from the tavern, a stream four rods in width intervening. Another family lived at about the same distance. The third family lived only four rods from the tavern. The latter was the only family which escaped

of the seven families grouped immediately around the tavern. This family consisted of a man named Stearns, his wife, four children and a boarder.

The escape of two of these three families may be explained by their distance from the tavern; but how is the exemption of the third family, living only four rods from the tavern, to be accounted for? In connection with this inquiry an important fact may be mentioned. The family of Stearns had quarreled with the family of the inn-keeper, and were on terms of non-intercourse. After the breaking out of the epidemic the members of this family had no intercourse with any of the families in which cases of fever occurred. I ascertained from Stearns that no member of his family saw any case of the disease. A reason for this will presently appear.

The facts of this epidemic, as thus far related, prove the importation of the disease, and its diffusion by contagion; but, in reference to these points, let me recapitulate the facts: "In a small, isolated community, consisting of nine families, seven of which lived within a few rods of each other, a patient affected with typhoid fever is introduced, and, after lingering twenty-nine days dies with this disease. But up to that event the members of this community were free from disease of any kind; the situation was in every respect healthy, and typhoid fever was unknown in that place and neighborhood. The patient lingered and died at the tavern, which was a place of daily resort for the members of those seven families with a single exception. One family, consisting of several persons, living but four rods from the tavern, was on terms of hostility with the inn-keeper, which precluded all intercourse. The arrival of a sick stranger with a severe disease was an event of interest to the inhabitants. He was visited more or less daily by the different members of the families living close at hand with the exception of one family, and the members of the inn-keeper's family were, of course, brought into close contact with the disease. Twenty-three days after the arrival of the stranger, two members of the family of the inn-keeper were attacked with the disease, and subsequently five others in this family. In all the other families living within

a few rods of the tavern, excepting a single family cases occurred within about a month, and during this period more than half the population of this little community had been affected. The disease then ceased further progress, no cases afterward occurring. The family in which no case occurred was the only family of the seven families grouped immediately around the town which escaped. The relations of this family to that of the inn-keeper precluded all social intercourse, and, shortly after the disease began to spread, its production, (as will presently be seen,) being imputed to the agency of this family, intercourse of the latter with all the families affected with the disease was at once suspended." This recapitulation is quoted from my report of the epidemic published in 1852 in a work entitled *Clinical Reports on Continued Fever*. This work has for years been out of print. To the extracts just quoted were added the following remarks: "Now in view of this reviewal of the facts if it be claimed that the disease was not transported to the place, and diffused by contagion, it is necessary to admit a series of coincidences almost incredible. The circumstances embrace all the important conditions for a fair experiment in order to test the contagiousness of a disease. In deed, if every circumstance connected with the outbreak of the disease at North Boston had been deliberately selected and arranged for a scientific object they could hardly have been rendered more complete."

An important part of the history of this epidemic remains to be stated. At the time of writing the report from which the foregoing extracts are taken, and for many years afterward, indeed, up to a recent date, I had no idea of the diffusion of typhoid fever through the agency of drinking water. At the time of the epidemic nothing had been published on the topic, and at the time of writing this report and long afterward, I was not aware that any one had entertained this view of the causation; there was nothing relating to it in the medical literature of this country. At that time the non-contagiousness of typhoid fever was enunciated in standard works, among the points showing the non-identity of this fever with typhus. I supposed that the disease at North Boston was communicated by means of a contagium contained in

the emanations from the body. I shall now cite from my report certain facts which render vastly probable if not certain, the belief that the disease in this epidemic was communicated through the agency of drinking water. I quote further from my report as follows: "The occurrence of a severe form of disease, affecting in a brief period more than one-half of the small, isolated community, and proving fatal in so large a proportion of cases, as might be expected occasioned not a little excitement at the place. This was naturally occasioned by the fact that the disease was one presenting, for that locality, remarkable features, giving rise to discussion and discrepancy of opinion among the medical practitioners of the neighborhood. The popular explanation of the origin of the disease added greatly to the interest of the excitement. The story was started that the disease was caused by some poison introduced into the families affected through the agency of Stearns whose relations to the inn-keeper were hostile, and whose family alone, of those living close to the tavern, was not affected. The family of the inn-keeper and the other families in the immediate vicinity were in the habit of obtaining the water used for drinking and other domestic purposes from a well near the tavern. It was charged upon Stearns that he had poisoned this well, and that this was the source of the disease. This story was believed by nearly all the inhabitants, so that several pumps were placed in the well, and an effort was made, but without avail, to exhaust all the water which it contained. The family of Stearns alone, of all the families in the immediate vicinity, did not draw water from the tavern well. This family, up to a short time before the outbreak, had obtained water from this well, but owing to the animosity of the inn-keeper, this privilege had been denied to Stearns, so that he was obliged to dig out and deepen an old well of his own. Two other families which escaped, did not get water from the inn-keeper's well owing to their distance from the tavern. By all the other families the water from this well was used daily. These facts coupled with the relations between Stearns and the inn-keeper, and the singular character of the disease, were considered to furnish circumstantial proof of guilt sufficiently conclusive. The charge of poisoning was so

openly made that a prosecution for slander was commenced by Stearns, which was finally settled on the payment, by the party prosecuted, of a hundred dollars. Some water which I obtained from the well was examined by chemical reagents and found to be remarkably pure as regards saline constituents. It was not, however, examined for organic matters.

Now, taking into view the statement contained in one of our preliminary propositions, namely, that typhoid fever is rarely, if ever, communicated by means of emanations of the body, together with the observations which within late years point to drinking water as the medium of communicability, that the latter was the mode of diffusion in the North Boston epidemic hardly admits of a doubt; and the circumstances were as remarkably combined with reference to this conclusion as with reference to the proof of contagion. It can hardly be doubted that the exemption from the disease of the family of Stearns was due to the animosity of the inn-keeper, which led the latter to prohibit the use of his well, and compelled Stearns to dig a well of his own. The two families, living forty rods from the tavern, escaped, because, owing to the distance, they did not obtain water from the inn-keeper's well. It may be asked, is it certain that the special cause was a contagium; was not the disease produced simply by excremental decomposition, since facts show that it may be so produced? In other words, may not the disease have been produced by changes occurring in connection with the dejections, without the presence of a contagium? The answer to these questions is this: If due to excremental decomposition without a contagium, why did the disease break out so rapidly shortly after the arrival of the sick stranger? It is far more rational to infer the existence of a contagium than to consider the connection of the epidemic with the arrival of the stranger as a mere coincidence. At the time of the epidemic no suspicion of the presence of the special cause in the drinking-water being entertained, pains were not taken to note the situations of the privies, the nature of the soil, &c. In order to obtain some information on these points I wrote recently to Dr. P. Barber, at the date of the epidemic, and until lately a practitioner in that neighborhood. Dr. Barber writes that, according

to his recollection, the privy attached to the inn was situated three or four rods from the well, and he recollects that the contents were allowed to accumulate. The well was by the road-side, supplying with water the inn and the stables, as well as the immediate neighbors.

Another question may arise, namely: Was the evidence conclusive that the disease was typhoid fever? During the progress of the epidemic, when the excitement was at its height, I visited the place on behalf of the county authorities, in order to investigate the nature and origin of the disease. I made an autopsy, noted the history and symptoms in all the cases then in progress, and afterward obtained full records of ten cases. The autopsy disclosed the characteristic intestinal lesions of typhoid fever, and the histories contained the diagnostic features of this disease. The details are given in my report already referred to. The proof that the disease was typhoid fever was as complete as possible.

The discovery of the communicability of typhoid fever by means of a contagium derived from the alimentary canal, while it furnishes a striking point of distinction from typhus fever, yet shows an interesting point of analogy to the latter disease. In typhus the contagium is doubtless contained in the emanations from the body, either in the breath or in the exhalations from the skin or perhaps both, and typhus may be caused, irrespective of contagion, by a morbid matter produced in concentrated emanations from healthy bodies. In typhoid fever, the contagium is in the dejections, and this fever may be and is generally caused by a morbid matter produced in decomposing excrement from healthy bodies.

As regards prevention the diffusion of typhus contagion is to be avoided by the isolation of cases in respect of those who are susceptible, conjoined with the freest possible ventilation. The spontaneous occurrence of this disease is to be avoided by guarding against overcrowding dwellings or apartments, together with complete ventilation. The diffusion of typhoid fever by contagium is to be avoided by the disinfection of the dejecta from typhoid patients, and by ample protection against the pollution therewith of water or air. The spontaneous occurrence of this disease is to be

avoided by complete protection against the pollution of water or air by the dejecta from healthy persons. This involves safeguards, especially in cities, relating to sewers, drains, cesspools, soil-pipes and the waste pipes connected with the latter, as well as to the final disposition of the excrementitious material. These safeguards, in the City of New York, are largely disregarded, and therein is a source of not only typhoid fever, but probably other diseases, the causative connection of which with this source is not as yet so well established.

Within the past few months the interest and importance belonging to the subject of this paper have been curiously exemplified by the diffusion of typhoid fever through the agency of milk. Several outbreaks in England have been imputed to infected milk; but in the recent instance referred to the proof of this having been the source seems sufficiently conclusive. This outbreak was in one of the healthiest parishes in the West End of London. About 500 cases of typhoid fever were distributed in 104 families in this parish. Of these 104 families, ninety-six were known to have used milk from the same dairy; the facts with regard to the milk supply in the remaining eight families not having been ascertained. It was ascertained that in one of the farms belonging to this dairy there had been cases of typhoid fever, and the sanitary conditions were exceedingly bad. Other details, which I do not introduce, corroborated the conclusion that the diffusion of the disease was due to the milk supply, and no other source was discoverable.*

The infection or the contagium in milk is, of course, derived from the water used in washing the milk-cans, and, perhaps, in the dilution of the milk. The diffusion of the disease in this way therefore, is through the medium of drinking-water.

The discovery of the causation of typhoid fever through this medium naturally has led to the inquiry whether other diseases may not be trace to drinking water which either contains viruses of contagion or is polluted by divers kinds of morbid matter. The facts to which it has been the object of this paper to call attention have opened up a new field for investigation in etiology,

* Vide American Journal of Medical Sciences, number for October, 1873; page 535.

and further researches in this direction may shed much light on the causation of numerous diseases. Already, in the opinion of many, there is ground for assuming that epidemic cholera is diffused by means of a contagium, derived from the alimentary canal, with which drinking water is liable to become infected. This opinion is based on analogical reasoning rather than on logical proof. That water polluted by any kind of morbid matter may prove an exciting or an auxiliary cause of an attack of cholera, during the epidemic prevalence of the disease, is highly probable; but that the disease in this or any other way is communicable, seem to me to be a question concerning which the most to be conceded is that it admits of discussion. To enter upon such a discussion would not be a small undertaking, and I have already occupied as much time as I have a right to appropriate.

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ART. II.—*Thoughts on Medical Progress.* By T. D. WASHBURN, M. D., Hillsboro, Ill.

Medical Science more than any other, deals with the doubtful, the intricate and insoluble. The true man, who has most faithfully pursued the study of medicine—has diligently mastered the broad basis of facts, upon which the more elegant superstructure is founded—the man of broadest views, of deepest research, of wide practice and observation you will ever find modest, reticent and open to correction and instruction.

He may have well established convictions, certain landmarks well defined and immovable, but circumstances, contingencies and complications are ever liable to develop and to modify his views or warp his judgment. Anatomy is the same now, as a century ago and once acquired, remains; its boundaries are fixed and lie open to every careful observer; but when *hypothesis* enters into the equation or problem as it often does in physiology, pathology and therapeutics, we hesitate to endorse even the truth, until confirmed by more observation and stronger testimony. In Pathology one finds *such* a lesion, another in a like case finds another, and not until a vast variety of observations have been recorded and all the modifying causes presented, are we prepared to decide.

The wonderfully *diverse* views, which have been advocated in therapeutics, only substantiate the still more diverse views of pathology. Even the *function* of various organs—take for instance the kidney—hardly two will agree as to its duties—its legitimate and vicarious work; the same holds as to the liver, though much of their *particular* work has been demonstrated; but when the pancreas and spleen are interrogated, we are almost on unexplored ground—their positive functions remain to be found out.

Even the nervous system, that we supposed pretty well defined so far as its laws and mode of action were concerned, seems likely to be unceremoniously changed by the great investigator and acknowledged leader in this department, Brown-Sequard. Look again at the medical changes in practice (which of course presumes a change in theory) that have taken place in a score of years:—the lancet—ignored—antimony placed under ban—cold water brought to the front—diet, air and exercise superseding the pills, powders and mixtures, against which the *natural* man has so often rebelled. The contents of even a *regular* pair of saddle bags—how strangely different; *veratria*, *gelsemium* and *aconite* for fever, in place of *ipecac*, *nitre*, and *antimony*. Podophylin, leptandria and colycinth in place of rhubarb, calomel and jalap for cathartics. Bromide, sulphite and chlorate of potassa in place of the nitrate, sulphate and acetate, and for nervines, anticeptics, &c. Chloral, carbolic acid, permanganate of potassa, glycerine and a half dozen others which never saw a medical trunk or pocket case a half score of years ago.

Where shall we bring up? Is Science fallible? But you find a corresponding progress in surgery and all collateral branches. Chemistry, Physiology and Materia Medica are constantly solving new problems and sometimes bringing strange phenomena and facts square up against our old notions and prejudices. Look to where the *cell* theory is leading us, which with the aid of the microscope is largely demonstrable.

One little disturbing element, like this, brought to light, and we cannot tell where its influence will end.

The discovery of the circulation revolutionized the whole theory and practice of medicine. Liebig's theory of animal heat changed

our therapeutics vastly. The immortal Jenner gave us a principle that the world does not appreciate and medicine has not yet seen half its beneficent results. Seldom is a single grand discovery announced without many minor ones following. The finding of a new planet in proximity to another must change all previous astronomical calculations and results. A new force in any science that has remained a long time hidden or obscure requires a new adjustment of old forces, a reconstruction in all the minutiaë; so too in medicine, every new fact brought to the surface requires a revision both of theory and practice, and medical science more than most others is liable to these disturbing forces, for its intimate connection with mind, which reaches towards the infinite, forever forbids its becoming a *complete* science.

Mere matter, its composition and laws, can be pretty well defined and demonstrated, but complicate matter with mind, and study them as they must be studied as complex organisms and forces; and while we establish a large pile of facts and elucidate many of its laws, still there is always a *vast* field *away beyond*, which eludes our most vigorous grasp, and the most erudite and gifted fail to comprehend.

Thus we find an *unknown* in medicine, which ever stimulates the noblest and wisest; now and then surrendering a little fragment to the more patient and indefatigable, but the *limits* can never be reached.

This need not discourage the true student, or the ambitious; enough has been learned to found a noble system and establish a true science which has become the solace of the unfortunate, and a glorious boon to humanity, but *finite* beings must be content with *finite* science.

Infinity will ever be so conspicuously labeled on all that pertains to mind, that our highest nature and noblest efforts cannot fail to realize that our vision is circumscribed, and that "secret things are reserved for the Most High." These fine spun theories on "organic dynamics" attempting to solve all nerve force and life force on a more *material* basis, this exquisite and transcendent mechanism and combination of mind and matter, by the great laws of physics; bringing down the loftiest and noblest efforts of the

great first cause to the mere demonstration of the *finite*, offends our sense of manhood, and grates harshly on our earliest, most deep-rooted and best proven convictions.

I have alluded to some of the *changes*, which have taken place in a single generation in connexion with the profession of medicine, but these are no greater than we witness in other matters. In our recollection the Railroad and Steamboat has become a fact, while the Telegraph is a thing of yesterday; the improvements in *printing, mining, dyeing, photography* and various other arts are patent to all. Under these circumstances two dangers are imminent, yes, always present, I mean the advocates or disciples of the *two* extremes; one ever yearning for the most advanced and *possible*; the other content to go *slow*, with the well proven, long established and *venerable*; always in the rear, they attempt to protect the grand army from any flank movement, or incursion from the new lights and undisciplined empirics, who are ever ready to seize any advantage and project an attack where they discover a weak point. As to facts, we are forced to acknowledge very much is submitted for our acceptance and adoption, both in Class Books, Journals and by living Teachers, which is far from being established.

The manifestation of new phenomena necessarily involves new hypotheses and men are so variously constituted, that a plus or minus imagination makes a wide difference in regard to intellectual results, so that the student as well as the advanced practitioner has to be constantly on his guard in accepting theories as well as deductions.

Right here, allow me to drop the remarks that if the student of medicine is well fortified with a thorough English education, natural philosophy, botany, chemistry and higher mathematics with a partial knowledge of Latin and Greek; if he selects the best medical school and attends three courses of lectures and three full years of study, he is not likely to mount every hobby and pet theory of every medical pretender and empirical vagabond. It is the emphasis we place on thorough education that has ever distinguished the *regular* from the *irregular*, and still constitutes the marked feature between science and empiricism.

Fortunately up the present day, the tendency is mostly in the

right direction. The people are finding out, that they cannot afford to be humbugged; it costs too much, and every science and profession in their advanced reconstruction, are boldly thrusting the rotten and untenable out, holding fast only to the real, the most probable and best proven. Our analytical resources have become so great, the statistics so numerous, the conviction so deep in favor of the best, in all that pertains to education and science, that clap-trap, gas and pretension are forced to take back seats. I need not cite you to Harvard, Yale and our own Chicago, in testimony of this assumption; the statistics of the old country, everywhere, as well as our own favored land declare the fact, that ignorance, vice and mortality go hand in hand and are as inseparably connected as cause and effect.

Two things, we as a people are excessively fond of, our lives and our purses, and when the masses become impressed with the close connexion between intelligence and longevity, health and prosperity, the shams and tricksters who have cheated them out of both must go to the wall.

Our seminaries, colleges and all educational and scientific institutions in the land are only reflecting the wonderfully advanced views on popular education, which have taken hold of the whole country, nor will medicine constitute an exception.

For the last twenty years we have heard discussed among the profession, the question of Medical Education and the necessity of raising the standard.

Men of highest eminence attempted to establish a standard. The National Association, and finally a convention of Teachers sought to solve the problem; year by year they gradually approximated, but never completed their model. The latitude or longitude would cause a variation—the iso-thermal line could not be drawn. The competitive influence of locality, facilities, expenses and imposing names, all had their weight. In the meantime individual members rose to prominence by their untiring labors in different departments and increased the agitation and demand.

The war gave special emphasis to surgery, and the immense storehouse of facts, both in surgery and practical medicine have been so admirably collated—the hygienic and sanitary conditions

so faithfully observed and the deficiencies so promptly met, that brother Jonathan at once presented himself as the peer of all his teachers and took front rank in everything pertaining to military, surgery, field and hospital practice.

Our rapid growth creating the demand, our increased wealth furnishing the means, the broadest liberty of thought and action; the stimuli of numerous Journals and multiplied schools, have gradually forced men to the front, and men are only the principles, or the combined forces they represent, either in medicine, politics, or religion. All this time chemistry, physiology and therapeutics have been pushing their investigations and accumulating facts. Social and sanitary questions have been broached calling upon us, to give in our evidence. Science and scientists have loomed up in vast proportions, flashing new light on old dogmas, and shaking the very foundations of moss-covered opinions, and much, that a score of years ago, was but a feeble cry, or undeveloped want, has become now a demand, a necessity of society and the times. So when Chicago leads off with her new classification of studies, and increased advantages, adopting what one of her more prominent sons had long sought, nothing more natural than dignified Harvard with her abundant means, should project the standard a little higher and follow in her wake; nor will Philadelphia long hesitate; already her stalwart Gross has rung out the demand of the times and the response of his listeners showed their hearty unison; a few distinguished centres thus taking the advance, and the less favored will soon follow.

Of all this we are proud; but *success* is not always stimulating, too often anæsthetic. We are far from having reached such a height that we can afford to relax our efforts, and look complacently on laggards or opponents; there are other victories to be won. An advanced position only reveals *new* difficulties and obstructions, or gives us a better view of *old* ones. A mountain scaled and summit reached brings to view not only new landscapes, but often other summits still less accessible.

There are some very practical questions far from being settled, dividing the profession which should be met in the spirit of kindness and frank discussion.

Our Code of Ethics (which I presume was not made for all time) must be modified or amended.

Our relations to the Public and the Public Press must be defined.

Whether the *suppression* of quackery depends on higher attainments and nobler devotion to the regular profession and its practice, or whether the people themselves should be taught more thoroughly the nature of disease, the elements of health and laws of life to help them escape the clutches of Quackery, are among the mooted questions; certainly there is magnanimity and intelligence enough to settle amicably all these matters. In the spirit of true scientists let us marshal the facts, and bow to their logic.

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ART. III.—*Medical Society of the County of Albany. Semi-Monthly Meeting, held February 18th, 1874.*

Reported by F. C. CURTIS, M. D. Secretary.

The Society met at the usual time and place. The President, Dr. SWINBURNE in the chair.

The following names were proposed for membership and referred to the Comitia Minora: Drs. D. COOK, C. E. BUFFINGTON, F. A. MUNSON, I. H. LENT, D. H. BARTO, WM. GEOGHEGAN, JR., and LEWIS BALCH.

Dr. R. H. SALBIN reported a case of Nephritis occurring to a puerperal woman, and causing death in three days. The patient was 29 years of age, of tubercular tendencies, and the mother of five children. She was near the end of her pregnancy, through the course of which she had been unusually well. One evening while shaking the stove she struck herself with the handle on the knee. She was instantly taken with severe pains in the abdomen which soon went to the back and which grew steadily worse.

She was found with this continuous pain in the back, but being more severe at times she thought it the pain of labor. The os was found on examination slightly dilated and thick, hard and unyielding. She had already taken of herself eight grains of Tully's powder which she probably vomited, and the bowels had moved twice; one and a half grains of opium was administered, had chlo-

reform by inhalation until it might have time to act, but producing little effect.

The os dilated very slowly. In about two hours the dose of opium was repeated, which allayed the restlessness of the patient, and made the pain more like that of labor—less agonizing. In about five hours the parts having dilated to admit of it, the fœtus, dead and weighing about three pounds, was delivered with the forceps. The placenta soon followed and with it three large clots, others coming away in the two or three hours succeeding. This was the only hemorrhage she had.

When seen again a few hours later she was suffering from severe after-pains, which she said was not unusual with her, and to relieve them another opium powder was given. She had passed no water since delivery and was unable to do so. Toward evening she was found very much exhausted and water was still retained. The catheter was passed but none was found in the bladder. Sweet spirits of nitre was given. She slept well during the night and was very sleepy next morning, but the urine was still suppressed.

There was a pallor of countenance, the face was puffed about the eyes, and she showed symptoms of uremic poisoning. The bladder was still found empty on using the catheter. Calomel and compound extract of colocynth of each five grains was given, to be followed in two hours with a teaspoonful of sweet spirits of nitre. At noon she had a pulse of 102, heavy respiration, with a desire to sleep. There were no pain. The bowels had not moved and the cathartic was repeated, followed in two hours by another dose and an enema of soap and water, which was not retained. At 9 P. M., there had still been no passage from the bowels although she had taken in all twenty-five grains each of calomel and colocynth extract, and half an ounce of castor oil. An enema was followed however in a few hours by a movement. No urine was passed. Next morning she felt better, the pulse was 90 and full and strong, she was restless and not so sleepy. When awake it was noted that she winked with the right eye. Her talk was disconnected, forgetting mid-way in the sentence what she was about to say. Five grains of compound extract of colocynth with

one grain of elaterium was given to induce watery discharges. Toward evening she became more sleepy, so that it was almost impossible to arouse her, and about 9 P. M., she sank and died.

Post mortem; the bladder was found empty and dry. The kidneys were inflamed and enlarged, one of them weighing ten ounces. The uterus was contracted, and contained a dark offensive discharge. Other organs were healthy. She died of uremic poisoning.

The PRESIDENT enquired in how short a time death had been known to occur from congestion of the kidneys and suppression of urine. He had never known it to occur in less than three days. This is sometimes interesting in a medico-legal point of view. A prominent physician has asserted on the witness stand, that a person going to bed at night entirely well, may die before morning of uremic poisoning. When such an assertion is made from so high a source, it ought to be investigated.

Dr. BABCOCK remarked that this depended upon the amount of urine in the circulation. He gave the details of a case in which during four days, not more than half a pint of urine was passed, and the symptoms characteristic of congestion of the kidneys were present. The patient improved under salines, and cups with hot fomentations to the back, and recovered.

Dr. CURTIS spoke concerning the part taken by the blow on the knee, in the case of Dr. Sabin, in causing the disease of the kidneys. He mentioned a case somewhat similar, which he reported to the Society last year, in which an external injury was the only cause that could be found for Bright's disease. The patient, a healthy man in advanced life and in easy circumstances, fell striking his head and back on the pavement. Symptoms of nephritis followed within a very few days, there being at first severe pains in the head, and vomiting from the fall. There was acute nephritis followed by chronic, the disease evidently originating at the time of the fall. Death occurred in three months after the injury, and at the post mortem, the kidneys were found large, white and fatty, other organs being healthy. Dr. Sabin's case illustrates still more clearly and forcibly the effect of external injuries in causing disease of internal organs. How they produce such effects it is

not easy to say, but it seems probably that it is through the nervous system, a nervous sympathy or a derangement of nerve action or supply. The exact ætiology is often an important point in a case. The writings of Brown-Sequard were alluded to.

Dr. MOSHER said it was pertinent to enquire as to the effect of the opium given in cases of acute nephritis. It is always well to make sure of the condition of the kidneys in the lying-in state before administering it, though it is generally given very indiscriminately. All anodynes seem to aggravate an existing disease of the kidneys, and the continued used of anodynes may develop it when given during the period of pregnancy. In this case a dose of Tully's powder being taken by the patient of herself might indicate that she was in the habit of keeping and using it.

Dr. LEWI said that he had never seen bad effects from opiates in either acute or chronic Brights' disease when given with discretion, symptomatically, by a careful physician.

Dr. VAN DERVEER said that he had given opium in some cases of albuminuria with pleasant results, and in others with the opposite. In one case of chronic albuminuria, convulsions came on after the exhibition of opium, and in another he had seen forty drops of laudanum by enema produce coma and death.

As to the length of time a patient lives with suppression of urine, he saw a man in May 1866, who was sick three days and recovered. Recently he was again attacked with the same, which lasted five days when he died. Although he suffered great pain but little opium was given.

Dr. J. B. STONEHOUSE, Jr., read a paper on the subject of Puerperal Insanity. This term, he said, as generally used to cover all cases of mania occurring in the pregnant and puerperal women is not strictly correct, and it is usual to divide the subject into the insanity of pregnancy, of labor including two months following the act, and of lactation.

Fifteen cases had come under his observation. Of these, eight were primiparæ, and four occurred during the second pregnancy. In four cases there were histories of heredity, and in five neuroses other than insanity were found to be hereditary. In six cases the patient had suffered from nervous disease previous to the attack,

and in one an attack of chorea ceased as the insanity came on. Two cases were fatal, one from dysentery and the other from maniacal exhaustion.

As to causes of this affection, hereditary predisposition is the principal, occurring generally in the maternal side. This includes not only insanity but other neuroses. Unmarried women are more liable to it; also those reduced by excess. The general shock of labor to the nervous system is an exciting cause in one thus predisposed, and the various changes in habits and constitution following pregnancy. Albuminuria has not been found to have any connection with it.

The symptoms present no characteristic points. Melancholia is the most frequent form of insanity occurring during the period of pregnancy, and perversion of the moral element is particularly noticeable. The maniacal type is most frequent when insanity comes on during labor.

Statistics differ as to the relative frequency of its occurrence during the different periods of pregnancy, parturition and lactation.

The prognosis is most favorable when it occurs during labor, and least so when coming on during lactation.

The treatment differs little from that of non-puerperal insanity. Narcotics are to be given if warm baths and stimulants fail to quiet the patient.

A number of cases occurring in the different periods were given in detail.

Dr. BAILEY said that he had met with only two cases of this affection. In both death had followed within a year from phthisis. There was a family history of this in one of them.

Dr. MOSHER spoke of the large doses in which it had become the custom to administer sedatives in the insane asylums, hyoscyamus and chloral being given in combination, the latter to prolong the effects of the former. He did not consider this good practice.

Dr. DAVIS said that he would divide insanity into three varieties, that due to nervous irritation, deranged circulation and disor-

ganization. In his observation puerperal insanity has been that of nervous irritation. The brain sympathizes with the uterus through the whole of gestation, and this is more marked in some than in others.

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THE REGULATION OF INSANE ASYLUMS.—A bill has been introduced into the New York Legislature on this subject, providing as follows:

“The Governor of the State is authorized to appoint for the City and County of New York not less than ten nor more than fifty, and in every other county not less than five nor more than twenty, reputable physicians, to be known as Examiners of Lunacy, and to fill vacancies occurring among such examiners as they occur; and in every case arising in any county requiring, as now provided by law, the certificate of two physicians to authorize the confinement for safe keeping of any person on the ground of lunacy, such certificate shall be required to be signed by two of the Examiners of Lunacy so appointed, resident in the county in which such case of lunacy is found; and no person shall be received as a lunatic in any asylum, public or private, without such certificate.”

Up to the time of our going to press its fate is undecided. If the said bill should pass, and the proper persons be appointed on the commission, it may serve a good purpose. It is unnecessary to assume that such gentlemen should be well-educated alienists.

This being the case, we shall then have the initiative taken towards establishing a corps of experts on insanity, whose duty it may be to examine all cases of doubtful insanity that may come before the courts.—*Medical Record*

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A MEDICAL LICENSE FOR LADIES.—The King and Queen's College of Physicians in Ireland has determined to admit females to the examination for its diploma in Midwifery, which can be registered. The Royal College of Surgeons in England has the power of granting a license in Midwifery, which can be registered. If it would use this power in favor of women passing a fit examination, we might hope for some abatement of the scandal of midwives' midwifery, and see an experiment on a goodly scale of the fitness of women for midwifery practice, which we much question.—*The Lancet*.

Miscellaneous.

ADDRESS.

Delivered by JOSEPH WARREN, Esq., before the Graduating Class of the Medical Department of the University of Buffalo, at the Twenty-eighth Annual Commencement, Feb. 24, 1874.

The invitation which brings me here this evening, though it originated in pleasantry, was not extended because I am a doctor, or the son of a doctor, but because from long familiarity with physicians—in altogether a social way—I have acquired the dangerous habit of talking. The more persistent cultivation of the talent for science would have been better for you and better for me.

There is no reason, however, why any man trained to thought and action should not address his fellows upon any subject which relates to the progress of science and the welfare of the community. Coleridge divides the series of admirable essays entitled "The Friend" into three parts, which he designates as "Landing Places," and in explanation of this term says: "Among my earliest impressions I still distinctly remember that of my entrance into the mansion of a neighboring baronet, awfully known to me by the name of the great house, its exterior having been long connected in my childish imagination with the feelings and fancies stirred up in me by the perusal of the Arabian Nights Entertainments. Beyond all other objects, I was most struck with the magnificent staircase, relieved at well-proportioned intervals by spacious landing-places—this adorned with grand or showy paints; the next looking out on an extensive prospect through the stately window, with its side-panes of rich blues and saturated amber or orange tints; while from the last and highest the eye commanded the whole spiral ascent with the marble pavement of the great hall from which it seemed to spring up as if it merely used the ground on which it rested."

Young gentlemen of the Graduating Class, you are standing to-night upon the first landing-place of the grand staircase of professional and public life. Whether you are to go up higher, to be men of broader grasp and finer culture, to become masters of science and lovers and practitioners of art, is to be determined by yourselves. The Buffalo Medical College has presented you with the seal of its commendation and its sanction for entrance upon a career of usefulness. The measure of the debt of gratitude you owe to your instructors is known to you, and this can only be paid by contributing in turn your share to the building up of the College. The pride of the mother is the character of her son, and it is the sacred duty of the son to reflect glory on the mother. The Buffalo Medical College is your professional *Alma Mater*—

cherishing mother—who sends you from home with her smile and benediction, confidently expecting that you will be worthy of her and her profession.

While on this landing-place, you will pardon me for presenting a brief history of this College so that you may learn whether or no you should be proud of the honor of the degree conferred upon you.

The charter for the University of Buffalo, of which this College is yet the only organized department, was obtained from the legislature in the winter of 1845-46, mainly through the exertions of the Hon. N. K. Hall, who was then a member of the Assenbly from this city; the most active promotors of the enterprise being Drs. Austin Flint and James P. White. As has since occasionally happened in Buffalo, more or less opposition was manifested to this new departure. It was seriously intimated that the young physicians and their confederates were not altogether unselfish in their desire to establish a College of Medicine; that they contemplated some financial gain or the improper increase of their professional practice. If the unwritten history of that time has not been incorrectly handed down, there was more or less bandying of unprofessional epithets and fierce display of professional implements of warfare. The College was not abandoned on this account. The first lectures—in the spring of 1847, in the winter of 1847 and 1848, and of 1848 and 1849—were given in the wooden building on the corner of Washington and Seneca streets, over the old Post-office and where the present Post-office now stands.

The following gentlemen composed the first faculty :

Chemistry and Pharmacy—Jas. Hadley, M. D.

Physiology and Medical Jurisprudence—Charles B. Coventry, M. D.

General and Special Anatomy—James Webster, M. D.

Pathology and Materia Medica—Charles A. Lee, M. D.

Principles and Practice of Surgery and Clinical Surgery—Frank H. Hamilton, M. D.

Obstetrics and Diseases of Women and Children—James P. White, M. D.

Principles and Practice of Medicine and Clinical Medicine—Austin Flint, M. D.

It should however, be stated that Prof. Geo. Hadley son of Prof. Jas. Hadley, has filled acceptably the chair of chemistry from the first.

The Buffalo *Medical Journal* of September, 1846, in calling attention to the contemplated college, states that the city has nearly thirty thousand population, and that it possesses advantages for the practical study of medical science that cannot be claimed for smaller places.

The First Commencement exercises were held on the 16th of June, 1847, at the First Presbyterian church, the Rev. Dr. Hop-

kins making the opening prayer. The degree of Doctor of Medicine was conferred upon seventeen young gentlemen by the Hon. Millard Fillmore, Chancellor of the University, and addresses were made by Mr. Fillmore and Prof. Hamilton.

The Second Commencement took place in May, 1848, at the Washington street Baptist church. Thomas M. Foote, M. D., in the absence of Mr. Fillmore, conferred the degrees upon thirty-two graduates, and Dr. Austin Flint delivered the address.

The Third Commencement took place on the 18th of April, 1849, at the First Presbyterian church. The address was delivered by the Rev. M. L. R. P. Thompson to the nineteen graduates. In this year the construction of the present Medical College building was commenced. The enterprise was already a demonstrated success, and the public spirited citizens of that day determined to give it a local habitation. The subscription list is an interesting fragment of local history. The largest donors were the late Jesse Ketchum, and A. D. Patchin, who gave \$600 and \$500 respectively; the late Hon. A. H. Tracy, George W. Tift and E. G. Spaulding, who gave \$200 each, and then follow the names of eighty or more gentlemen who gave \$100 or less. In such sums as these \$8,000 was obtained; the State gave \$2,000 and \$5,000 remained on bond and mortgage. The cost of the lot and building was about \$15,000—an amount too insignificant to engage the attention of a city contractor now-a-days, and yet it was sufficient to construct in the most thorough and substantial manner a commodious and well appointed edifice which has preserved the freshness of youth during all these years. This College building was opened in 1849, with a suitable congratulatory address by Dr. Austin Flint.

The Fourth Commencement occurred March 27th, 1850. Hon. Geo. W. Clinton conferred the degrees on twenty-seven graduates, and Dr. James P. White delivered the address.

The Fifth Commencement was on the 26th of February, 1851, Dr. Thomas M. Foote conferring the degrees upon thirty graduates, and Prof. Charles B. Coventry delivering the address. Among the graduates of this year were the late Sandford Eastman and Albert J. Myer, Chief Signal Officer of the United States Army, who has identified himself as thoroughly with the history of the country as any man living or dead. His system of signals utilized in the war of the rebellion and the system of the weather observations and reports already established and destined to be still farther developed and adopted over the civilized world, give him and the College unchallenged distinction. Of Dr. Eastman I shall have opportunity to speak hereafter.

Before the next course of lectures, the first change in the faculty of the College is recorded. Prof. Palmer accepted the Chair of Anatomy made vacant by the resignation of Prof. Webster, who was, as I learn, a skillful master of the scalpel and a very fluent

and successful lecturer. In the course of this year, too, John C. Dalton, now Professor of Physiology in the College of Physicians and Surgeons of the City of New York, commenced a series of lectures on Physiology, in which vivisection was practically introduced for the first time in the United States. He repeated and improved upon the experiments upon living animals made by Sir Charles Bell, Magendie and Bernard, and demonstrated the functions of the vital organs of the human system. The result of this method of demonstrative teaching is recognized in the more thorough knowledge of the offices of the heart, liver and the pancreas, and of the diseases which are referable to the spinal cord and the nervous and respiratory system. Prof Dalton has since published a book on Physiology, which has become the text book of all the schools.

The Sixth Commencement was celebrated on the 25th of April, 1852, Hon. James Wadsworth then, Mayor, conferring the degrees upon twenty graduates to whom Prof. Chas. A. Lee made the address.

The Seventh Commencement was on the 27th of April, 1853, Hon. George W. Clinton conferring the degrees upon eighteen graduates, and Dr. Hamilton delivered the address. During this year Dr. Sanford B. Hunt became connected with the college as Demonstrator of Anatomy.

Before the beginning of the next course of lectures Dr. Thos. F. Rochester was called to the Chair of the Theory and Practice of Medicine, made vacant by the resignation of Dr. Flint, who accepted another field of professional labor. As has been before stated, Dr. Flint was one of the promoters of the college, and his instruction did much to establish and maintain its highest reputation. Since this time as a physician and an author of works on General Practice and Diseases of the Heart and Lungs he has achieved a world-wide reputation and stands confessedly at the head of his profession in the United States.

The Eighth Commencement took place Feb. 22, 1854, Chancellor Fillmore conferring the degrees upon twenty-four gentlemen, and Dr. Rochester delivering the address. This year Dr. S. B. Hunt was appointed to the chair of Anatomy, made vacant by the resignation of Prof. Palmer, and Dr. Boardman succeeded as Demonstrator of Anatomy.

The Ninth Commencement was held at American Hall, Feb. 22, 1855, Chancellor Fillmore conferring the degrees upon fourteen gentlemen, and Dr. Hunt delivering the address.

The Tenth Commencement took place at Kremlin Hall, Feb. 26, 1856, Judge Clinton conferring the degree upon graduates, and Professor James P. White pronouncing the address.

At the Eleventh Commencement, Feb. 25th, 1857, Chancellor Fillmore conferred the degrees upon fifteen graduates, and Prof. Austin Flint, who had returned and resumed his connection with

the College as Professor of Clinical Medicine, delivered the address.

At the Twelfth Commencement, Feb. 22d, 1858, the Chancellor conferred the degrees upon nine graduates, who were addressed by Prof. Moore, of Rochester.

Before the next course of lectures the Faculty made arrangements to introduce new features in the instruction. Dr. Theophilus Mack, of St. Catherines, was appointed lecturer on *Materia Medica* and Therapeutics; Dr. Sandford Eastman was appointed Professor of Anatomy in place of Dr. Hunt, who had renounced the teaching and practice of medicine for the more congenial labors of the editorial profession; and Dr. Austin Flint, Jr., was appointed Professor of Physiology and Microscopic Anatomy. In this connection, it is due to Dr. Hunt to say that both by his editorial management of the Buffalo *Medical Journal* and his admirable lectures in his department, he contributed largely to the prosperity of the College.

Dr. Flint took up with enthusiasm and prosecuted with marked success the teaching of Physiology by vivisection, introduced by his preceptor, Dr. Dalton. His experiments showing the method of the transfusion of blood, are spoken of as remarkably brilliant, and his lectures were more than usually interesting and instructive. Since this, he has become the teacher of Physiology in the Bellevue Medical College, and has written the most comprehensive and exhaustive work on physiological science in the English language.

The Thirteenth Commencement took place Feb. 22, 1859, Chancellor Fillmore conferring the degrees upon thirteen graduates, and Prof. Hamilton delivering the address.

At the Fourteenth Commencement, Feb. 21, 1860, the Chancellor conferred the degrees upon twenty-three graduates, and Dr. Theophilus Mack, of St. Catherines, delivered the address.

At the Fifteenth Commencement, Feb. 26, 1861, the Chancellor conferred the degrees upon thirty graduates, and the address was delivered by Prof. Joshua R. Lothrop, who had taken the place of Dr. Mack.

At the Sixteenth Commencement, Feb. 25, 1862, twenty-eight students were graduated, Prof. James P. White delivering the address.

During this year, Dr. W. H. Mason succeeded Dr. Austin Flint, Jr., as Professor of Physiology, and still retains the position, carrying forward the practice of experimental teaching of his predecessor, and adding something every year to the treasures of knowledge which make medicine every year more of a science. Not long since an example of the experiments made by Dr. Mason was related to me, for the correctness of which I do not vouch. All the blood was taken from a dog and carefully preserved at the proper temperature. Artificial respiration was maintained until the veins of another dog could be opened, when the blood of dog

No. 2 was pumped into dog No. 1, much to the delight of the almost defunct canine who revived and went about his business. The blood of dog No. 1 was then transmitted to dog No. 2, and he, too, was alive again and well. Whether both these animals are now in the enjoyment of perfect health or not I am unable to say; but it would not surprise me to learn that the small dog had died of apoplexy and the larger one of exhaustion.

At the Seventeenth Commencement, held February 24, 1863, twenty-four students were graduated, Dr. Rochester delivering the address; at the Eighteenth, February 23, 1864, forty-one students took their degrees, Prof. Charles A. Lee delivering the address; at the Nineteenth, Feb. 21, 1865, fifty students were proclaimed doctors, Prof. Moore making the address; at the Twentieth, Feb. 20, 1866, the graduates numbered forty, and Right-Rev. Bishop Coxe was the orator of the evening; at the Twenty-first, Feb. 26, 1867, the graduates were forty, and Dr. James P. White delivered an address, largely historical, in which he said: "In many things essential to an elevated standard of medical education the founders of this College claim to have led the way in reform and improvement. It has ever been, also, the desire of those to whom the interests of this institution have been confided, to send forth such alumni only as would do honor to that profession to which its credentials might form a passport. As an evidence of the thoroughness of the course of instruction in this institution, the faculty are gratified in being able to assert that among all the candidates who presented themselves during the war for examination before the medical boards of the different States, or the more exacting United Army Board, or the still more severe scrutiny of the medical staff for the Navy, they have yet to learn of the first rejection of one holding its degree of Doctor in Medicine."

The twenty-second Commencement occurred February 25, 1868. The graduates were forty, and the address was delivered by Dr. J. F. Miner, who had this year been appointed Professor of Surgical Anatomy and Ophthalmology, changed in 1869 to Special Surgery.

At the Twenty-third Commencement, Feb. 24, 1869, thirty-four students were graduated—address by Prof. Rochester; at the Twenty-fourth, Feb. 22, 1870, the graduates were forty-one, and the orator Rev. Walter Clark, D. D.; at the Twenty-fifth, Feb. 20, 1871, the graduates were thirty-nine, Prof. Moore, of Rochester, delivering the address. In consequence of the illness of Dr. Eastman, Dr. M. G. Potter delivered during this term the lectures on Anatomy. At the Twenty-sixth, Feb. 20, 1872, the graduates were thirty-four, and Prof. White delivered the address. During the year Prof. Chas. A. Lee, who had been identified with the College from the outset, died. As a lecturer in several medical colleges; as editor of the *New York Journal of Medicine*; as the author of popular works on hygiene and sanitary subjects, and as the editor of a new edition of Copland's Medical Dictionary

with copious explanatory notes and additions, Prof. Lee was widely and favorably known. He was a man of culture, a lover of science for its own sake, and a valuable contributor to all the departments of medical learning. Dr. H. N. Eastman, of Geneva, lectured in this department during this term and the next. Dr. Potter was elected Prof., of Anatomy during this year in place of Dr. Eastman.

The Twenty-seventh Commencement exercises were held on the 25th of February, 1873. Professor J. F. Miner delivered the address to the forty graduates. During this year, Dr. Stoddard, of Rochester, was appointed Lecturer on *Materia Medica*, and Dr. Phelps, Demonstrator of Anatomy.

If this recital of facts and dates has not been too wearisome, you will have already arrived at the conclusion that an institution with such a history—with such a distinguished list of eminent teachers—with so many and accomplished graduates, is one whose honors should be worthily borne. Among the surgeons of the country, Dr. F. H. Hamilton, now of New York, Dr. Edwin M. Moore, of Rochester, and Dr. Miner, of this city, have no superiors; among the general practitioners, Drs. Austin Flint, Sr., and Rochester hold conceded eminence; among the physiologists, Drs. Dalton, Austin Flint, Jr., and Mason are in the first rank, and Dr. White in his department has initiated and performed operations which have won for him a reputation more than national, and contributed largely to the progress of medical science.

The second landing-place, Gentlemen, of the Graduating Class, you will remember looked "out on an extensive prospect through the stately window, with its side panes of rich blues and saturated amber or orange tints." To this landing-place you will ascend, if at all, by slow and patient steps. The stair-case is before you, the stately window with its beautiful tints is above. If you anticipate that some stroke of fortune is to give you precedence; that some accident is to elevate you above your associates, it is more than probable that you will taste the sorrows of disappointment. To a greater or less extent you are scientific men, and it now devolves upon you to demonstrate that you have the wisdom to make your knowledge of the science of medicine available. It is not enough that you are capable of healing the sick. You must be able to persuade the citizens of your residence of your capacity and skill. Many a well educated physician, enthusiastic in the love of his profession, has failed because to his other learning he failed to add that of a correct diagnosis of human nature. You cannot be successful as practitioners if you isolate yourself from society and ignore the culture which grows out of contact with well-informed and well-balanced minds. So far as my observation has extended, physicians may be divided into three classes:

1. Those who gain strength, steadiness and practical knowledge every year, and add to their professional reputation the element of high moral character.

2. Those who by some spasmodic effort—some assumption of superior wisdom or special skill—attempt to reach the second landing-place without the use of the stairs leading to it.

3. Those who wait for something to turn up, and gradually slide or fall from the first landing-place in the bottom of the staircase.

The first class comprises the growing and great men of the medical profession; the second the empirics and quacks who are as ephemeral as they are useless, and the third are the drones and dullards that afflict every community. Permit me to call your attention to a few maxims which may be of value in professional life:

1. Be cleanly in person and neat in dress. Patients never call a doctor because he needs their patronage.

2. Sometimes tell the truth to your patients. It will surprise and may benefit them.

3. Associate with the most reputable people of your locality, or cultivate your own acquaintance,

4. If you hear any scandal, keep it to yourself; if you learn anything good of another, tell it.

5. Avoid people who are constitutional fault-finders, and strive to gain the confidence of those who are in favor of something.

6. If you can, secure business on the Chinese system of payment when the family is in perfect health, and "no pay" when any member is ill. It will be easier and safer to prevent disease than to cure it.

7. Bear in mind that the symptoms of a cold are, also, the symptoms of nearly all the types of febrile and inflammatory disease. The best thing for the patient and the worst for the physician, is to break up the cold and drive off the contingent fever. This is announced on the authority of the late Dr. Barnes of this city.

8. A most desirable attainment for a physician is composure. Said David Paul Brown to a gentleman who inquired how his son could become self-poised: "That must depend upon himself. He must learn composure as Peter the Great learned to conquer, by being flogged and defeated over and over again, deriving instruction from every overthrow. In short, he must let no man be master of his temper but himself."

These maxims could easily be extended, but remembering that

————— Since brevity is the soul of wit,
And tediousness the limbs and outward flourishes,

I will be brief.

In conclusion, Gentlemen of the Graduating Class, I ask your permission to pay a personal tribute to the memory of my more than friend, the late Dr. Sandford Eastman. He was a graduate of this college and was called to a prominent professorship. Thoroughly scientific and eminently practical, he discharged his duties to the college as he did those of every department of life with

singular fidelity. He lectured conscientiously, not to gain popular applause, nor even class favor. His aim was simply to do, day by day, his best for his profession, and for all those who came within the range of his personal and professional knowledge. He watched by the sick bed of the poor without hope of reward; he prayed with and for those near unto death to whom the church brought no benediction; he lingered with the sorrowing and suffering when life had fled, and ministered to them as only the sympathetic spirit can; like his Master, he went about doing good, and the consciousness of well-doing was to him its own sufficient reward. Human and manly as he was, he may have had dreams of higher recognition in a professional way; but they did not disturb the even tenor of his patient though waning life. Jacob's ladder was always near him, it was but a step or two between each day's work and Heaven; and angels were constantly ascending and descending.

Some two years ago, as some of you know, he resigned his professorship and sought a more genial climate. The skies of Southern California smiled him welcome—the dryer air gave him vigor and encouragement—the blossoms of the orange and of all the plants of perfume were brighter and sweeter for his coming. He thought to live awhile, until his daughters were educated and the orange grove he had planted should bear golden fruit; and yet the call of the sick could not be resisted. He must be about the Master's business, and so, on the 8th of January last, having finished his toil upon earth, and gladly aspiring to the Landing Place of Heaven, he ascended the steps and rests from his labors. Looking down from his celestial home, he surely asks these graduates of the Buffalo Medical College, as those who have preceded them, to deserve the title of "The Beloved Physician."

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Editorial.

Editorial Change.

We have the pleasure of announcing the addition to our Editorial Staff of Dr. EDWARD N. BRUSH, who has been for the last two years Chief Assistant and upon whom has devolved most of the labor of editing the JOURNAL.

The Senior Editor, who has had sole charge for the last thirteen years, is now obliged from increase of professional duties to accept an honorary and advisory position, not however in the least abating from his interest in an enterprise which has been his constant care, his untiring labor and his greatest pride for a long series of years.

THE BUFFALO MEDICAL AND SURGICAL JOURNAL has grown old and strong under the fostering care of the profession. It has impartially recorded medical observation and progress; endeavored to promote harmony and concert of effort in the profession, spoken kindly of all, and looked charitably where it

was impossible to approve, in a word, has aimed to advance the interests and promote the well-being of the entire medical profession. In return it has been sustained by the best men in its ranks and its practical value augmented by contributions of the greatest merit and value. The success of our enterprise of which we boast then, is not of editorial labor, but the product of professional thought and effort in others; and we take this opportunity to acknowledge indebtedness to our friends and to thank them for favors which we have no other means to repay. The senior editor while resigning the positive interests of the JOURNAL to one who can devote to it more time and thought, will ever cherish an unabated interest in everything that can promote its value and the general prosperity of the Medical Profession.

In assuming the duties of Assistant Editor of a Journal of the reputation in the profession which the BUFFALO MEDICAL AND SURGICAL JOURNAL enjoys, we do so with a full appreciation of the responsibilities and labors which that position entails upon its holder. Having this knowledge in view we make no promises for the future, for we think none are required. The earnest, observing, hard working and practical men in the profession have thus far lent their aid and support to the JOURNAL, and we are sure that they are not now ready to retire from the field. The Senior Editor in his Introductory thirteen years ago, said, that he looked to the members of the profession for the success of the JOURNAL, and it depends now none the less upon them. He has taken the opportunity to thank them for support and sympathy in the past; it is to be earnestly hoped that they will continue the same in the future.

There are cases of much interest occurring constantly in Buffalo and vicinity which should be reported in the JOURNAL. It is not to be understood that only rare and unique ones are desired; it is rather those of every day practice, such as are to be met by every physician, and upon which information may be thrown if well reported.

Awaiting then the continued and hearty co-operation of the profession, we take our Editorial Chair, stimulated by the past history of the JOURNAL, anxiously, yet hopefully awaiting its future record. B.

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Dr. Bela H. Colegrove.

A special meeting of the Erie County Medical Society was held Saturday evening March 21st, to take into consideration the death of Dr. B. H. COLEGROVE, of Sardinia.

The President of the Society, Dr. LOTHROP upon taking the chair, stated in a few words the object of the meeting. Dr. JAMES P. WHITE made a few remarks concerning the deceased, and gave a brief account of his acquaintance with him.

Dr. LYNDE read the following brief history of Dr. COLEGROVE's professional career.

"No man in our profession can, through nobility of birth, fortune or patronage, attain to eminence. Neither is there any chance in its ranks for accidental fame. Its laws in this respect are inexorable. Only those can hope for distinction who possess integrity, natural abilities, discriminating powers, and untiring industry. A small man may creep into high places in the political world, and his death in consequence may shock a continent. A great man may fall from the ranks of our profession without eliciting anything more than the common obituary notice, which from the most of its readers but calls out the interrogation, Who was he? Who then was he? He was Bela H. Colegrove, of the little village of Sardinia, where for over half a century he lived the counsellor alike of medical men and the people; and I venture the assertion that no member of our profession ever met and conversed with Dr. Colegrove on medical topics but felt that he had profited thereby, and that no man outside of our profession ever formed his acquaintance but recognized his equal; and just here let me state that the deceased was associated in years gone by with men of note—judges, lawyers, congressmen and presidents.

Dr. Colegrove, like all country practitioners, was obliged to cover the whole field of practice, including surgery, medicine and ob tetrics, but unlike most men spread over so much territory, he was never regarded by his professional brethren as decidedly vulnerable at any point. So far was he from being feeble, especially in surgery, that during a professional life of over half a century, in which time he performed all or nearly all the recognized surgical operations of his day, (alone so far as responsibility was concerned) he never was mulcted for damages or took the part of defendant in the court-room. Mr. President—No one who has not the experience can know what it is to be a general practitioner in the country. I have no reference now to physical hardships, but I refer to the great responsibilities the practitioner is often driven to assume unaided by professional men, and often without a choice of surgical appliances or instruments. All this is reversed in city practice.

Dr. Colegrove was born in Coventry, R. I., on the 20th of April, 1797, and died in Sardinia March 19, 1874, making him at the time of his death nearly 77 years of age. His parents were poor, and he commenced life by teaching school at the age of 14. He follow teaching several years, saving his earnings which he afterwards expended in acquiring a knowledge of his profession. He studied in the office of Dr. Hubbard, who was subsequently made professor of surgery in the New Haven Medical College.

He had as one of his fellow-students, while in the office of Dr. Hubbard, George McClellan, who in after years became professor of surgery in the Jefferson Medical College, Philadelphia. Dr. Colegrove attended his first course of lectures in the New Haven Medical College, his second in the Pennsylvania University. He had now spent less time in the study o' his profession than was required by the curriculum of that old institution, and in company with three young men, similarly situated, he started for his home in Rhode Island. On his way home he and his companions stopped in New York City, where he learned he could get an examination by the professors of the College of Physicians and Surgeons, and if they judged him competent a diploma would be given to him. All four of these young men were examined by the professors separately and but one rejected. Young Colegrove was among the fortunate, and received his diploma, which he had recorded in the Erie County Clerk's office, of this State, in 1821, making him at the time of his death a member of this society fifty-three years.

Dr. Colegrove began the practice of his profession in Sardinia, in this county, in 1820. He immediately entered into a good practice, which extended during his best days over half a dozen counties in this State, often being called into the northwestern counties of Pennsylvania. He entered into a copartnership with Dr. Trowbridge, of Buffalo, and moved to this city with a view of making it his home. He lived here but a few months and returned to his old home in Sardinia. Dr. Colegrove was not, however entirely contented in Sardinia. He at one time had his goods on the road to Springville, but for some cause

changed his mind and directed his teamsters to return. Dr. Colegrove was strictly a professional man, and during his active life, such was his vigor, energy and industry, that, although in his saddle most of the time day and night, he kept well informed on all subjects that relate to his profession. He was proud and desirous of the high esteem of his fellow-practitioners.

He loved his profession, and was proud of it until the day of his death. These sentiments his profession have always reciprocated. But he was proud, too, of the admiration of the people, which led him to accept several elective offices. The duties of these offices compelled him to mar the otherwise continual, honorable, I might say, glorious service in his profession.

The chair then appointed a committee of three, consisting of Drs. WHITE, LYNDE and BRIGGS, to draft resolutions expressive of the feeling of the Society. They presented the following which were adopted:

Whereas, It has pleased Almighty God in His providence to remove from earth the soul of our aged friend and co laborer, BELA H. COLEGROVE, M. D.; therefore be it

Resolved, That by the death of Dr COLEGROVE the medical profession has lost one of its brightest ornaments and most zealous members; the State a pure, noble-minded and useful citizen, and the county in which he lived an able and disinterested advocate of its interests.

Resolved, That the Erie County Medical Society, upon the occasion of the death of its oldest and one of its ablest members, place on record its appreciation of a life devoted for over half a century to the most self-sacrificing labors and to the accomplishment of high professional ends.

Resolved, That this Society regards his long and honorable career with feelings of deep emotion, and hereby expresses its profound sense of gratitude to Almighty God for His gracious preservation of a life devoted to works of charity and love.

Resolved, That we tender our sympathy and condolence to the family of the deceased in their sad bereavement, and especially invoke upon them the Divine blessing.

Resolved, That a copy of these resolutions be furnished the Buffalo *Medical and Surgical Journal* and the daily press for publication, and that a copy be sent to his family.

After some remarks by various members of the Association the chair appointed a committee of five to attend the funeral on the part of the Society, after which the meeting was declared adjourned.

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DR. E. S. GAILLARD, Editor of the *Richmond and Louisville Medical Journal*, has our sincere sympathy in his recent bereavement in the loss of a supporter, we copy the following letter as showing the loss which he has sustained.

GOSHEN HILL, Union Co., S. C.

DR. E. S. GAILLARD:

Sir:—I can not support a Journal that advocates a social reunion with the northern section of the Medical Association under the circumstances.

Very respectfully, etc.,

G—— D——, M. D.

Evidently Dr. G—— D——, who seems ashamed to sign his name in full, needs a little wholesome reconstruction. We did feel sorry for the people of South Carolina, but if they are all like the Doctor, we must "under the circumstances" withdraw our sympathy.

Hairy Man.

The London *Lancet* of October, 25th gives the history and portrait of a Russian peasant and his son, Adrian and Fedor Jeftichjew, at that time on exhibition in Paris. We present below the picture of the father.



The entire face is covered with long brown hair, which extends down the back for some distance. An examination does not reveal any unhealthy condition of the skin, there being no nævoid or other discoloration. The son is only three years of age, and resembles his father in a marked degree, the hair, however, is lighter and thinner and the skin is therefore somewhat more perceptible. Both are nearly edentulous, the father having no teeth up to the age of seven-

teen, and then only four in the lower, and one in the upper jaw. The son has four incisors in the lower jaw. These are not the only known specimens of hairy men, other instances being mentioned as occurring among the Russians and Burmese. In these instances also an edentulous condition was observed. The Hairy men of Japan are said not to resemble these, either in the absence of teeth or in the arrangement of hair.

These curious creatures excited considerable interest while in Berlin, and were there carefully examined by Prof. Virchow.

Whether they form a type of the connecting link between the present race of men and the previous lower order we cannot say, this and similar questions we leave for the consideration of Mr. Darwin. The picture reminds us forcibly of a Scotch Terrier, with a boy's coat on.

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Books Reviewed.

A Practical Treatise on the Diseases of Children. By J. Forsyth Meigs, M. D., and William Pepper, M. D. Fifth Edition, Revised and Enlarged. Philadelphia: Lindsay & Blakiston, 1874.

The treatise of Meigs and Pepper on Diseases of Children has enjoyed a large share of the favor of the profession. The fourth edition met with a favorable reception at the hands of medical practitioners and became a book of constant reference and study. Although only four years have elapsed

since its publication the call has been urgent for another edition. In the preparation of this volume the authors have taken pains to carefully revise the text of the former edition so as to make it conform with the views of the present day.

Among the articles in which the greatest changes will be noticed are those on diseases of the heart, progressive muscular sclerosis, or pseudo-hypertrophic muscular paralysis, the treatment of scarlet fever and measles, variola and vaccine disease. Chapters have also been added in pulmonary emphysema, pneumo-thorax, retro-pharyngeal abscess, tonsillar affections, malarial fever and scrofula. The chapters of Nervous Disorders of Infancy and Childhood are well written and embrace the most important subjects under the head, we do not notice however any mention of the influence of a syphilitic diathesis, either inherited or acquired upon the nervous system.

The illustrative cases are printed in smaller type and the text condensed so that although a large amount of matter has been added, the present edition is increased only ninety pages in size over the former.

With the many additions, which have been made the treatise of Meigs and Pepper will rank as one of the most complete works upon the subject in the English language.

An Introduction to the Study of Clinical Medicine: Being a Guide to the investigation of Disease for the Use of Students.

By Octavius Sturges, M. D., Cantab. Philadelphia: Henry C. Lea, 1873. Buffalo: T. Butler & Son.

This little book is intended to be a guide to students in the study of medicine at the bedside. It teaches the student, who is supposed to know what he wishes to see, how to see it. The author encourages the student to trust to his own powers of observation and to cultivate them. As a guide to the proper study of clinical medicine we think it will be well received.

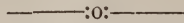
Clinical Researches in Electro-Surgery. By A. D. Rockwell, A. M. M. D., and George M. Beard, A. M. M. D. New York: Wm. Wood & Co., 1873. Buffalo: H. H. Otis.

This little essay is composed of reports of cases in practice in which electricity in some form was employed.

The authors are well known for their researches in electro-therapeutics, and the present contribution to surgical science will be read with interest by those who are desirous of investigating the practical benefits of electricity.

Much has yet to be observed in order to demonstrate the exact place which is to be allotted to electricity in our list of therapeutical applications. The

time has not yet arrived when we can explain its action in all cases in accordance with physiological laws, but careful and patient observation will do much to place it upon a firm basis. Undoubtedly much that is claimed for electricity at present will in time be found to be fallacious, but that its application in many instances is attended with benefit we can see no reason to doubt. Its surgical applications are limited to a certain extent, but there are many instances in which either the use of electrolysis or the galvano-cautery, would be of material aid to the surgeon.



Books and Pamphlets Received.

A Treatise on Therapeutics, comprising *Materia Medica* and Toxicology, with especial reference to the application of the Physiological action of Drugs to Clinical Medicine. By H. C. Wood, Jr., M. D. Philadelphia: J. B. Lippincott & Co., 1874 Buffalo: Martin Taylor.

Galvano-Therapeutics. A revised Reprint of A Report made to the Illinois State Medical Society. By David Prince, M. D. Philadelphia: Lindsay & Blakiston, 1873.

Annual Report of the Supervising Surgeon of the Marine Hospital Service of the U. S., for the fiscal year 1873. John M. Woodworth, M. D. Washington: Government Printing Office, 1873.

Lectures on the Clinical Uses of Electricity, delivered in University College Hospital. By J. Russell Reynolds, M. D., T. R. S. Philadelphia: Lindsay & Blakiston, 1874.

The Physicians Dose and Symptom Book. By Jno. H. Wythes, A. M. M. D. Eleventh Edition. Philadelphia: Lindsay & Blakiston, 1874.

Report of the Resident Physician of Brigham Hall, A Hospital for the Insane, for the year 1874.

Constitution and By-Laws of the Association of the Alumni of the Albany Medical College.

Medical and Pharmaceutical Notes. By Edward R. Squibb, M. D.

Contributions to the Study of Yellow Fever. By J. M. Toner, M. D., and John M. Woodworth, M. D.

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Original Communications.

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ART. I.—*The Treatment of Uterine Flexions.** By ELY VAN DE WARKER, M. D., Syracuse, N. Y.

The correction of a flexed womb by the introduction of a straight stem into its cavity is a most natural idea. Correct as it is in theory however, there has been that about it which has led to its abandonment by eminent men.

As I have before stated,† the ill success of the older form of intra-uterine stem instruments exists in an error of construction. The stem was kept *in situ* by either a (1) fixed support external to the body, or (2) by a support from the vagina. The first of these methods violates a well known physiological law. This is the law of the normal mobility of the uterus. This change in the position of the organ is incident to changes of inclination of the body, to displacing forces exerted by the vesical or rectal contents, and to pressure from above, and expulsive efforts natural to the viscera of the pelvis.‡ It is evident that in this first form of intra-uterine stem the uterus was changing, or endeavoring to change its position upon a rigid stem, which was exerting a dangerous degree of force upon the fundus, or creating great irritation of the lateral walls of the organ.

* Read before the Medical Association of Central New York, at Syracuse, Dec., 16th, 1873.

† New York Medical Journal, vol. xviii, p. 361.

‡ The Physiological Changes in the Position of the Healthy Unimpregnated Uterus. By John Williams, M. D., M. R. C. P. London Lancet; 1873, p. 593. American Edition.

The form of stem retained in position by vaginal support is not so bad. A mistake has been made in this also. This lies in the very vague idea of how fixed a body in the grasp of the vagina may be. It has therefore been thought necessary to have a large pessary for the stem to rest upon, in order to counteract its tendency to expulsion. In one of the best forms, that of Graily Hewitt, he recommends numbers 2 and 3 of his rings, embracing in the series diameters of $2\frac{1}{4}$ to $4\frac{1}{2}$ inches. The numbers referred to would be $2\frac{1}{2}$ to 3 inches in diameter, bending the ring into an oval, and consequently greatly increasing one diameter.* This is altogether too large for the purpose named. I have retained a stem in position for months in a woman, the mother of eleven children, by a circular vaginal flange one fourth the size named by Dr. Hewitt. He allows the stem "to fit loosely in the collar below," so as to allow "sufficient motion in *all* directions." It is evident from this quotation, that "all directions do not include ascent or descent of the organ impaled upon the stem. Neither could these movements of the uterus occur with the smallest size vaginal attachment named by him. In other words, the constricting force of the vaginal muscles would so act upon a foreign body of the size given, that its position would be firmly fixed without any reference to the constant tendencies of the womb to ascend or descend in the pelvic cavity. If a woman was ever able to wear such an intra-uterine and vaginal appliance for a series of months—as is necessary in the treatment of flexions—it was simply a case of extraordinary endurance on the part of the patient, nothing more.

The idea of support from the vagina for the retention of an intra-uterine stem is as correct in theory as is that of intra-uterine means to restore a flexion. The error, as in the former case, lies in the manner in which the theory has been utilized. With the law of normal uterine movements clearly in view, the treatment of flexions with vaginal support is a practical and valuable measure.

My first effort to devise an instrument to correct uterine flexions, consisted of a modification of Dr. Hewitt's. I first reduced the diameter of the stem at least one-half. Thus reduced, its vaginal

* Hewitt, *Disease of Women*, 1st. Amer. Ed. pp. 46¹, 522.

end was too small to admit a perforation for the end of a sound, and for this purpose I used a No. unannealed iron wire. The most important modification consisted in substituting for the enormous vaginal collar described by the author, a small adjustable vaginal flange of the least possible dimensions capable of answering its purpose. Theoretically, it should be of just sufficient size to afford grasp to the vagina to retain both stem and flange in position, and yet accommodate the changing positions of the womb. I found that the flange could be made five-eighth to three-fourths of an inch in diameter, and when of this size, could be worn and perfectly retained for months. That I had, in a measure, answered the theoretical requirements, was shown by the fact that its presence afforded exemption from pain, and, of itself never

became a source of irritation. Its mode of operation is simple. The stem *a*, fig. 1, upon the end of the wire *b*, being in position, the flange, *a*, fig. 2, by means of its central perforation *c*, is placed upon the wire. Two slots *e*, upon opposite sides of the flange receive the wire, so that on being pushed up, it presents itself at the ostium vaginae by its edge, entering the parts without difficulty, and is gently pushed upon the stem until it meets the collar *f*.

FIG. 3.

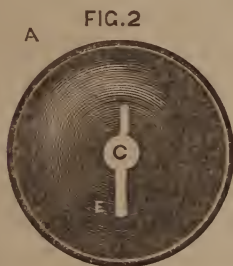


FIG. 1.



Desiring to do any with the vaginal portion of the instrument,

I devised a more simple mechanism, consisting of a stem *a*, fig. 3, with a cross piece *b*, of rubber tubing, which expanding in the cavity of the womb, acted as a means of self retention. As this has been fully described, and is here figured,* I shall give no space to its description.

Dr. Thomas Savage, of Birmingham, who fully endorses the treatment of uterine flexions by intra-uterine support, says † that any form of stem has an unaccountable tendency to slip out of the uterine cavity. I have also noticed this tendency, even after a stem had been worn—in one instance nine weeks—it was suddenly found free in the vagina. This will happen with the best of instruments. I have in a measure corrected this tendency in the self-retaining stem by carefully observing each case and placing the cross section of tubing at different points on the shaft of the stem as the case demanded, so that the rubber would expand just after clearing the internal stricture of the neck. This careful study of each case and modifying the instrument to suit it, is the surest way of preventing the expulsion of the stem. Nothing can replace this mechanical adaptation of means to ends. The self-retaining, or any other form of stem, must therefore be made to meet the special indications in each case. If this is overlooked annoyance and failure will beset the physicians, no matter what instrument he uses.

I shall illustrate the results of the treatment of uterine flexions by the intra-uterine stem, with the manner of meeting some of the difficulties which obtrude themselves, by a few clinical details.

CASE I.—Mrs. L., aet. 28, native of England; occupation house-keeping. Eight years married. Mother of two children, the youngest two years old. No history of miscarriages. Was formerly a visitor to the Syracuse Free Dispensary, and was there treated for endometritis. It was also noticed that a sound passed with its curve backwards. The fundus could be felt in the retro-vaginal *cul de sac*, but well up and but slightly tender. At that time this partial flexions was not treated. Four months after she presented herself again and a most marked state of posterior flexion was found. The fundus was very sensitive to the touch, and

* New York med. Jour., Oct., 1873; and New York Med. Rec., Dec. 15th, 1873.

† Obstet. Jour. Gr. Brit. and Ire., Nov. 1873, p. 505.

the passage of the sound gave great pain. An attempt was made to pass the stem with the vaginal flange attachment, but it was found that the womb so quickly returned to its dislocated condition that it could not at that time be introduced. The womb was thrown into position by the sound, a small weight attached to the handle of the instrument so that it would not turn and was then dropped between the thighs. The organ was thus kept in position about fifteen minutes and she was directed to return the next day.

Jan., 15th, 16th and 17th, she was given about the same length of time upon the chair. At the last date it was found that several minutes passed before the womb was completely flexed. Coughing or any movement of the body on the chair, hastened the returning dislocation. The sensibility of the cavity of the organ to the sound was also much less. The stem now passed with ease. The presence of the stem made the woman very comfortable.

Jan., 30th.—Mrs. L. returned, the stem having suddenly slipped out. Replaced the stem. Was worn almost constantly until March 7th, when the self-retaining stem was introduced. Menstruation during the wearing of the stem so far was much less in quantity, and attended with less pain.

April 5th.—Self-retaining stem worn since last date, and found well in position. The instrument removed and the patient sent home without it, in order to test the results of the treatment.

April 8th.—An examination revealed the unpleasant fact that the flexion was yet uncured. Stem again introduced.

May 20th.—Stem has been worn continuously since the 8th ult. The instrument was again removed and the patient sent home.

May 30th.—Patient presented herself for final examination. The parts were in the normal position. Discharge cured.

Nov. 15th.—Mrs. L. again presented herself with the return of all her former painful symptoms. An examination showed that the retro-flexion had returned in as marked form as before. She stated that these symptoms had been coming on for about a month. That from May 30th, until then, she had never felt better in her life. She could give no reason from exposure or over-work for the return. The self-retaining stem was introduced, since which time I have not heard from my patient.

There are two points in this case, to which I shall direct attention. The first is the preliminary restoration of the organ. By this means the stem was introduced as quickly and with as little pain as a sound would be. Without keeping the bent organ straight while the stem is being passed into its cavity, it would be a matter difficult, as well as painful to introduce the instrument. Dr. Thomas Chambers in his clinical details of many cases of uterine flexions continually refers to the difficulty of introducing the stem.* This difficulty may, in many cases, be avoided by the manipulation I have described in this case. Endometritis is usually present in cases of flexion of long standing. The stem should pass without using *any* force, if not great pain and considerable flowing will be the result of prolonged endeavors. If it is found that the stem does not easily pass, the organ ought to be again straightened, and possibly again, and again, until the stem is readily passed. This of course implies accurate curvature and great care in the use of the sound.

The other point is that a flexion, once established, has a spontaneous tendency to recur after a more or less lengthened period of restoration to a normal position. I state this that the physician may be on his guard and not too hastily pronounce his patient cured.

CASE II.—Mrs. G., aet. 27, English, mother of eleven children, youngest three years old. Has always been a hard working woman. For a year previous to my seeing her had suffered from backache, bearing down, pain in defecation, tenderness over the hypogastrium, inability to walk. I found her in bed. The most painful feature of the case came from the marked nervous disturbance; sinkings, a feeling of impending death. Sleep difficult, appetite gone, and general health much impaired. An examination showed an acutely retro-flexed womb, os patulous with lateral rents. The sound penetrated $3\frac{1}{4}$ inches, and cavity of the organ was tender and disposed to bleed. The flexed organ was easily returned to its normal position but quickly recoiled to its dislocated position on the withdrawal of the sound. For several weeks the only treatment given was to the general health.

*Obstet. Journal, Gr. Brit. and Ire. Vol. 1, five Nos.

June 20th.—Introduced the flanged stem.

June 24th.—The stem is well borne, the pain and hypogastric tenderness abating.

July 13th.—The patient is now going about the house attending to her domestic duties. She is sleeping well, appetite good, gaining flesh and strength. The nervous attacks are less frequent and severe.

July 30th.—The patient at this visit complained of pain and difficulty in passing water; an examination found the womb strongly retro-versed, the flange pressing the neck of the bladder. The womb was put into its proper position and the posterior vaginal *cul de sac* tamped with carbolized cotton wool, forming a broad, soft bed for the organ to rest upon.

Nov. 10th.—Since the last date the stem has twice escaped, remaining out on one occasion ten days. Without the support of the stem the uterus gradually returns to its flexed position. The general health of the patient is good, and she is leading a useful life.

When this patient will be cured of the flexion I shall not venture to predict. All that I can claim for the treatment is, that this woman has been taken from her bed and made useful to herself and other. A positive cure after wearing the stem for six months almost continuously, seems as distant now, as when the treatment was commenced.

The correction of the retroversion in this case is a point of interest. There is, I have noticed, a tendency to retroversion after the correction of a retro-flexed uterus by means of the intra-uterine stem. The flexion removed by the presence of the stem, the fundus of the organ has a disposition to at once drop backward into the Douglas space. To correct the double tendency to displacement by a vaginal appliance connected with the stem, is precluded by my theory of the intra-uterine stem. The office of the stem is to correct a flexion, and any other indication is to be met independently of the stem or its necessary attachments. The best means I have found to prevent the retroversion is—as in this case—to fill the posterior *cul de sac* of the vagina by a mass of cotton wool, saturated with a solution of carbolic acid in glycer-

ine. It is efficient, painless and cleanly. The tamping may be removed every ten days. The mass of cotton must be just sufficient to fill the space and not project beyond the neck into the grasp of the vagina or it will be forced out with the stem.

CASE III.—Mrs. H. act. 29, widow, the mother of one child six years old. Has been a widow four years. For the last three years menstruation has been very abundant, often extending over two weeks, and several times there has been a continual discharge of color for two and three months. Latterly there has been a sore and painful point in the right iliac region, backache and bearing down. An examination revealed an open and everted os, a marked backward flexion with right lateral inclination. The sound penetrated three and one-quarter inches, and was attended with acute pain, and nearly twenty-four hours passed before the pain of the examination ceased. The depressed fundus was also exquisitely sensitive to the touch. The general health of the woman was greatly impaired, and her resolution and "pluck" completely destroyed. As it would be impossible to treat the flexion in the present state of the parts, a course of preliminary treatment was undertaken. Suppositories of morphia and belladonna, vaginal irrigation and the intra-uterine caustic instrument, properly curved, was carefully but thoroughly used.

March 8th.—For the second time the cavity of the uterus was cauterized. Considerable pain followed, which was met by morphia hypodermically.

April 3d.—The curved probe can be passed without exciting a great degree of pain, and I thought this day I would venture the introduction of the stem. The flange instrument was used. Although the flexed organ quickly recoiled when the probe was removed, I introduced the stem readily in the following manner; the probe in position, the stem was passed along side of it as far as possible into the neck, as the probe was withdrawn, the stem was pushed forward, and thus the stem was passed into the cavity before the body of the uterus had time to recoil to its flexed position.

April 9th.—The stem is well borne. The vaginal douche ordered continued.

May 4th.—The last menstruation just passed, was more healthy in time and quantity than any in the last three years. The sore point in the right iliac region has disappeared; she is now able to take long walks and has a better color. She complains of pain and some soreness of the pubic space. A turpentine ointment was ordered as an application to this point.

May 10th.—The self-retaining stem was introduced but it slipped out after the woman reached home. Thinking that the cross section of rubber tubing was too near the end of the stem, and also that the internal stricture of the neck was remarkably open, a larger piece of tubing was passed through the stem nearly an inch from the end, and on May 15th, the instrument was again introduced.

July 8th.—Came to me with the stem out, the stem had made its escape several days before, it had also been expelled on two other occasions previous to this date. An examination proved that the uterus was in its normal position, the os slightly enlarged, the neck firm and smooth, no tenderness when the body of the organ was pressed. The sound penetrated three inches and elicited but a slight degree of tenderness. Menstruation slightly more abundant than in health at times, otherwise normal.

This is the last examination made in this case. I have seen the lady several time, and have heard no complaints. The result in this interesting case—so far as the treatment of flexions is concerned, is anomalous. A most potent course of treatment, other than the use of the stem was followed, which may in a great measure account for the rapidly good effects. Endometritis, I believe, to be a natural complication of flexions. What may be the relation of cause and effect in this conjunction of the two diseases I am not prepared to say. If however the latter is the result of the first, rational medicine at once suggests the employment of means to arrest the course of the disease in the cavity, conjointly with the mechanical reduction of the dislocation of the organ. The application of the nitrate of silver was not in this case applied with any such intention. We all know how rapidly the morbid sensibility of a diseased surface is removed by a free use of the caustic, and it was for the purpose of blunting the exquisite

tenderness of the lining membrane that I employed it in this case. The freedom from pain after the introduction of the stem proved its value. The first passage of the sound is often more painful than any subsequent use of the instrument. In the natural history of the uterus there is no point of more interest than the readiness with which it accommodates itself to changes and to intrusions into its cavity. By frequent use of the sound the morbid sensibility may be greatly modified. In one case—and as this is the only point of interest it is not worth while to detail—the frequent employment of the sound, covering a period of about three weeks, mitigated the tenderness of the lining membrane greatly.

Apropos to this, Dr. Savage* makes a strange statement “that it (the stem) is more likely to be retained in the endometritic uterus, in consequence of the abnormal and *insensitive* state of the mucus membrane.” It is but justice to Dr. Savage to say, that this was “suggested” to him and not originated. Comment is not necessary upon this, as it violates all our experience, and I referred to it here because it was allowed place in the paper of such an able man.

During the wearing of the stem, the diligent use of the vaginal douche is an important matter. If the stem has been in position several weeks semisolid, whitish deposits are apt to accumulate around the vaginal portion of the instrument which may become a source of irritation. This the current of water will wash away. As a depletory measure it is potent, and the simplest within our reach. Half a gallon of tepid water night and morning, flowing from a fountain syringe, is about the quantity to use.

CASE III.—Mrs. B. of Homer, N. Y., American, æt. 44, married 29 years. Mother of four children, age of oldest 24, that of the youngest 15 years. Had two miscarriages. Some ten years ago had a fall, since which time she has suffered from a uterine trouble and gradual failing of the general health. Later symptoms may be said to involve the nervous system more than the reproductive organs. An examination showed the os to be directed slightly forward, the cervix large and softened with the fundus uteri distinctly felt posteriorly. The sound verified the diagnosis of acute backward flexion of the uterus.

* Loc. cit., p. 505.

April 12th.—I was called to Homer in consultation with Dr. C. Green. We both attributed Mrs. Bs' condition of nervous prostration to the uterine deformity, and we both attempted to introduce a variety of intra-uterine stem instrument known in the catalogues as the Edward's pessary, a most extraordinary and worthless affair. We failed to introduce the instrument. The reasons of failure were on account of the large size of the vaginal portion, and the great size of the stem, being over three-eighths of an inch in diameter. She was placed upon a course of tonic and sedative treatment, followed by slight amendment. In the early part of July she went upon a visit near the sea-side, and returned in September. During this period she had been without treatment of any kind. The effect of the change of air and scene, and rest, was magical. She had in this short time gained flesh, and the tone of the nervous system was almost completely restored.

September 6th.—An examination revealed the same state of uterine flexion existing. The self-retaining stem was introduced at my office, and the lady took the cars for her home. Two days after, I received a letter from her stating that she had considerable pain and difficulty in urination, backache and difficulty in walking. These symptoms were owing to an extreme degree of retroversion. The stem was worn about a week and then removed by Dr. Green.

No further treatment given.

Now, a patient who is being treated by the intra-uterine stem ought to be under observation, or if obliged to leave she should be attended by her family physician. Had Dr. Green seen this case earlier I am sure the stem could have been retained—so liable is the uterus to assume a position of retroversion after the correction of a flexion (retro) that this alone would be a sufficient reason for keeping the patient under observation. A slight degree of version in no way complicates the wearing of the stem, but any sudden exertion may convert this into a more advanced form of the dislocation, and which would demand correction.

So important do I regard care and gentleness in the manipulation necessary in the treatment of flexions, that I shall make a suggestion or two in regard to the introduction of the stem. In

addition to the measures already detailed I found considerable advantage in some cases of filling the posterior *cul de sac* of the vagina with cotton after the womb was thrown into position, and with the sound still *in situ*. This would keep the uterus sufficiently straight for the stem to glide easily into position. If the tendency to retroversion has been marked the pessary of cotton-wool may be left in position. In this case however, care must be taken to have the pessary of proper size, otherwise if too large, it will be forced out of place and lead to the expulsion of the stem.

Another plan of inserting the stem is that practiced by Dr. Thomas Chambers, of the Chelsea Hospital for women, and highly recommended by him.* Although I have never tried it, it appears to be an efficient measure. This method requires the introduction of Sim's Speculum, the neck of the uterus is then seized by the vulsullum and drawn down, while the fundus is pressed upward with the fingers; this straightens the body of the organ, and while the cervix is firmly held the stem is inserted by the other hand.

In the matter of the flexed uterus having contracted adhesions we must exercise great care. If the adhesions are firm, it is evident that the fundus could not ascend from its depressed position, and if the stem were introduced, the body of the uterus could be straightened by throwing the neck violently upward and forward in case of a retro-flexion and in the opposite direction in the reverse deformity, thus placing the organ at right angles to the track of the vagina. Such a state of affairs would result in a worse condition than that of an uncorrected flexion.

In a case now under treatment, in which I have finally introduced the self-retaining stem with comfort to the woman, I could not throw the uterus in position by the sound on account of the great pain caused by attempts to do this; but, at the expense of much time, I succeeded in forcing the fundus upward and forward with a pair of sponge probangs after the manner of Dr. Sims† in retroversion. By this manipulation, often repeated, the fundus

* *Obstet. Journal, Gr. Brit. and Ire.* Vol. I, page 323.

† *Clinical Notes on Uterine Surgery*; page 253.

yielded more and more readily from its retro-flexed position by either the breaking up of the adhesions, or by an elongation of the fibres of adventitious tissue. If the adhesions resist this method, I cannot suggest any means of overcoming them. In a case of moderately firmly abnormal union between the parts, a combination of the method of Sims in retroversion, and of Chambers in flexion, might be used to great advantage. However, it is not so much a question of ease in the introduction of an intra-uterine stem in these cases as it is to bring the uterus into a state favorable to the wearing of a stem. We can not trust an intra-uterine stem to break up, or relax old adhesions. This must be a matter of preliminary treatment. In treating these adhesions we must recollect that they are traces of parametric inflammation, that they may not be traces alone, but inflammation may be lurking potentially in the tissues of the parts, and rough or untimely handling may rouse it into dangerous activity.

While I have written this paper in advocacy of the use of the intra-uterine stem, not only as a means of cure, but for what is of almost equal importance, as a measure of relief from present pain; still I feel bound to urge judgment and care in its employment.

NOTE.—For the information of those who may wish to test the value of these instruments I will state that they may be had of Messrs. Shepard & Dudley, 150 William Street, New York.

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ART. II.—*Observations in Electro-Therapeutics.* By A. D. ROCKWELL, M. D., of New York. Electro-Therapeutist to the New York State Women's Hospital.

In the light of our present knowledge of electro-physiology and its relations to electro-therapeutics, it is very certain that clinical experience, must in a great measure constitute the foundation upon which the latter is based. The recent researches in electro-physiology have, it is true, been sufficiently successful to establish a number of definite laws that are of practical value to therapeutics. Thus, we now know that the animal electricity of the body is variously modified under the use of the constant current according to the position of the poles, the direction of the current and the strength and length of the applications.

A correct appreciation of these various modifications enables us to treat with more intelligence and greater success, certain forms of neuralgia and paralysis, and many symptoms of central origin. We know that the effect of the application of electricity to the skin, depends on the kind of electricity used, its quantity, its tension, the character of electrodes employed &c, and we are enabled to confine the electrical influence to either the sentient or motor nerves. In the treatment of anesthesia this fact must be considered.

It is found that direct galvanization of sympathetic nerve exercises an immediate and powerful influence over the circulation in the arterioles, and in therapeutics it is possible, up to a certain point to utilize this discovery.

The elaborate experiments of Brenner, show that the auditory nerve reacts to the galvanic current by certain fixed laws, and it is claimed that the practical advantage of an acquaintance with these laws consists in this, that any deviation from them, must be regarded as abnormal, and indicate a pathological condition. These and many other electro-physiological facts sufficiently attest the importance of conjointly studying electricity in its physiological and therapeutical relations; but until the science of electrophysiology has advanced far beyond its present status, it will never do to make it the sole, or even the chief foundation for electro-therapeutics. It is therefore unwise to refuse, as have some, to accept a clinical fact, because in their judgment it does not seem perfectly adjusted in its relations to known physiological laws. Such persons forget that there are laws in electro-physiology yet to be known, that in all departments of science, facts are observed long before a solution is found for them, and that here, as elsewhere, we should no more hesitate to accept well authenticated therapeutical results because an explanation is not readily found in physiology, than we should hesitate to accept any truth of science in general, because its satisfactory explanation is not immediately at hand.

The methods^s employed in most of the following cases it will be observed, were either general faradization or central galvanization or an alternation of the two. I have in detail and on various oc-

casions described these methods, and hence, even if space permitted it, would hardly be necessary to enter into a full explanation here.

It is sufficient to say that the effects of a thorough and well directed application of general faradization have an equally wide range, (paradoxical as it may seem,) as a stimulating tonic, or as a direct sedative. In regard to central galvanization, its power to directly effect the brain—the possibility of localizing it in special parts of the brain—the liability of its use leading to serious central disturbance and its value as a remedial method much has been written both pro and con. So far as concerns its direct action on the brain, no fact in physiology is more firmly established. That it is impossible to localize it in very circumscribed portions of the brain must be acknowledged, but that if used with the requisite caution and skill, there is any danger either near or remote has been most thoroughly disproved, and lastly, the assertion that it is useless as a remedial method must be proved or disproved by the teachings of actual and varied experience. The results of treatment by electrization here recorded, although not to be considered typical of what can be obtained in all cases presenting the same apparent indications, yet serve to illustrate the *possibilities* of electro-therapeutics.

Remarkable Effects of general Faradization in a case of Acute Mania.

In the following case, although no permanent relief was afforded by the method employed, the temporary effects were so sudden and startling as to render the history of exceeding interest. The patient, a Miss R., aged 20, living in Harlem, and under the care of Dr. Joseph Worster, of N. Y., was suffering from acute mania, dating from suppression of the menses that occurred four months before she fell under my care. She had always enjoyed most excellent health, indeed, was remarkable for her vigorous, robust constitution. While watering the plants in the conservatory of her sister, her clothes became quite wet; she neglected to change them immediately, and the consequence was a suppression of the menstrual flow. She complained on the following day of severe

headache, and on occasions during the next two weeks was markedly unreasonable in her actions and demands. Finally active delirium set in, but with no decrease of bodily strength. At times she was intensely violent in her demonstrations, screaming at the top of her voice and breaking every article of furniture within her reach; as a consequence she was confined in a room stripped of its furniture, and in her wildest moods the straight jacket was applied. For more than two months no sleep visited her eyelids without the nightly administration of from 100 to 120 grs. of chloral. During the morning she was often measurably quiet, but as evening approached, she became absolutely ungovernable, and when chloral was not given, she had been known to pace around the room with great rapidity and strength, muttering to herself, with absolutely no cessation from sunset to sunrise. She had decreased in weight from 160 to 110 lbs. On the evening of the 15th of April, she was held firmly in position by several assistants, and after moistening the hair of the head, I submitted her to the most thorough form of general faradization, with the very finest current obtainable. The current was of great strength, but in itself, evidently caused no discomfort to the patient. That night and without the use of any drug, the patient enjoyed five hours of the quietest sleep, and for forty-eight hours thereafter she was perfectly tractable. Another paroxysm of violence again showed itself, and the same form of application was re-administered. She once more slept quietly, and in the morning awoke quite rational but exceedingly weak in body. The day being warm and bright, a chair was placed in the yard where she sat for several hours, and in all her conversation evinced entire freedom from any thing like mental derangement. Suddenly however she arose and ran around the yard with great rapidity. She was immediately captured, and when taken to her room, gave evidence of all her former derangement. She was very violent during the rest of the day, but after the administration of 100 grs. of chloral, she passed the latter part of the night in comparatively quiet sleep. On the following morning she awoke somewhat excited, and so remained during the day, while towards evening she as usual became more violent. General faradization was again tried and was attended

by its previous good effects. Four or five hours of quiet sleep followed, and on awakening and for a part of the succeeding day the patient was quite calm, and in some respects entirely rational. Not to prolong the case, it may be said that this same method was repeated several times, and on each occasion was followed by sleep, and on awakening, by a calmer mind. More than this, during my opportunity for investigation, it failed to accomplish; and as the patient was at this time taken to an asylum by her friends, she passed from under my observation.

It has been suggested, that in the above case, the calm sleep that followed the treatment was due more to the exhaustion occasioned by the struggles of the patient, than to the effects of the faradization. This theory is hardly worthy of acceptance, since the struggles when the chloral was administered, were as violent and sometimes as long continued, and it was not only evident that sleep was of shorter duration, and less profound, but that there was an utter absence of those lucid and peaceful hours, that were so manifestly the result of electrization. It is to be regretted that it was impracticable to retain the patient longer under observation, or to attempt central galvanization, which has proved so undeniably of value in melancholia and kindred conditions.

It would have been desirable as well in this case, to have made use of intra vaginal or even intra-uterine galvanization for the purpose of exciting menstruation.

Failure of the intellectual powers, accompanied by impairment of the faculties of special sense, perverted sensations in the extremities, together with paraplegic symptoms. Approximate recovery under general faradization and central galvanization.

Mr. M., an actor of 20 years standing, was placed under my care by Dr. F. L. Harris, of N. Y. The patient was a temperate man, and so far as his profession permitted he was regular in all his habits; but the character of his engagements had rendered it necessary for him to exercise his memory through a series of years to an unusual and as the sequel proved, to a most injurious extent.

Two months prior he began to observe that his intellectual powers were failing him. His memory became so impaired, and

his thoughts so confused that he found it utterly impossible to "commit" anything new, or recall readily certain "parts" that had been long perfectly familiar. At the same time his limbs became weak, and he complained of sensory symptoms in the tops of the fingers, much the same as those present after frost bite.

The integrity of most of the senses was markedly impaired. The sight especially had failed him to such a degree, that it was with difficulty that he could read at all. The patient was exceedingly timid, and had a nervous dread of the treatment proposed, but he was at once submitted to a gentle but most thorough seance of general faradization, which was followed by an immediate improvement in the power of locomotion. After a day's interval central galvanization was employed, and this alternate treatment was continued for a month. The annoying sensory symptoms disappeared, he gained entire mastery over his limbs, his strength of vision became normal, and when I last saw him there had been sufficient improvement in his intellectual faculties to enable him successfully to attempt a performance on the stage.

Throat Dysæsthesia associated with severe Neuralgic Headaches of twenty years standing. Approximate recovery under Central Galvanization.

Mrs. T., who was directed to me by Dr. C. R. Agnew, had for twenty years suffered from an almost constant and painful heaviness about the head and eyelids. Associated with this symptom were frequent periodical attacks of intense cephalalgia.

For the last few years, the patient had complained of a local neuralgia of somewhat rare occurrence, noticed by Hanfield Jones, as "throat dysæsthesia." Dysphagia was present with a sense of impending suffocation, and with heat and dryness of the mucus membrane.

Inspection revealed no inflammation sufficient to account for the distress. The treatment consisted of some twenty-five applications, and almost wholly by the method of central galvanization, and with the most decidedly beneficial results. The heaviness of the head and eyes were greatly relieved, and the cephalalgia occurred at far greater intervals, and with no approach to the former

severity. The throat difficulty yielded more readily and completely than the other symptoms.

Two cases of long standing Paralysis of the Œsophagus. Immediate recovery under localized galvanization.

Mr. P., aged 45, was directed to me by Dr. James Anderson, of New York, with symptoms that at first sight suggested atrophy of the motor roots of the upper spinal nerves. A more careful study of the case rendered it evident that the patient was not suffering from glosso-pharyngeal paralysis, but rather from paralysis and occasional spasms of the œsophagus. The patient had thus suffered more or less for three years, and for the last year the distress had been constant. It was impossible for him to swallow without a sense of impending suffocation, and at all times there was a feeling as if the tube was drawn into a knot. Almost every conceivable remedy had in vain been tried with the exception of electricity. I submitted him to localized galvanization, and after the third application, almost every symptom disappeared, and in a couple of weeks he had quite recovered. More than a year has passed, but as yet there has been no relapse.

In a case somewhat similar referred to me by Dr. Fordyce Barker, like immediate success followed substantially the same treatment.

A case simulating Palsy Agitans, and associated with spasmodic muscular contractions and neuralgic pains. Approximate relief from central galvanization and general faradization.

Mrs. M., aged 50, applied to me for the relief of a disorder, of which the following were the main symptoms. These symptoms had been almost constant for more than fifteen months. The patient was chlorotic, and so exceedingly feeble, that a walk of a few blocks, caused complete exhaustion. There were severe neuralgic pains in the face, right arm and along the spine, but no tenderness to pressure in the latter situation.

The most annoying symptoms were frequent spasmodic contractions of the muscles of the neck, while a constant and incessant trembling of the hands during the waking hours, made with the

rest a complication of symptoms that suggested possible structural change of the upper portion of the cord.

Central galvanization was in this case alternated with general faradization. The effect was an immediate and complete relief of the spasmodic muscular contraction. The neuralgia was gradually dispelled, and the trembling or shaking was so benefitted in the course of two months' treatment as to be hardly noticeable. During the summer that followed, the patient was almost entirely free from every unpleasant symptom.

Amenorrhœa in a woman aged 49, associated with partial paralysis and other symptoms. After two sances the menses re-appear followed by marked general improvement.

Mary M., stated that three years since, although at that time she was 46 years of age, her menses suddenly stopped, leaving her in a condition of partial paralysis, anæsthesia, and periodical attacks of distressing fullness and oppression about the head. Because of her age I did not think to restore the courses, but on general principles, submitted her to general faradization.

After two applications the menses re-appeared and lasted a day and a half. She was immediately much improved in all her symptoms. The anæsthesia almost entirely disappeared, she was able to walk with ease and firmness, and the head symptoms ceased to distress her. With the subsequent history of the case I am not familiar.

Violent hysterical symptoms dependent on suppressed menstruation alleviated by two sances of general faradization and local galvanization.

A most violent persistent case of hysteria in the person of a married lady, aged 40, came under my observation through the kindness of Dr. Oliver White. The patient was in bed—suffering from violent paroxysms of alternate weeping and screaming. The hands and feet were cold, the pulse feeble, and the pain in the head was constant and of the most severe character.

These symptoms had continued for more than forty-eight hours, and in order to avert serious consequences, it seemed as if in some way relief must soon be afforded.

The menstrual period was delayed nearly two weeks, and to this

circumstance it was possible in part to attribute the attack. The patient was submitted to general faradization, and immediately after a galvanic current from eight cells was as nearly as possible localized in the uterus. These efforts were followed by a decided alleviation of the symptoms, and a tolerably quiet night was the result. The menses did not however appear, and on the following night I again gave the same treatment, slightly increasing the tension of the galvanic current. Before morning the menstrual flow appeared, and there was no further evidence of nervous disturbance. Nearly a year subsequently, the patient experienced another attack of like character, and substantially the same treatment again relieved her.

Choreic disturbance of the head of five months standing. Recovery under twelve applications of general faradization.

Minnie V., aged 8 years, had been afflicted for five months with severe and almost constant nervous twitchings of the head. They were evidently choreic in character, occurred without the consciousness of the child, but during sleep were entirely absent. The patient was somewhat depressed in health and decidedly anemic, and I therefore submitted her to general faradization.

Under the influence of a dozen applications, she gained in appetite and strength. The choreic disturbance became very greatly improved, and after the cessation of the treatment for the purpose of allowing the *secondary effects* to be manifested; it was not more than two weeks before the recovery was complete. No relapse has occurred.

In some and perhaps the majority of the above cases, the results cannot be explained fully and satisfactorily by electro-physiology, and yet these results do not lack for confirmation. Electro-physiology is constantly being extended, so that we are becoming more and more able to explain the therapeutics of electricity, and it is not improbable that the near future may enable us to offer a scientific solution for most of the electro-therapeutical results of the present day.

Meanwhile, it is certainly proper to extend our practical experience, so far as possible, even if we are at all times thus kept a little in advance of electro-physiology.

ART. III.—*Case of Fracture of both bones of the left Leg; Treated in Woods' Hammock Splint.* By G. W. BOWEN, M. D., Toledo, Ohio.

On the 28th day of March 1873, G. R., a German laborer, aged 28 years, and of intemperate habits, while endeavoring to dismount from a loaded beer-wagon while the vehicle was in motion, had his left foot entangled in the spokes of the wheel in such a manner as to produce a transverse fracture of both bones of the leg three inches above the ankle joint. When called to see him soon after the receipt of the injury, I found him utterly oblivious to the serious nature of the injury he had sustained, learned that he had been on a spree of more than usual duration, and was now apparently on the verge of delirium tremens. On examining the leg, I found more displacement than is usual, or than I would expect in a transverse fracture. The upper end of the lower fragments were distinctly felt, apparently just beneath the skin on the inner side of the leg, which presented an ecchymosed and darkened appearance for some distance around.

Having seen the Hammock Splint of Dr. Woods of this city, used in several cases of fracture of the leg, and marked the ease with which it was borne by the patient, and the slight difficulty experienced on the part of the Surgeon to keep the broken fragments in apposition. I came to the conclusion that it would fulfill the indications in my patients' case better than any other appliance with which I was acquainted.

I accordingly procured an instrument, and with the assistance of Dr. Bond, we proceeded to adjust the fracture. After placing the limb in the Hammock, owing to the wild and restless condition of my patient, I took the precaution to pass an additional band around the pelvis and thigh, and also around the leg just below the knee; then administering a free opiate we left our patient for the night.

March 29th.—Found that my fears of the night before had been fully realized. I now had almost a compound fracture, complicated with delirium tremens to deal with—almost compound, because the injury to the soft parts had been such, that the skin presented the appearance of sloughing—which finally did occur, immediately

over the point where the lower fragments were first felt. My patient had passed an exceedingly restless night, starting and attempting to arise at every little sound, and was excited by numerous imaginary visions, so much so that it had taken the constant watchfulness of at least one attendant to keep him on the bed. Notwithstanding his almost constant motion, he had not materially change the position of the broken ends of the bones.

I now placed the lower end of the splint on a firm plank, having holes bored in it so as to fasten the splint to the plank, and the plank securely to the foot of the bed. Having done this, I also passed a broad band across his chest with a view of preventing his "bobbing up" every few minutes, as he was inclined to do. At the end of about sixty hours I succeeded in procuring profound sleep, after which I had very little more trouble with the case. At the end of the fifth week I removed the splint from the leg, and supplied its place with Binders' Board dressing, and allowed my patient to sit up, and after a few days to get about with crutches.

May 16th.—Removed dressing entirely and discharged the case.

In conclusion I would state, that at this time the "provisional callus" so called, was entirely wanting, and the fragments were united so firmly and so perfectly, that the point of fracture could not be traced.

With regard to the merits of this splint as a dressing, I wish to say that I have used, and seen used the Double inclined Plane of Liston, the Fracture Box, the Plaster of Paris dressing, and others, and in my opinion the results obtained in this case, could not have been obtained without very much more trouble by any other of the many dressings heretofore in use—and I therefore would give a decided preference to the "Hammock Splint," in fractures of the lower extremity, and do not hesitate to express the belief that all Surgeons will concur with me, having once become familiar with the instrument.

MISCELLANEOUS.

Transfusion.

At a recent meeting of the New York Academy of Medicine, Dr **FORDYCE BARKER**, spoke as follows :

The notion of transfusion of blood from one individual to another was entertained by the ancients. Ovid, in his *Metamorphoses*, refers to *Medea*, the sorceress, as having power to rejuvenate old age, restoring to youth and vigor, by two processes; namely, by injecting into the veins the juice of certain herbs, and by injecting into the veins the blood of a young person. Practically, however, this experiment, so far as known, was never attempted by the ancients.

In 1657 Sir Christopher Wren, having made some experiments, suggested the possibility of the operation, in a communication which he made to the Royal Society of London in the same year.

In 1665 Dr. Lower experimented by transfusion of blood from one animal to another, and at about the same time Denys, of France, working independently, commenced a series of experiments of like nature. To Denys belongs the honor of being the first to perform the operation upon the human subject, which was done in the year 1666, and was a success. The operation was performed upon a young person who was sick with fever, and had been bled, vomited, and purged twenty-two times. The surface of the body was cold, the patient was pulseless, respiration was extremely rapid, mind delirious, etc., when Denys proposed transfusion, by which means he succeeded in restoring his patient and complete recovery followed. His second case was one of very similar character, and occurred in the person of the son of a Minister Plenipotentiary to Paris, who had been bled in the treatment for a fever until extremely exsanguinated. Transfusion was performed, and a similar success followed the operation. The results of these two operations gave rise to the most extravagant enthusiasm. It was alleged that the insane could be cured in this manner, and that the old could be made young. In the course of one year, however, so many fatal results had taken place, that the operation was interdicted by law, except as it was permitted by the Faculty of Paris. If that body granted permission, the operation could be performed.

From that time until 1685 the operation fell into disuse in all parts of the world. In 1685 Prof. Harwood, of Cambridge, commenced a series of experiments upon animals. In one of his experiments, which was performed upon an old horse, the animal is said to have raised up and commenced feeding.

In connection with a communication made by him to the Royal

Society in England, a man by the name of Cogor consented to have the operation performed by taking the blood of a sheep, and it is reported that the man suffered no harm from the experiment. A second experiment was performed upon the same man, but no history of the result could be obtained. No attempt, however, was made to resort to this operation for the purpose of restoring life in desperate cases until 1819, when the experiment was revived by Dr. Blundell, of London. He commenced a series of experiments to determine what would be the results of transfusion of blood from a vigorous animal to one that was feeble and exhausted. His experiments were characterized by great research and great mechanical ingenuity, and he was the first operator to apply the measure for the saving of life in cases of post-partum hemorrhage. He resorted to the operation in six cases of post-partum hemorrhage, and for a time his patients rallied.

There was a marked improvement in the action of the heart and respiration, but all of his cases terminated fatally. As far as I have been able to learn, the first case in which the operation was resorted to in connection with post-partum hemorrhage, in which the life of the patient was saved, was a case of Mr. Waller in the year 1859. His patient had suffered in the extreme from hemorrhage, when about $\frac{3}{4}$ ix. of blood taken from the arm of a healthy man were injected into the veins of his dying patient, and was followed by complete recovery.

In all these early cases the transfusion was indirect. The blood was first taken from the system of one person, drawn into a syringe, and then thrown into a vein of the person upon whom the operation was to be performed. At this time the subject had been taken up and examined with great zeal and industry by various German physiologists, and the results of their experiments seemed to prove that the cause of death in these cases was from coagulation of blood. It is to be remembered in this connection that at the time of those investigations the knowledge which we now have relative to thrombosis and embolism did not exist.

While the principle was recognized that blood could coagulate within the vessels, the true explanation was not understood, and different terms were employed to express the idea. In 1860 Prof. Martin operated upon one case, and succeeded in restoring the life of the patient. In 1861 he published a tabulated statement of 57 cases in which transfusion had been performed, and in which recovery took place in 45 cases. In all these cases transfusion was resorted to on account of post-partum hemorrhage. In connection with the fact that danger arose from coagulated blood, it was suggested that perhaps the operation would be rendered more safe if the blood was defibrinated; consequently subsequent experimenters were in the practice of defibrinating the blood by whipping it with a thin rod.

In 1860 Prof. Nusbaum performed the operation in connection

with a case of disease of the knee-joint. His patient was so exhausted by the disease that resection of the joint could not be performed. Transfusion was resorted to, and the strength of the patient was re-established to such an extent that the operation was subsequently performed, and was followed by complete recovery.

The same year Prof. Esmarch resorted to transfusion in a case where profuse hemorrhage had followed amputation of the leg. He made use of calf blood, but the operation was unsuccessful.

In the same year Dr. Flint, Jr. performed the operation in the city of New Orleans, but the details of the case the Doctor, being present, will himself relate.

In 1862 ——— of Stuttgart resorted to the operation in a case of exhaustion dependent upon an alarming hemorrhage in a case of abortion, and the woman was restored to complete recovery.

In 1864, Graily Hewitt proposed an apparatus for performing the operation, which consisted of a syringe so arranged that blood could be received into the open mouth of the instrument by means of a needle something like the ordinary hypodermic needle, and through this needle the blood was to be introduced into the vein.

Dr. B. W. Richardson proposed that gravitation alone should be the medium by which the blood should be transferred to the patient. To secure this the blood was to be drawn directly into a basin, which was to be elevated some inches above the level of the body of the patient. In that manner, he claimed, the blood would be transferred slowly, and the tendency to coagulation prevented.

He also urged that, in case a syringe was used for the transfer of the blood, the blood should first be whipped.

In 1868 J. Braxton Hicks, in Guy's Hospital Reports, mentions six cases in which the operation was performed, and in all the operations was unsuccessful.

He proposed, in order to prevent the tendency to coagulation, to mix with the blood a solution of phosphate of soda. Three grains of the soda were to be added to a pint of water, and then one part of the solution to three of blood was employed. In four of his cases the operation was followed by a temporary rallying of the patients, but death seemed to be produced by certain organic causes. So far as the operation of transfusion was concerned, Hicks regarded these cases as being successful, although all six of his patients died.

In 1871 Belina reported seven cases in which the operation was performed in connection with flooding after abortion. Defibrinated blood was used, and all his cases recovered.

Dr. Higginson, of Liverpool, has reported thirteen cases in which the operation was performed, ten of which were in obstetric practice. The blood used was not defibrinated, and four recoveries followed the operation.

Dr. Ringland, of Dublin, has also reported one successful case.

In this city, to my knowledge, the operation has been performed six times, but in no case has it been successful.

In the first case the operation was performed for the restoration of a woman who had fallen into a condition of extreme exhaustion incident to hemorrhage following the removal of a polypus. Her kidneys were in an advanced stage of Bright's disease.

The following notes of the case have been furnished me by Dr. F. J. Metcalf:

"Not having any regular apparatus for the operation, the house physician had to improvise as well as possible. A ligature in the form of a bandage having been placed above and below the vein, at the bend of the left elbow, the vein was opened, and the end of a fine nozzle, fitting to a three-ounce syringe, was introduced and made fast by a ligature to the vein. The median basilic of one of the doctors present having been opened and seven ounces of blood drawn, this was beaten up in a vessel with a thin whip, for the purpose of keeping it from coagulating, and was then injected into the left median basilic of the patient. In this way thirteen ounces of blood were injected. At the beginning of the operation the pulse was 130, small and feeble, temperature much fallen, skin cold and clammy, respiration 15, and woman comatose. Whilst the blood was being transfused the pulse fell to 100 or 102, and grew fuller and stronger, respiration more forcible, and the body became warmer. As soon as the syringe was withdrawn to be refilled, the pulse went up. After all the blood had been injected, the patient was given a teaspoonful of brandy and \mathfrak{m} v. of tinct. digitalis every ten minutes for an hour. This had its beneficial effects for some six or eight hours, but the patient finally died at the end of forty-eight or sixty hours after the first operation."

The second case was one of post-partum hemorrhage. The patient rallied, but did not recover.

The third case was one of gastritis of a very severe form. Transfusion was followed by temporary benefit.

The fifth case was one in which the operation had been performed subsequent to the operation of ovariectomy. The following notes are from Prof. T. G. Thomas, who had charge of the case:

"Patient vomited for nine days after ovariectomy, and was sustained by enemata alone. At the end of that time her strength failed so completely that, as I saw death approaching from sheer exhaustion, I injected into the median basilic vein \mathfrak{z} viii. of defibrinated human blood with a large vulcanite syringe. No sensible effect was produced, and death occurred a short time after the operation. Fifteen years ago, says the Doctor, I saw Dr. Van Buren perform the same operation upon a patient who had vomited blood to complete exhaustion. No good result followed the operation, and the patient died soon after. Post-mortem revealed large fatty liver, with open vessels over surface of stomach. Patient a drunkard. Autopsy performed by Dr. C. E. Isaacs."

The conditions which indicate the operation of transfusion are such as are obtained after hemorrhages, and such as are obtained in connection with anæmia, cholera, leucocythemia, pyæmia, vomiting of pregnancy, etc. The number of cases of recovery, after resorting to the operation, is seventy-seven, which is sufficient to warrant a more general adoption in practice than it now receives.

Within the past two years several successful cases have been reported in England, in which the patient had been brought to very extreme exhaustion from loss of blood. Some of these cases have occurred after abortions, and some of them have occurred at full term; and the blood has been transfused directly from the donor to the receiver by means of an instrument which has been devised by Dr. Aveling, physician to Chelsea Hospital for Diseases of Women. The success of this operation, like the success of very many other great operations, will be just in proportion to the precautions of all the details and perfect familiarity with every step of the operation, in order that it may be performed with dexterity, ease, and safety to the patient.

Assistance for fulfilling these indications, it is believed, is better afforded by the instrument of Dr. Aveling than by any which has yet been devised.

Dr. Peaslee remarked that he had been struck with the fact that the use of so small a quantity of blood had caused the recovery of the patient in many reported cases—some cases where, perhaps, no more than $\frac{3}{4}$ ii. or $\frac{3}{4}$ iv. of blood had been injected, and yet the cases were terminated in recovery. He had been inclined to reject these individual cases as certainly not being very reliable; but there are cases which prove transfusion, without any chance of contradiction, has saved the life of the patient. It is probable that many cases in which the operation has been tried have not been fever cases, and it is to be hoped that such an instrument as that invented by Dr. Aveling may prove safe and reliable.

Dr. Barker desired to call attention somewhat more definitely to cases of excessive exhaustion resulting from the sickness of pregnancy. The propriety of producing premature labor in certain cases is now pretty well settled; still, patients do fall under observation in which there is so much exhaustion that it would be folly to resort to the procedure in actual fear that death may thereby be produced. It is in this class of cases that the operation of transfusion would be suggested, in the hope, at last, of restoring the strength of the patients sufficiently to enable them to withstand the shock of the operation which is sometimes so imperative."—*Med. Record*.

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Reports on Life Assurance.

Our first report, issued last month, laid down the doctrine that the "labourer is worthy of his hire" in the Department of Life Assurance as well as in other branches of the medical art. We are

almost surprised to find that this has been challenged, though in rather an unusual mode. An esteemed correspondent of *The Doctor* having drawn the attention of the actuary of a large company to our reports, has received from him a letter deprecating the view we have adopted. As it is desirable the exact defence of the non-paying offices last put forward should be understood, we quote the words addressed by this actuary to our correspondent. He writes thus:—

“The Life Assurance Department of *The Doctor* begins very badly for assurers and assurance companies, by laying it down as a rule for the guidance of the medical profession that its members are never to fill up a form for an assurance company without a fee. Now, this is an erroneous doctrine, for it very often happens that proposers, in giving reference as to health and habits to a *private friend* name a medical man, and he in some cases won't fill up a *private friend's* report form without a fee; the result is annoyance to the proposer and the office, delay to both, and probably an ill-feeling between all the parties; for how can the doctor expect to be friends after with a gentleman for whom he refused to do such a slight service? or, how can he expect any business for which he would be entitled to payment from the office he treated so unreasonably? Any man who can read and write can fill up a *friend's* report. It is not necessary that he should be a doctor or belong to any profession and therefore, when a doctor is asked to act for a friend in the *capacity of a friend*, I don't see that he has any right to demand a fee simply because an insurance company is in question. He might as well ask a fee for acting as reference for a friend taking a house or a farm, or entering into any engagement in which a reference would be necessary.

“If you think well of enlightening the profession on this matter, you may do some of them a *service*. I fear *The Doctor's* doctrine is calculated rather to increase the evil I refer to.”

Now here, be it observed, the position that a *medical* report ought not to be paid for is completely abandoned, and we are told that such a friend's report, as any one who can read and write could fill up is sometimes refused without a fee. Most medical men know the difference between a medical report and a friend's reference. Where the applicant has a right to give such reference as he would in taking a house, we can understand a doctor replying without a fee. No medical report can honestly be filled up without an examination of the patient at the time, and every office expects such examination to be carefully made, and all the numerous questions honestly answered. A friend's report is altogether different, though it is scarcely such a reference as would be required in letting a house, for it usually asks about the person's habits and apparent health. Of course, only an unskilled reply is expected, and if we consented to fill up such a form we should never think of examining the patient or asking him a question likely to elicit anything

prejudicial to the applicant. We might thus fill up a certificate for a person we had never professionally attended or about whose health we had heard nothing. It is altogether different if the office applies to the doctor of the applicant, because he has already professional knowledge obtained by his attendance, and it is doubtful whether such knowledge should be sought. Any company thus attempting to obtain unfair advantage runs such a risk of getting a number of bad lives that we would recommend all who desired to insure to avoid that office, for it is the interest of those insured that the company should be stable.—*The Doctor*.

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Mercury in Syphilis.

The following are Mr. Jonathan Hutchinson's *conclusions*, as given in the London Lancet:

That mercury is probably a true vital antidote against the syphilitic virus, and that it is capable of bringing about a real cure.

That in practice a good many cases are really cured by mercury; the cure being proved by the restoration to good health, and in some cases by renewed susceptibility to contagion.

That the probability of cure depends upon the stage of development attained by the disease when the remedy is resorted to, and upon the perseverance with which it is used.

That in order to secure the antidotal efficacy of mercury against syphilis, it is desirable to introduce a considerable quantity into the system and to protract its use over a very long time.

That ptyalism and other evidences of the physiological action, so far from being beneficial, are, if possible, to be carefully avoided, since they prevent the sufficiently prolonged use of the remedy.

That in cases in which the patient shows an idiosyncrasy peculiarly susceptible to mercury, the indication is to reduce the dose rather than to omit the drug.

That it is impossible to begin the administration of mercury too soon, and that it should be resorted to without loss of time in all cases in which a chancre shows a tendency to indurate.

That many cases of indurated chancre treated early by mercury never show any of the characteristic symptoms of the secondary stage.

That in other cases of mercurial cure of the chancres in which yet secondary symptoms do occur, they are usually milder than if allowed to develop without specific treatment.

That when mercury does not wholly abrogate the secondary stage it exhibits a remarkable power in delaying it.

That delayed outbreaks of secondary syphilis are to be regarded rather as a proof that the administration has not been sufficiently persevering than that the remedy was not efficient.

That it is probable that the rise of tertiary symptoms is in ratio with the severity and prolonged duration of the secondary stage.

That there are some grounds for believing that the tertiary symptoms of syphilis are both less frequent and less severe in those who have been efficiently treated by mercury than in others.

That mercury cautiously given does not in a great majority of instances do any injury to the general health, and that its local inconveniences may usually be prevented.

That the doctrine of the real antidotal character of mercury in respect to syphilis ought to lead to much more prolonged administration of it, with the hope of destroying utterly all lingering germs of the malady.

That most collected statistics as to the duration of treatment and freedom from relapse are misleading and worse than useless, because usually the treatment was far too short to be effectual.

That it has not yet been proved that there are any special forms of syphilitic diseases in which mercury ought to be avoided, although, as a general rule, it is acknowledged that it must be used with more caution in all forms which are attended by ulceration than in others.

That iodide of potassium possesses little or no efficacy against either the primary or secondary forms of syphilis.

That the efficacy of mercury is often most signally proved in cases which have utterly resisted the action of iodide of potassium.

That it does not matter whether mercury is given by the mouth, by inunction, or by the vapor-bath, provided that whichever method be selected care be taken to avoid salivation, purging, etc.

That the doses usually resorted to for internal administration are for the most part too large, and thus often necessitate a premature discontinuance of the remedy.

That if one method of administration does not proceed satisfactorily, another should be tried, and that in no case of difficulty should the vapor-bath be forgotten.—“*The Practitioner.*”

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A SUCCESSFUL CASE OF ABDOMINAL SECTION FOR INTUSSUSCEPTION was reported by Mr. Hutchinson at a late meeting of the Royal Medical and Chirurgical Society. He appended to the report the following observations:—

1. That it is by no means very uncommon for intussusception to begin at the ilio-cæcal valve, and to progress to such a length that the invaginated part is within reach from the anal orifice, or even extruded.

2. That it is of great importance in all cases of suspected intussusception to examine carefully by the anus.

3. That in almost all cases of intussusception in children, and probably in most of those in adults, the diagnosis may be made certain by handling the invaginated part through the abdominal wall.

4. That the prognosis of cases of intussusception varies much; first, in ratio with the age of the patient, and, secondly, with the tightness of the constriction.

5. That in a large proportion of the cases in which children under one year are the patients, death must be expected within from one to four or six days from the commencement.

6. That in the fatal cases death is usually caused by shock, or by collapse from irritation, and not by peritonitis.

7. That in many cases it is easy, by estimating the severity of the symptoms (vomiting, constipation, &c.) to form an opinion as to whether the intestine is strangulated or simply irreducible.

8. That in cases of strangulated intussusception, whilst that is great risk of speedy death, there is, also, some hope that gangrene may be produced, and spontaneous cure result.

9. That in cases in which the intussuscepted part is incarcerated and not strangulated, there is very little hope of the occurrence of gangrene, and it is probable that the patient will, after some weeks or months, die, worn out by irritation and pain.

10. That the chances of successful treatment, whether by the use of bougies, or by the injection of air or water, are exceedingly small, excepting in quite recent cases, and that if the surgeon does not succeed by them promptly, it is not likely that he will succeed at all.

11. That the cases best suited for operation are those which have persisted for some considerable time, and in which the intestine is only incarcerated; and that these cases are also precisely those least likely to be relieved by any other method.

12. That in the cases just referred to, after failure by injections, bougies, &c., an operation is to be strongly recommended.

13. That the records of *post-mortems* justify the belief that, in a considerable number of the cases referred to, the surgeons will encounter no material difficulty after opening the abdomen.

14. That the circumstances which might cause difficulty are—(1) the tightness of the impaction of the parts; (2) the existence of adhesions; and (3) the presence of gangrene.

15. That, in selecting cases suitable for operation, the surgeon should be guided by the severity of the symptoms to an estimate of the tightness of the strangulation, and as to the probability of gangrene already set in.

16. That, in cases in which the patient's symptoms are very severe, or the stage greatly advanced, it may be wiser to decline the operation, and trust in the use of opiates.

17. That the operation is best performed by an incision in the median line below the umbilicus.

18. That, in cases of intussusception in young infants (under one year of age,) the prognosis is very desperate, scarcely any recovering, excepting the few in whom injection treatment is immediately successful, whilst a large majority die very quickly.

19. That the fact just mentioned may be held to justify, in the case of young infants, very early resort to the operation.

20. That it is very desirable that all who, in the future, have the opportunity for *post-mortem* examination of intussusception cases should give attention to the question as to whether an operation would have been practicable, and should record their results.—*The Doctor*.—*Boston Med. and Surg. Jour.*

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Editorial.

Meeting of the American Medical Association.

The American Medical Association will hold its twenty-fifth annual session in Detroit, Michigan, on Tuesday, June 2d, 1874. The usual committees are expected to report upon the various subjects referred to them.

The following amendments to the Plan of Organization are to be acted upon: By Dr. N. S. DAVIS, Illinois:

Strike out the second paragraph of Art. II. and insert the following:

“The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the Medical Department of the Army and Navy of the United States.”

Also, strike out the fourth paragraph of same Article, and insert:

“Each State, County, and District Medical Society, entitled to representation, shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number.

“The Medical Staffs of the Army and Navy shall be entitled to four delegates each.”

By Dr. P. PINEO, of Massachusetts:

Art. II., second paragraph, after “Army and Navy,” insert “and the Marine Hospital Service of the United States.”

By-Laws, Section 6, after “the chiefs of the bureaus of the Army and Navy,” insert “and the Supervising Surgeon of the United States Marine Hospital Service.”

By Dr. E. L. HOWARD, Maryland:

Art. IV. Strike out second clause of first paragraph, and insert:

“They shall be nominated by the Judicial Council, and shall be elected by vote on a general ticket.”

By Dr. A. S. MAXWELL, of Iowa:

“Resolved, That in view of the many and important duties imposed upon the Nominating Committee, the Medical Society of each State and Territory that elects delegates be requested, when selecting delegates, to nominate one

member of such delegation as their member of the nominating committee, and also designate the mode of filling vacancies."

By Dr. A. M. POLLOCK, of Pennsylvania:

Art. VI., first paragraph, strike out the word "five" and insert "ten."

By-Laws, Art. 5, first paragraph, strike out "five" and insert "ten."

We would call especial attention to the following from the Secretary:

Secretaries of all medical organizations that have adopted the Code of Ethics are respectfully requested to forward to the undersigned a complete list of their officers, with their post-office addresses, and the number of their members in good standing. This is the only guide for the Committee of Arrangements in determining as to the reception of delegates.

It will also enable the Permanent Secretary to present a correct report of the medical organizations in fellowship with the Association.

WM. B. ATKINSON, M. D.,

Permanent Secretary.

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Mortality Statistics of Buffalo.

We have received the Official Report of death in the City of Buffalo for the year 1873. The statements therein contained present some interesting and suggestive facts.

The total number of deaths from all causes was 2336. In the report the population is estimated at 170,000, which would give a death ratio of 13.73 per thousand. Perhaps the estimated population may be considered by some as a little above the mark; probably none, however, will be willing to admit a population of less than 150,000 for the city, this would give us a death rate of 15.57 per thousand. Our population is estimated by competent judges as far above this figure however; but that we may not be accused of claiming too much for the health of the city, we place it at this limit. It will be seen that by this estimate even we compare favorably with other cities. We have been unable to obtain the reports for 1873, but make the comparisons from those of 1872. The highest death rate in 1872, was at Memphis, where it reached 46.6 per thousand. Then comes in the following order Savannah, 39.2, Vicksburg, 36.5, Troy, 34, Hoboken, 32.9, New York, 32.07, New Orleans, 30.6, Boston, 30.5, Philadelphia, 26.1, Baltimore, 25.1, Cincinnati, 20.5, St. Louis, 20.1, San Francisco, 17.3.

The disease which exhibits the greatest mortality in the city for 1873, is Consumption, there being 243 deaths reported from it. Next in order comes Cholera Infantum, from which 232 deaths are reported. Convulsions are reported next in order, there being 229 fatal cases, and from Inflammation of the Lungs 145 cases. Typhoid Fever presents a mortality of 96, none of the other diseases reaching above 90. Of the whole number of deaths no cause is assigned to 121 cases. The condition in life of those who died shows a high rate of mortality among those who enjoy a state of single blessedness; 618 were married, 1353 single, 118 widows, 77 widowers and 170 whose con-

dition is not given. The causes of death were certified to by regular physicians including public institutions and the city at large in 1246 cases. By irregular practitioners in 363 cases, by Coroners and Undertakers 727 instances. It being fair to presume that the ratio of deaths to the number of cases treated is equal among irregular practitioners, (which includes all who practice medicine not members of Erie County Medical Society,) to that among regular physicians, this report shows that the "quacks" do not get as large a share of public patronage as they would have us suppose.

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Guarana.

Attention has recently been called to the therapeutical value of a comparatively new remedy called Guarana. The cases in which it is claimed to be of value are those in which there exists some derangement of the stomach and bowels. It has been tried in sick headache, diarrhæa, and dysentery, and other affections of a similar nature, and marked improvement is reported to have attended its administration.

Guarana has been used for some time by South American physicians, and also to a limited extent in Europe. It is prepared from the dried resinous juice and seeds of the Paullinia Sorbilis, and in France, has been used under the name of Paullinia. Mr. Peabody informs us that he has obtained a quantity of this remedy, and physicians who desire to test its qualities, can obtain the pure article,

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Election of Officers.

At the Annual Meeting of the Buffalo Medical Association, April, the following officers were elected.

President.—JAMES P. WHITE, M. D.

Vice President.—WILLIAM. GOULD, M. D.

Secretary.—EDWIN R. BARNES, M. D.

Treasurer.—J. J. WALSH, M. D.

Librarian.—P. H. STRONG, M. D.

The meeting was largely attended and was full of interest. We hope in our next issue to give an abstract of the proceedings.

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CHICAGO JOURNAL OF NERVOUS AND MENTAL DISEASE.—We have received the two first numbers of this quarterly Journal of Nervous and Mental Diseases, and bid it a hearty welcome. Its Editors, Drs. Jewell & Bannister, seem bound to place before their readers the latest and best information obtainable, upon this subject. We wish them a full measure of success in their undertaking.

Books Reviewed.

A Dictionary of Medical Science; containing a concise explanation of the various subjects, and terms of Anatomy, Physiology, Pathology, Therapeutics, etc., etc., with Accentuation and Etymology of the Terms and the French and other Synonyms. By Robley Dunglison, M. D., L.L.D. A New Edition Enlarged and Revised. By Richard J. Dunglison, M. D. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

Dunglison's Dictionary has long been regarded as the standard Medical Lexicon by American physicians. In the large mass of medical works which have emanated from American writers, none we think, will reflect more credit upon its author, or upon the profession as a whole than Dunglison's Dictionary.

The careful painstaking work which must have been necessary to produce a work of the magnitude and general excellence of the one under consideration, can never be appreciated by those who use it.

The present edition has been carefully and completely revised under the supervision of the authors son, Dr. Richard J. Dunglison, whose previous training in assisting the author in the preparation of former editions, eminently fitted him for the duty.

The Preface informs us that over six thousand terms not embraced in the former edition, are included in this, making an increase in the size of the volume equivalent to one hundred and sixty pages of the last edition. It is useless for us to discuss the comparative merits of a work so well known as this. It stands before the profession confessedly the best medical lexicon in the English language,

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A Universal Formulary: Containing the methods of Preparing and Administering Official and other Medicines. By Eglesfeld Griffith, M. D. Third Edition, revised and Enlarged. By Jno. M. Maisch, Phar. D. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

This is also a new Edition of a well known and established work. As a work of reference for druggists and those physicians who prepare their own medicines, it is of much value. Under the editorial supervision of Prof. Maisch, it is made to conform with the present standard of Pharmaceutical science, and will be consulted by those having occasion to use it with profit.

and pleasure. The additions which have been made to the present edition, embraces a large variety of preparations, and these together with the change in the arrangement have made an almost new volume of it.

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The Nature of Gun-Shot Wounds of the Abdomen, and their Treatment. By Eugene Peugnet, M. D. New York: William Wood & Co., 1874. Buffalo: H. H. Otis.

This monograph is based upon a review of the case of the late James Fisk, Jr., and is interesting therefore as a medical history of that celebrated case, and the medico-legal questions to which it gave rise.

The author divides his work into five parts, considering: I. The history of the case of James Fisk, Jr.. II. Description of Shock. III. Penetrating Gunshot Wounds of the Abdomen. IV. The Physiological and Toxicological effects of Morphine. V. The Medical Jurisprudence of the Stokes Case.

Under the first head a concise statement is made of the familiar facts in the case of James Fisk, Jr. Chapter Second gives a description of a shock and the causes which act in its production.* The chapter is for the most part, a compilation or quotation from surgical and other writers, and states in a brief manner, what is understood by the term "shock." Under penetrating gunshot wounds of the abdomen, the author gives the statistics of gunshot wounds of the abdomen, and cites a few typical cases of severe penetrating wounds of the abdomen.

The author considers the great danger in these cases to be septicæmia. He considers probing as poor practice, not so much from fear of exciting peritonitis as of renewing the shock, or of displacing the intestines, and thus, if wounded, giving an opportunity for the escape of their contents. He considers the best treatment an expectant rather than an anticipatory one; he therefore considers the administration of opium in continued doses as practiced in the treatment of idiopathic peritonitis as uncalled for, as the danger is more frequently from septicæmia than from peritonitis, and that when peritonitis is present it is self-limited, adhesive and curative.

Chapter Fourth upon the Physiological and Toxic effects of morphine, give a summary of the action of morphia as an opiate, and also its mode of action when administered in over dose. The consideration of the Stokes case closes the book. This portion will be read with interest, as it gives a brief summary of those celebrated trials, and the medical evidence there brought forth. Dr. Peugnet arrives at the following conclusions:

1. The shooting of Fisk was not done in self defence, but with premeditation.

2. The wound in the abdomen was not necessarily fatal, and that the morphine was the immediate cause of death.

We are not prepared to say how far the readers of the work will agree with the author in his conclusions. He seems however, to have carefully drawn his conclusions and stated them upon the evidence presented to his own mind. We have read the work with interest, and should be pleased to see the authors ideas of reform in our way of conducting medico-legal cases, carried out. We notice one or two little peculiarities in the work which we do not understand. If it was written for professional readers, why does the author stop to explain that the ileum is "the small intestine," or that the obdurator foramen is "an opening between the hip-joint and seat," these may however be explained, by the fact, that the paper was first read before the medico-legal society of New York., a body composed of legal gentlemen as well as of physicians. On the whole the book is well written, and is a valuable acquisition to medical literature.

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The Students Guide to Surgical Anatomy; Being a Description of the Most Important Surgical Regions of the Human Body, and intended as an Introduction to Operative Surgery. By Edward Bellamy, F. R. C. S. With Illustrations. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

This book is intended to assist Students to put in practical application their knowledge of Anatomy. It contains in a condensed form some very valuable information, and as a guide to operative surgery, will be of much service. The subjects are for the most part well illustrated, many of the figures being original in this work. The book will be of value to students who wish to refresh their minds upon certain points in Surgical Anatomy, and who do not desire to search through the more extended treatises.

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The Sphygmograph: Its Physiological and Pathological Indications, with Illustrations. By Edgar Holden, A. M., M. D. Philadelphia: Lindsay & Blakiston, 1874.

We presented our readers in the January number of this Journal, a description of Dr. Holden's Sphygmograph, together with an engraving of the instrument. The author claims that many of the disappointments which have arisen in the application of the Sphygmograph are due to faults in the construction of the instrument which he has over come in the one which he has invented and describes in this monograph. Part first is devoted to an

explanation of the mechanism of the Sphygmograph and its action. Part second describes its practical application, and part third the results of observations made concerning the actions of various remedies upon the pulse.

The whole subject is well considered and is a clear statement of the advantages which may be obtained in the use of the sphygmograph. We do not however consider that it will ever come into use in general practice, it may be of value in certain observations to be made at the bed-side, but it is only in hospital practice that it can be utilized. Dr. Holden's observations on the modification of the pulse by certain drugs are well made and carefully recorded; his essay is a valuable contribution to scientific medicine.

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Annual Report of the Supervising Surgeon of the United States Marine Hospital Service, for the year. 1873. By John M. Woodworth, M. D.

This volume contains a statement of the work of the service for the year ending June 30th, 1873. From it we learn that 13,529 sick and disabled seamen were furnished with relief, 12,697 being maintained in the Hospital. The hospital dues collected during the year amounted to \$325,845 95, which is an increase of over \$12,000 over the collections of last year; due to the more faithful administration of the service. The report contains several papers of professional interest, and is also illustrated to considerable extent. A case of Double Diaphragmatic Rupture and Hernia, by Thos. C. Minor, M. D., is of considerable interest, and is well reported. The reports on Yellow Fever, are also of much value, and are carefully and thoroughly made. The Marine Hospital Service is one of much importance and under the present supervision is doing a valuable work.

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Books and Pamphlets Received.

A Treatise on Pharmacy; Designed as a Text Book for the student, and as a Guide for the Physician and Pharmacist. Containing the officinal and many unofficinal formulas, etc. By Edward Parrish, late Prof. of the Theory and Practice of Pharmacy, in the Philadelphia College of Pharmacy. Fourth Edition, revised and enlarged. By Thos. S. Wegand. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

The Puerperal Diseases. Clinical Lectures delivered at Bellevue Hospital. By Fordyce Barker, M. D. New York: D. Appleton & Co., 1874. Buffalo: Martin Taylor.

An Introduction to Physical Measurements, with Appendices on Absolute Electrical Measurement, etc. By Dr. F. Kohlrausch. Translated from the Second German Edition. By Thos. H. Waller, B. A., B. Sc. and Henry R. Proctor, F. C. S. New York: D. Appleton & Co., 1874. Buffalo: Martin Taylor.

Treatment of Nervous and Rheumatic Affections. By Static Electricity. By Dr. A. Arthius. Translated from the French. By J. H. Etheridge, M. D. Chicago: W. B. Keen, Cooke & Co., 1874.

Origin on Metalliferous Deposits. By Prof. T. Sterry Hunt. The Phenomena of Sleep. By Dr. Richardson. No. 10 of Half Hour Recreations in Popular Science. Boston: Estes & Lauriat. Buffalo: H. H. Otis.

Insects of the Garden; Their Habits, &c. By A. S. Packard, Jr. No. 2, of Half Hour Recreation in Natural History.

A Manual of Toxicology, including the consideration of the Nature, Properties, Effects and Means of Detection of Poisons, more especially in their Medico-Legal Relations. By John J. Reese, M. D. Philadelphia: J. B. Lippincott & Co., 1874. Buffalo: Martin Taylor.

Ligation of Arteries. By Dr. L. H. Farabeuf. Translated by John D. Jackson, M. D. Illustrated. Philadelphia: J. B. Lippincott & Co., 1874. Buffalo: Martin Taylor.

B U F F A L O

Medical and Surgical Journal.

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No. 10

Original Communications.

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ART. I.—*Ingrowing of the Toe-Nail.* By Prof. FRANK H. HAMILTON, M. D.

The exceedingly troublesome affection, usually known as “ingrowing of the toe-nail,” has been the subject of many ingenious surgical devices, most of which have been attended with partial or complete success in a large proportion of cases. Among the expedients familiar to Surgeons are, the removal of lateral pressure by the use of broad-toed shoes, cauterization of the sensitive granulations, lifting the margin of the nail with pledgets of lint, excision of the margin of the nail, scraping the nail in the direction of its length, so as to diminish the latter growth and pressure.

Not one of these various expedients can, however, ensure to the patient complete and permanent relief. The fact is that in most if not in all of these cases the nail itself is not primarily at fault; the malady being caused by narrow shoes which crowd upon the sides of the great toe, and press one or both sides upwards, giving rise eventually to a hypertrophy of the tissues in this direction. There is in reality an up-growing of the flesh, and not an ingrowing of the nail.

To accomplish absolute and permanent relief, then, it will be necessary to remove a part or the whole of the hypertrophied structure. This I have done in several ways, as follows.

First Method.—In June 1848, I operated upon a servant girl, assisted by Dr. John Trowbridge, of Buffalo, by cutting away, by a

single incision the hypertrophied structure, and subsequently removing by incision and evulsion about one fourth of the nail on the same side. This was done to prevent the margin of the nail from interfering with cicatrization. The result was a complete success. but the cicatrization was slow; and in my next operation, July 10th, 1849, the case of Mrs. Pickard, aet. 25, I removed a portion of the margin of the nail by the same incision which cut away the hypertrophied tissue, cutting well back so as to include the root of the nail also. This also, healed slowly, but resulted in a perfect cure.

My notes contain other examples in which I have adopted the same practice and with the same results.

Second Method.—I am informed that Emmert, (German,) has cut away the excess of flesh, without including any portion of the nail. This operation I have myself repeated several times, and with satisfactory results, except that there has been delay in the cicatrization of the large open wound.

The delay in cicatrization, which ever of these methods is adopted, has led me at length to adopt a new method.

Third Method.—Nov., 19th, 1860, assisted by Dr. Squibb and Marvin, of Brooklyn, I operated upon Miss H., aet., 15. The inside of both great toes were affected in a similar manner, and she was, in consequence, scarcely able to walk. Having placed her under the influence of ether, I made first an incision transversely on the inner and dorsal aspect of the toe, about three lines back of the root of the nail, cutting to the bone. A second incision was made on the inner side of the toe, including the hypertrophied tissue, commencing about half an inch from the inner extremity of the first incision and terminating at the end of the toe. A third incision was then made, commencing from the transverse incision and terminating in the second incision at the end of the toe, including about one-fourth of the inner margin of the nail. These latter incisions, also extended to the bone. The intercepted tissues were then cut away. The matrix of a portion of the nail, both at its root and beneath the nail, were effectually extirpated, so that this position of the nail could not be repro-



duced. I was now able to *slide* up the remaining soft parts on the inner side of the toe, and, with a roller, to close the wound completely. The same operation was repeated upon the opposite foot. On the 8th of December following both feet well.

This operation I have now repeated several times, and in all cases the cicatrization has been rapid and the cures complete.

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ART. II.—*Abstract of Proceedings of Buffalo Medical Association.*

Reported by E. R. BARNES, M. D., Secretary.

At the Annual Meeting of the Buffalo Medical Association, held at its rooms in the Medical College; there were present, the President, Dr. Hauenstein in the chair, and Drs. Rochester, Miner, Gould, Lothrop, Bailey, Nichel, Briggs, Lynde, Samo, Shaw, Wetmore, Fowler, Brecht, Walsh, Diehl, Strong, Barnes and Harvey.

The minutes of the last meeting were read and approved. The Secretary and the Treasurer respectively presented their reports, which were received and ordered to be placed on file.

The President, Dr. HAUENSTEIN, then made the following valedictory address:

GENTLEMEN:—In obedience to an established custom, the retiring president, before transferring to his successor, the trust committed to his care when elected, is expected to have something to say; and since he is at liberty to choose his own subject, he is almost debarred from making his exit with a simple excuse.

Conscious of my failings, I hesitate to say what little I intend to say, and would prefer to be silent, had it not the appearance of shirking a duty which the honor of the position requires of me. But I trust that your expectations are modest, for if not, you will be sadly disappointed.

This association was organized nearly twenty-four years ago. In its list of membership are names of men who take an enviable and exalted position among the medical profession of the United States. The association's published proceedings have been perused with avidity for the many practical facts and suggestions therein contained. The interest manifested in its doings were not confined to

this city alone, but extracts from its proceedings were published in many of the Medical Journals all over the land. In short it had a vital existence, and its members could point with a feeling of gratification and pride to its record. Such has been the condition of this association until of late.

By removal to other cities and by death, we regret and mourn the loss of most eminent abilities, men distinguished in the different departments of our profession, and whose contributions to this association stamped it with an interest and importance second to but few of its kind.

To-day, however great as has been the loss I have indicated, the talent represented by the members of this association, is such as will compare most favorably with the talent of kindred organizations in other parts of the country. To-day, yet more interest attaches to the progress of medical science than in years passed, and the importance and usefulness of institutions like ours, remains an acknowledged fact. But have we any reason to congratulate ourselves on the flourishing condition of the association? Will the record of its doings for the passed year or two, vindicate it against the charge that its vitality is impaired? Are we stronger, numerically? Have its regular meetings been attended in numbers to indicate an interest for its prosperity? How gladly would I answer these questions in the affirmative, but truth and candor say no!

It follows that a review of the doings of this Association for the past year would neither be gratifying nor instructive, I therefore leave the task, but with a feeling of regret, that in a profession so numerous as ours in this city is, so little interest should be manifested for an institution, having the welfare of all in view. What is the cause, a physician will almost instinctively ask, yet no one knows as well as he, how unsatisfactory the answer to such question generally is. The subject of cause to effect is one upon which more words are wasted than upon any other subject, a verification of which I fear might result, if I were to answer the present question, and even were I successful in its solution, in conformity with truth, it would amount to but a thankless task when performed. I will therefore not attempt an examination of what

to me seem causes which disturb the *esprit de corps* and paralyze the usefulness of this Association. But this much I will say, *we cannot all be Professors.*

Happily, we find that the anatomy of a professor bears a striking resemblance to that of other mortals, and that the same laws govern all in common. To be a competent Teacher of Medicine, is certainly a position of honor and great usefulness, demanding our respect. But it follows not that all honor and merit are associated, exclusively, with that title, and however anxious we may be to aspire to that eminence, a disappointment is no dishonor.

Whence invidiousness when it is remembered that true merit is not born but acquired? Ours is a field so large and so varied that we all can find an appropriate place in which to make ourselves useful, and with diligence and perseverance, we may achieve honor and distinction be it with or without title. Attributes of pre-eminence are not always required to command consideration and respect, for the truth of which I refer to a large class of physicians who, by choice or otherwise, follow the more unassuming walks in our profession, but yet fill their places honorably to themselves and usefully to the community. Remember the maxim; "Act well your part therein the honor lies." But whatever the causes of the stagnation of this once progressive Association may be, they cannot outweigh the necessity of its continuance and resuscitation to its former sphere of activity. Organizations, such as this, offer so many advantages for the attainment of that knowledge which qualifies us for the duties we are daily called upon to perform, that to particularize, would require more time and space than I intend to devote to it. A single intellect, with exceptions, will never accomplish that which a number of intellects united are able to accomplish. The advantage of interchange and comparison of views and ideas, besides being reciprocally instructive, teaches a proper estimate of one's self. There is danger for him who keeps himself aloof or isolated, and consequently without the opportunity to compare his views, or measure his attainments with those of his colleagues, that he may become either self-sufficient or disheartened, as by nature inclined, but let him join with others in discussions, such as this Association offers, and he will soon find, if dis-

posed to be vain, that others have ideas which he is forced to respect, and on the other hand, if inclined to be disheartened, he finds encouragement in that he possesses knowledge that entitles him to a hearing. The most valuable, however, of the opportunities and advantages which belong to this and similar institutions, is that it offers the stimulus, the incentive to emulate, to excel.

Socially, it brings its members into closer proximity. They learn to regard each other and a mutual feeling of friendship is thereby engendered, having many enjoyable hours in store.

This Association is particularly entitled to the support of the younger members of the profession. An opportunity is here offered them to reap the benefit of mature judgment and long experience pertaining to a multitude of medical subjects. They will never have occasion to regret having attended any of its meetings, for they are certain, each time, to carry away with them one or more ideas that will be of advantage to them at one time or another in the practice of their profession. Besides their every day experience qualifies them to give some equivalent for what they receive, thereby extending their sphere of usefulness.

And here let me say that it is not absolutely necessary, nor is it required of them, to give their experience on subjects of no less importance than a grand operation, as for example ovariectomy, lithotomy or the ligation of the artery in a case of axillary or carotid aneurism; on the contrary, communications, verbal or written, reports on subjects of every day practice, are of equal, if not more value to the members, the greater number of whom are general practitioners, than the details of a grand operation.

But I need no longer dilate on the advantages and opportunities of this Association since the subject embraces facts familiar to you all, and if such facts as I have mentioned, and others which will suggest themselves to the members of the profession, are seriously considered, no fears need be entertained as to the permanency and continued high character of this institution.

In regard to the material affairs of the Association, I must not forget to mention that it has accepted the College Faculty's generous offer of the use of the room we now occupy. The room is well adapted to our purpose and the terms are very acceptable; time of

lease, during good behaviour; consideration, our company. As regards the finances, I have no doubt the treasurer will give you a satisfactory report of the balances in or out of his hands.

It would, perhaps, have been more appropriate for me to have addressed you on some more strictly medical subject, but my faith in my ability to contribute anything new or worthy to the common stock of medical knowledge, failed me, and I was constrained to offer you the few remarks I have made, in the hope and with the motive to contribute my mite, towards awakening the Association to new life and vigor.

The Association then proceeded to the election of officers for the ensuing year, with the following result: For President Dr. James P. White, Vice President, Dr. William Gould, Secretary, Dr. E. R. Barnes, Treasurer Dr. J. J. Walsh, Librarian Dr. P. H. Strong.

Dr. White not being present, the Vice President elect, Dr. Gould was, upon motion of Dr. Rochester, conducted to the chair.

Dr. MINER moved that a resolution of thanks to the retiring officers be adopted. In presenting this motion, he said that he did it not as a matter of form, but as a recognition on the part of members of the labor these officers had to perform. All had faithfully discharged their duties. The work of the Secretary required much time and labor, and it should be the duty of members to lighten it as much as possible. Upon the accuracy and intelligence with which the reports of proceedings were made depended the standing of the Society.

The motion of Dr. Miner was carried unanimously.

Dr. HAUENSTEIN requested Dr. Brush to present a report of a case of much interest, of which he, Dr. H., had had charge for a considerable time. In response Dr. BRUSH then read the following paper.

By invitation of the attending physician, Dr. Hauenstein, I present the following report of an amputation at the Hip Joint, which contains some points of interest, as they embody two surgical procedures, which are somewhat novel in character, and have never, I believe, been put in practice previously in this city.

J. W., a German shoemaker, aged 25, has had disease of the right femur involving the knee-joint, since the age of six years.

I can trace no history of traumatic origin, neither does there appear to be any constitutional taint in himself or parents, both of whom are living.

The disease first commenced in the vicinity of the joint by the formation of a large abscess. With the exception of a slight lameness, locomotion was not interfered with until the age of thirteen, when upon recovering from an illness of four months duration, the nature of which I am unable to ascertain, although probably connected with the disease of the bone, the leg was found to be immovably flexed at a right angle upon the thigh.

This was the condition of the patient when first seen by Dr. Hauenstein some ten or twelve months since when he was called to attend him for small-pox. There were several sinuses upon the outer aspect of the limb, from which pus and, at times, spiculæ of bone were discharged. Nothing at that time was done to alleviate the condition of the limb, the patient having consulted several physicians, and being satisfied that nothing could be done for him short of amputating the leg.

About six weeks ago, Dr. Hauenstein was again invited to see the patient, who was suffering with a mild febrile attack, due, probably to the formation of abscesses, two of which were opened. He had partially recovered from this, when upon the 19th or 20th of March, in turning or moving very slightly in bed, he felt something "give way" in his limb, which was accompanied by a "snap" audible in the adjoining room. Upon visiting the patient, the Dr. found evidences of a fracture of the femur about three inches above the knee-joint. Abscesses formed about the seat of the fracture, which, upon being opened, discharged a large amount of offensive pus.

On March 25th, Dr. Miner was called in consultation, and after explaining to the patient the nature of the case, and the risks of the procedure, it was decided to amputate at the junction of the upper and middle thirds of the thigh.

Upon taking into consideration the anæmic and exhausted condition of the patient, Dr. Miner decided to adopt the plan which was suggested, or rather revived by Prof. Esmarch, of Kiel, at the Surgical Congress of 1873, held in Berlin. This plan, which is

but a modification of a method as old almost as Surgery itself, consists in winding an elastic bandage, commencing at the toes tightly around the limb, extending it as high up as the groin. At the upper margin of this bandage a rubber rope is drawn tightly around the limb some three or four times and secured by hooks. The bandage is then removed and the limb is ready for the operator. The case under consideration was an unfavorable one upon which to test this method, owing to the flexed condition of the limb the presence of pus in the tissues and the consequent danger of forcing it into the circulation.

March 26th. After being brought thoroughly under the influence of Ether, the patient was placed upon a table and the apparatus applied, as has already been described. Upon removal of the bandage, the limb presented a blanched condition truly remarkable. Dr. Miner amputated in the usual manner, by the flap method. Upon reaching the bone, its condition was not satisfactory, and the flaps were dissected still further up until apparently healthy bone was reached.

Upon making section of the bone, however, pus was seen to exude from the medullary canal, and the only alternative was to remove it at the hip-joint.

Up to this time, sufficient blood had not been lost to stain an ordinary napkin, the tissues presented a bloodless appearance, unlike anything which I have ever observed, and the different structures could be plainly distinguished. The arteries were secured, and the rubber rope removed. The incision was then extended from the outer angle of the wound, parallel with the bone to the upper border of the trochanter major. With the exception of the attachment of the muscles to the linea aspera, the tissues were easily separated from the bone, and the head removed from the acetabulum. Thus making an amputation at the Hip-Joint, after the method described by Prof. Theo. A. McGraw, of Detroit, at the meeting of the Michigan State Medical Society, in June 1872.

During the whole operation no blood was lost except from the incision made to remove the head of the bone, and less than usually attends the amputation of the leg or forearm, there being in fact, no active hemorrhage at all from vessels of any considera-

ble size. The patient was ordered Morphia, gr. one-sixth every six hours, together with brandy punch, beef tea, etc., etc.

At the request of Dr. Hauenstein, I assumed charge of the patient, and present the following summary of his condition since the operation.

| | | | |
|----------------------------------|-------|-------------|------------------------------------|
| Pulse previous to the operation, | | | |
| March 26th, | - | - | 120, |
| After operation, 132, full. | | | |
| " | 27th, | 9.30 A. M., | - 112, |
| " | 28th, | 9.30 " - - | 120, after dressing. Temp. 101½ F. |
| " | 29th, | 9.30 " - - | 116, " 101 " |
| " | 30th, | 10 " - - | 112, " 102½ " |

The rise in temperature was probably due to obstruction to the free exit of the discharge from the wound. Ordered Quinia gr. iij three times daily. As the pain was not severe to take Morphia less frequently.

| | | | | |
|-------------|--------|--------|------------|--------------------------|
| March 31st, | 10. | A. M., | Pulse 110. | Temperature 101. |
| April 1st, | 10.30, | " | 108. | " 101½. |
| " | 2d, | 10.30, | " 108, | " 101½. |
| " | 3d, | 9.30, | " 104, | renewed adhesive straps. |
| " | 4th, | 10.30, | " 106, | Temp. 101. |
| " | 5th, | 10.30, | " 108, | |
| " | 6th, | 12 M., | " 106, | |
| " | 7th, | 10.30, | " 104, | 100. |

Appetite good, stump looking well, and pain but slight.

This case presents several points of interest which deserve a passing notice.

The origin of the disease is of so early a date that it is impossible to arrive at any definite conclusions respecting its cause. What the condition of the bone really is, I leave for those more experience in such matters than myself, to determine. It will be observed that at the point of fracture, the bone presents the appearance of caries, this is also observable in the region of the condyles. The Patella is seen to be united to the Femur by bony deposit. The Tibia presents a healthy appearance; its articulating surface however, is smaller than usual, and the spine less prominent. The head of the Fibula is of natural size, but its shaft is remarkably

small, owing doubtless, to long disuse, the patient having used crutches for thirteen years, during which time the weight of the body was never borne upon the limb.

When we come to examine the head and neck of the femur a curious malformation is noticeable. The upper portion of the head is flattened, but apparently healthy. The spontaneous fracture of the femur is interesting as an instance of a somewhat rare accident; it will be seen however, that the bone had reached a condition of disease, in which, but little force was necessary to produce the fracture.

The method proposed by Esmarch, and here put in practice, was advanced as a new procedure in Surgery, but all familiar with surgical literature and practice, will recognize it as an old idea newly introduced and modified.

The rarity of recovery after amputation at the Hip-Joint, gives additional interest to this case.

Dr. Otis gives the following statistics of this operation in Civil Practice.

| | |
|-----------------------------|-----------------------------|
| In France, 8 successful, | In Germany, 7 successful. |
| “ Gr. Britain, 16 “ | “ America, 15 “ |
| In France, 15 unsuccessful. | In Germany, 6 unsuccessful. |
| “ England, 31 “ | “ Poland, 4 “ |
| “ America, 9 “ | |

Total number 46 successful. Failures 65.

He gives in Military Practice both American and Foreign 166 cases, with 142 deaths; 16 recoveries and 3 doubtful.

Dr. MINER said that Esmarch's suggestion was not new in principal. Thirteen years ago, at the Buffalo General Hospital, with Drs. Eastman and Wilcox, he had made use of the same procedure, using a roller bandage and a tourniquet, instead of the rubber band and tubing; the method and purpose being the same, but the material used, different. The elastic band more fully empties the vessels than the roller-bandage, as each successive turn expels the blood without diminishing the pressure of those below. Our former townsman, L. Danforth, now deceased, obtained a piece of rubber in the form of a band and presented it to this Association, with the recommendation, that it would be of service to soldiers for the

purpose of arresting hemorrhage. In presenting this band, Dr. Miner had explained its advantages as a tourniquet and bandage. See Vol. 1, No. 5, Buffalo Medical and Surgical Journal, Dec., 1861. Dr. M. thought the plain rubber band better than the elastic webbing now sold, for the purpose under consideration. In making these statements he did not wish to detract from the credit due to Esmarch. His merit was great in having reintroduced this procedure, and authoritatively called the attention of the profession to its advantages. By this method we may amputate and perform other operations without loss of blood. It is astonishing how perfectly this object is attained. There are many operations in which this procedure is inapplicable. There is danger sometimes of forcing deleterious substances upwards into the tissues, or into the circulation. Generally, if there are collections of pus, as in the case just reported, this procedure is not contra-indicated, when the pus is contained in cavities or sinuses, not favorable to absorption. In this case there was very little shock from the operation, and the system reacted readily. As will be seen from the statistics presented by Dr. Brush, the proportion of recoveries after amputation at the hip-joint, is very small. From particular localities, and under certain conditions, as in war, the reports are much less favorable. All the cases reported from Boston were unsuccessful, while, very few recoveries are recorded in military practice. It had been recommended by Woodbury of Philadelphia, to introduce the hand into the rectum and compress the iliac artery or even the aorta. Dr. Miner had never amputated at the hip-joint before. In the case reported by Dr. Brush, he attributed the favorable result more to the method employed of amputating low down, and then removing the bone, than to the use of the bandage. The nearer the point of section is to the trunk, the greater the danger. The length of stump secured by the method referred to, is of little or no service in adapting an artificial leg, but it permits the division of the limb at a distance from the trunk, it relieves shock, ensures less loss of blood, and a division of less muscular tissue. Would never amputate at the hip or shoulder joint by the old method if it were possible to employ the other. He had several times amputated successfully at the shoulder-joint in this manner, in unfavora-

ble cases, as also had Dr. Barnes, in one case at the General Hospital.

The prevailing diseases reported, were sore throat, often accompanied by swelling of the parotid glands, sometimes by a discharge from the ear, typhoid fever very prevalent, scarlet fever, measles, diarrhœa and articular rheumatism.

Miscellaneous business being in order, the question was raised as to securing copies of the transactions of the State Medical Society but no definite action was taken.

On motion the Treasurer was authorized to pay Dr. Rochester, one hundred dollars, for rent of rooms for the Association, for the two past years.

On motion, adjourned.

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ART. III.—*Albany County Medical Society. Semi-Monthly Meeting, held March 11th, 1874.* Reported by F. C. CURTIS, M. D., Secretary.

Dr. JOHN SWINBURNE, President, in the chair.

About twenty-five members were present.

The name of George W. Papen, M. D., was proposed for membership, and referred.

Dr. JAMES McNAUGHTON made a report as chairman of a committee appointed at a previous meeting to take suitable action in relation to the death of of Drs. John F. Townsend and Peter Van Buren, former members of this Society, who both died in New York City, where they had resided several years, the former on Jan. 8th, 1874, aged 65; the latter, Dec. 5th, 1873.

Dr. S. H. FREEMAN made a similar report in regard to the death of Dr. J. H. Lasher, who became a member of this Society in 1871, soon after graduating from the Albany Medical College, and died Dec. 12th, 1873, aged 25.

Appropriate resolutions were presented, and, on motion, the reports of both committees were adopted and directed to be entered in full on the minutes of the Society.

Dr. JAMES S. BAILEY then read a paper on the subject of "Senile Hypertrophy of the Prostate Gland." He described at

length the anatomy of the parts concerned, and gave in detail an account of the general clinical history of the disease under consideration.

The average weight of the healthy gland has been found to be about $4\frac{1}{2}$ drachms, but a weight of less than 7 drachms is not considered abnormal. It becomes enlarged, not necessarily by inflammatory action, but also by increase of tissue, or proper hypertrophy. Either lobe may enlarge separately, or the increase may be uniform of the whole organ.

The effect of this enlargement is to obstruct the flow of urine by changing the size and shape of the urethra passing through it. The canal becomes narrow and tortuous, and the length of the prostatic urethra increases from the normal of $1\frac{1}{4}$ inches to perhaps 3 inches.

The symptoms of this hypertrophy, coming on in old people, are not marked in the early stage of it. Enlargement may go on for months and years before much change is noted. The constitution of the patient and the character of the enlargement influence this. Then a diminution in force of the ejected stream is observed, and completion is less satisfactory, the bladder not being fully emptied. On account of this same partial retention, the urine becomes ammoniacal and disagreeable. There is a sense of fullness about the part. Pain is developed in the groin and thighs, with an aching, gnawing sensation about the pubes. The bladder walls become hypertrophied and affected with a chronic inflammation. The urethra sympathizes, and there is a smarting soreness, often extending to the glans. Later, there may be inability to retain the urine, which dribbles away and wets the clothing, constituting a most annoying and disagreeable condition. Uremic poisoning may result from backing of the urine up the ureters into the kidneys.

The etiology is obscure. The following are some of the causes to which it has been traced: Horseback riding, calculus, intemperance, cold, gout, rheumatism, external violence, use of catheter, and repeated attacks of gonorrhœa.

The treatment consists in relieving congestion and pain and quieting the disposition to pass water. Hot hip baths are accept-

able and beneficial in every stage. Especially where retention exists, these are efficient, and are preparatory to the catheter. Opium may be given in full doses if baths do not relieve. Introduction of the catheter requires great caution, and to facilitate it various forms have been devised. The silver catheter was preferred by Dr. Bailey. The largest size possible should be used, and one having a curve comprising one-fourth of a circle may be most easily introduced in most cases.

Cases were given in illustration. One is as follows:

A strong, powerfully built man, aged 72, by occupation a machinist, took cold, and found difficulty in urinating. Medical assistance was called for on the 7th of July, as he was entirely unable to pass water. A catheter was introduced with difficulty, and three pints of dark colored urine, containing blood, was drawn, which afforded only partial relief to the pain, which was across the loins and down the thighs. It was with difficulty that he changed his position while lying down, or could get in or out of bed. The urine remained tinged with blood until the 22d of July, when catheterization failed to empty the bladder, the blood obstructing the flow through the eyes of the instrument. Dr. John Swinburne was then consulted, and by the use of a No. 11 silver catheter, with large eyes, the thick, bloody urine was evacuated and washed out by means of a fountain syringe, tepid and cold water being used alternately. Upon the next catheterization the urethra seemed shortened more than an inch, and the urine escaped clear, with only an occasional cogula. About this time he manifested symptoms of uremic poisoning; delirium and convulsions occurred. The bladder was washed out twice a day, and the symptoms gradually improved during this time; then his appetite began to fail, and he finally died August 3d.

The following is a report of the autopsy made twenty-four hours after death: Rigor mortis marked; abdomen: liver somewhat enlarged, edges rounded; ductus communis choledochus occluded; gall bladder small, containing a few calculi and a drachm of mucus; pancreas thickened and quite hard on section, but normal in appearance; spleen healthy; right kidney healthy; left kidney—the supra venal capsule enlarged to the size of the kidney itself,

presenting on section a granular look and pale color; had the appearance of a morbid growth; kidney itself disorganized, with only two or three pyramids remaining; ureters not affected; bladder walls considerably thickened; half an inch from the mouth of the urethra a longitudinal elevation an inch or more high, composed of the hypertrophied third lobe of the postate gland, so situated as to fall as a valve across the mouth of the urethra; it was congested, was soft and rather friable, and contained two or three perforations; prostate enlarged to two inches antero-posterior diameter, and a little more than two inches in the transverse; urethra normal throughout, except at the external orifice, where there was stricture with dense tissue; alimentary canal normal. Thorax not examined.

The urine was examined July 11th and found alkaline, of low sp. gr., containing abundance of albumen and blood globules. July 25th it was found strongly alkaline and ammoniacal, with a slight amount of albumen and depositing triple phosphates and phosphate of lime.

Dr. VAN DERVEER reported the following case of enlarged prostate:

W. H. J., aged 66; good habits; shoemaker by trade; usually enjoyed good health. December, 1873, noticed some trouble in passing his urine; desired to do it often; not a feeling of satisfaction when the act was completed. On the 12th, failed to pass any water, though making frequent attempts. At 10 P. M. he was first seen. He was then in little pain; abdominal tumor well marked, reaching up to the umbilicus. An attempt had been made during the afternoon to pass a gum elastic catheter, but no urine flowed following its use. After injecting the urethra with warm oil, passed with ease a No. 12 silver catheter, and drew off about two quarts of urine. The use of the catheter was continued for two weeks, twice daily. After this he passed for about twelve days his urine with comparative ease. At this time he was attacked with acute bronchitis, and it became necessary to employ the catheter two to three times daily to relieve his bladder. A thorough tonic course of treatment was adopted, but he gradually sank and died Feb. 10, 1874. A week previous to death a trace of albumen could be found in urine, but no casts.

Post-mortem twelve hours after death. Head not examined. Organs of thorax in a healthy condition. Abdominal organs healthy, excepting kidneys and bladder. The kidneys were very much enlarged; capsule adherent, and glandular structure much congested. The bladder contained a pint of ammoniacal urine; walls thickened, and mucous coat covered with arched and crossed columns of tissue. The middle lobe of the prostate gland was enlarged in such a manner—upward and forward—that when the bladder became at all full this hypertrophied tissue acted as a valve, preventing the exit of urine, and accounting for his inability to empty his bladder.

The doctor remarked farther that he preferred the olive pointed, black elastic catheter to any any other in enlarged prostate. By dipping in hot water, bending it to the desired curve, which should be an acute one, and then dipping into cold water, the form is retained. He got this idea from Dr. Gouley, of New York, who in turn obtained it from Sir Henry Thompson.

Dr. McNAUGHTON thought that an expert hand was more important than the particular instrument. He had been pleased with Dr. Bailey's paper, and thought he deserved the thanks of the Society for presenting so interesting a resumé of the subject, with cases. His own experience corresponded closely with the views given in the paper. In regard to filling up of the bladder with blood, cases had fallen under his care, but they are not of frequent occurrence. A large catheter should be introduced, and warm water injected. He had never known this to fail in emptying it.

The PRESIDENT said that he had seen one other case only similar to this one which he saw with Dr. Bailey; with Dr. Vedder, of Schenectady. In this the blood was very dark and very fetid.

Dr. BECKETT mentioned a case of filling up of the bladder with blood clot, due to a kick of a horse, the bladder being filled with urine at the time. Nothing could be drawn off until the clot was broken up by injecting water.

After a little general discussion of subjects connected with enlarged prostate, the Society adjourned.

MISCELLANEOUS.

Croton Chloral.*

BY ALFRED H. MASON, F. C. S.

A new remedy, with chloral as its basis, and introduced by the discoverer of the therapeutical application of hydrate of chloral, naturally commands attention. At one of our general meetings in 1872 session, I exhibited a specimen of this, then new, compound, named by Professor Liebreich croton chloral hydrate.

Within the last few months this medicine has commanded much more of the attention of medical men, so that the requirements of it somewhat exceed the first demand for its predecessor when sold at about the same price.

Crotonic chloral was discovered somewhat accidentally by Dr. Kraemer and Dr. A. Pinner. These gentlemen were undertaking experiments on the action of chlorine on aldehyde, chiefly in the hope of thus obtaining chloral, and of being able to utilize the valueless residue from the first runnings obtained in the distillation of crude spirit, which consists mainly of alcohol, aldehyde, and paraldehyde.

Chlorine was passed into aldehyde, at first carefully cooled in a freezing mixture, and only heated to 100° at the close of the reaction. The first few bubbles caused the separation of a small quantity of solid metaldehyde, whether originally present in the aldehyde, or formed by the reaction, is undecided. After a short time evolution of hydro-chloric acid set in and every trace of chlorine was absorbed. With 100 grains of aldehyde, at the end of twenty-four hours, no further absorption took place even at 100° . The resulting brown mass consists of two layers: a lower, darker, almost solid; and an upper, lighter colored, liquid layer. The latter is a saturated solution of hydro-chloric acid and the bodies of the lower layer in water. As it was found impossible to separate these two well, the whole was submitted to distillation. A considerable quantity passed over between 90° and 100° ; the thermometer then rose rapidly to 160° , and the main product distilled over between this and 180° ; the temperature again rose to about 240° , but only decomposition products were obtained, and a considerable carbonaceous residue remained in the flask. By means of fractional distillation the portion boiling at 160° to 180° was quickly purified, and a body boiling at 163° to 165° was isolated, which proved to be crotonic chloral.

The specimen I have here was produced by passing perfectly dry chlorine gas over pure aldehyde (C_2H_4O)—the action is very

* Read at the evening meeting of the Liverpool Chemists' Association, February 12, 1874, and published in the *Chemist and Druggist*.

violent, and many precautions have to be taken to prevent explosion and to condense the volatile products of the reaction, and still to allow the enormous quantities of hydrochloric acid gas to escape. After a time the liquid thickens; at this stage the current of chlorine can be passed through the liquid. After another interval it becomes necessary to warm, and at last to boil the liquid through which the chlorine is passing. At length hydrochloric acid ceases to be evolved, and crude croton chloral is obtained—the process taking about forty-eight hours to complete. This crude body is *mainly* ordinary chloral, but mixed with a variety of other products. By fractional distillation and treatment with sulphuric acid—true croton chloral ($C_4H_3Cl_3O$)—trichlorocrotonic aldehyde is obtained. This is a dense oily liquid of peculiar odor, somewhat recalling ordinary chloral: treated with a considerable excess of warm water it hydrates and dissolves, and upon cooling, croton chloral hydrate ($C_4H_3Cl_3O, H_2O$) is deposited, but still in a crude form, most rank and offensive in flavor. It has to be purified by rather a tedious process, and is obtained, when pure, in beautiful white silvery crystals, with a sweetish melon flavor, which melt at 78 C.

From this it will be quite evident (and it is probably wise to note it) that this body does not bear any relation to croton oil, or crotonic acid, obtained therefrom, although its chemical constitution proves it to be the chlorated aldehyde of crotonic acid.

Croton chloral is the substance represented by the same term in the allyl (C_3H_5) group that chloral has in the ethyl (C_2H_5) group. Its outward appearance differs from hydrate of chloral by the salt being much lighter, and in flocculent silvery crystals—by its being almost insoluble in cold water and very soluble in alcohol: it is soluble in hot distilled water, and rendered more easily so by the addition of 25 per cent. of pure glycerine; it is insoluble in chloroform.

It will be remembered that hydrate of chloral owes its value as a medicinal agent to the supposed elimination of chloroform when it comes in contact with the alkalies of the blood, it having been shown that by reaction with alkalies chloroform is produced. Crotonic chloral, when subject to the influence of an alkali, first forms allyl-chloroform, a trichlorated body which is rapidly decomposed into a bichlorated substance called bichlorallylene. In a communication to the *British Medical Journal*, December 20, 1873, Dr. Leibreich says:—"Both chloroform and trichlorated substances act in the first stage upon the brain; in the second, on the spinal cord; in the third, on the heart."

Although Dr. Leibreich's theory has met with and still finds general favor, there are many medical men who think it has not any valid support, believing that chloral exercises a specific action of its own upon the organization, which is not to be reasoned out from an exclusively chemical basis.

The medicinal advantages of hydrate of croton chloral over ordinary hydrate of chloral are:—1st. In cases where hydrate of chloral is inapplicable on account of heart disease (it does not interfere with the action of the heart. 2d. In cases of neuralgia in the district of the nervous trigeminus (it is a remarkable phenomenon that when given in small doses it produces anæsthesia of the fifth nerve, singling out one nerve, and that one alone, while the sensibility of the body generally and pulse and respiration remain unaffected). 3d. In cases where very large doses are necessary to produce sleep, here Leibreich recommends the addition of croton chloral to hydrate of chloral.

Dr. Burney Yeo, of King's College Hospital, London, etc., is making a systematic investigation on the value of this medicine, and he lays his first communication in a paper published in the *Lancet*, January 31, 1874; he administered it in six different classes of cases, and gives details of each. The results he has arrived at are, that in croton chloral we possess a remedy of remarkable efficacy in some cases of neuralgia of the branches of the nervous trigeminus, and that it also has the power of affording relief in other obstinate forms of neuralgia; that it is of use in certain cases of diffused muscular pain; that there is scarcely any remedy that is likely to prove more valuable for the relief of the distressing night cough of chronic phthisis. Its efficacy in procuring sleep seems very variable in moderate doses; its effect in purely rheumatic cases is scarcely appreciable, while for hysteria it is of little or no use.

Dose.—Dr. Yeo says:—"I am satisfied that in dealing with this substance we must give an unusually wide range to the dose, for its effects vary greatly. The doses I have given varied from 1 to 10 grains. In delicate females I have found very decided effects from doses of 2 and 3 grains; in strong males a dose of ten grains is often required to produce any appreciable effect. As may be expected, persons who have been accustomed to the use of anodyne medicines require larger doses than others."

The dose must always be proportionate to the severity and long continuance of the pain. I would advise that it should be always given in moderate and quickly repeated doses, until the amount of "tolerance of the medicine in each particular case has been discovered. In severe neuralgias, from 2 to 5 grains may be given every hour, or the smaller dose every half hour, until 15 grains have been taken. At present I do not think it safe to go beyond this dose."

I have made several experiments with different solvents to present this medicine in a convenient form for dispensing, and before seeing Dr. Yeo's paper I found that the addition of glycerine was of great assistance in making the solution. I can fully endorse his decision. The following formulary yields the strongest solution that is permanent:—

| | |
|-----------------------------|----------------------|
| Croton Chloral Hydrate..... | 64 grains. |
| Pure Glycerine..... | $\frac{1}{2}$ ounce. |
| Hot Distilled Water..... | $1\frac{1}{2}$ “ |

A syrup can be made containing 2 grains of croton chloral hydrate in the fluid drachm, by adding 4 ounces of simple syrup to the above solution, and the disagreeable taste may be removed by any flavoring the pharmacist sees fit to add.—*Druggists' Circular.*

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Defective Drainage.

In the growth of every town and State there is always a point reached where it needs all the appliances for its convenience and sanitary condition that art and experience can give. And that too when its pecuniary ability is least fitted to or prepared to meet them. Such is our own condition. With an University of the noblest proportions, struggling upwards in its ample dimensions, attempting to reach and pass in ten years the growth of centuries, with a sudden inflow of a large population, with the task of remodelling our public schools requiring large expenditures—with our five railroads, all but one or two built unwisely by the operation of the bonding of towns by the late unfortunate law, that puts us and our posterity in debts, oppressive and wrong; with changes in our dwellings to meet modern taste; with the libraries and other buildings, enlargement of stocks and stores for business; with the advance of the whole cost of material, labor to an extravagant degree,—one and all would seem to make this the last and most unfavorable time for the Committee of Physicians of Ithaca to try still further the burdens that a proper sanitary condition of our town imposes on us.

While, therefore, the malaria of our town is mild in its manifestations as compared with that of many other places, it never-surely causes malarious cachexia with its train of disorders—dyspepsia, neuralgia, rheumatism, and the like, in general prevalence of ill health, for the relief of which we advocate the lowering of the lake, as it may be the slow but sure means of putting an end to the miasm by the draining and drying of the flat, marshy lands which are now subject to inundations. And in this I am in perfect accord with my colleague in this Committee Report, that it is the never-ceasing dampness, the constant presence of water in the wet portions of our town, that is the cause of our miasm. At least one-third of our dwellings at present are on lots underlaid by clay, or on clayish sand, but little removed from the permanent water level; and, because of the cheapness of the building lots on these sites, houses are being multiplied and approximating nearer and nearer to the water level. Twenty years ago,

we thought three feet above permanent water level too little. Many dwellings are to-day not more than twelve to fifteen inches above the water level, and some are within a spade's depth. And the occupants of these houses, men, women, and children, who are rarely or never well, fail to recognize and deny the cause of their ill-health.

We must awake to our own health. We must rouse the slumbering citizens of other populous neighborhoods to our common interest. We must reach the intelligence of the whole State on this question. Reason, health and public good are on our side. For our own Ithaca, it is a home to be proud of, except in this one crying evil.—*S. J. Parker, M.D., Sanitarian for June.*

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Development of Intermittent Fever at Sing Sing, N. Y., by Obstructed Drains.

In the year 1866 or 1867, a culvert on the Hudson River Railroad was obstructed by dumping rock and sand, which detained a great deal of vegetable and animal matter within an estuary or pond of an acre or more in extent. This resulted in the development of intermittent fever among a number of families living adjacent to this exceedingly impure and stagnant water. Being at the time Assistant Sanitary Inspector for the town of Ossining, I reported this nuisance to the Metropolitan Board of Health; and when the "order" for its abatement was obeyed by the Railroad Company, by reopening the culvert to the free entrance and exit of the tides, it resulted in stamping out the fever and ague. The second exception was first observed three or four years ago, when a considerable number of houses—say over thirty—were erected in the southern end of Spring and State streets. Parallel with, and lying between those streets, is a valley, which has never been well drained; but of late the drainage has been so defective as to amount to obstruction; to which must be added the slops, surface drainage, and subsoil, of all these houses, yards, and privies, which has resulted in the development of sufficient malaria to have caused a number of cases of intermittent fever in the immediate neighborhood, where the disease was previously unknown.

Proper drainage would doubtless promptly restore the original salubrity of this locality.

It appears to me that these examples furnish the most positive proof of the direct production of malaria from defective drainage—or, rather, no drainage.

Injury to the health and destruction of the lives of our citizens, where the causes are obvious and preventable, renders a careless and culpably ignorant board of town, village or city officials

responsible and, at least in equity, if not in law, actionable for damages as much as a private corporation for like damages to health and life by defective construction of bridges or railway tracks, steam boilers or rickety tenement houses.—*G. J. Fisher, Sanitarian for June.*

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Morbid Impulses.

By H. R. BIGELOW, M. D., Hartford Conn.

Every one in his life experience can recall to himself occasions in which an idea could not be dismissed from his mind by any volitional effort, being realized in action in defiance of his will and better judgment.

An essayist, evidently an Englishman,* writing not long since upon this subject, related an instance which occurred in his own life. It was at a party given by Mrs. Cantelope, the pretty daughter of an insignificant pork merchant. She marrying the younger son of a rich man became the representative of a powerful English family. Her "pride of place" and forcible manner of canvassing the claims of parrence families were such that our English friend was seized with a tyrannical impulse to say an insolent thing, and it was only by hastily retiring from the assembly and rushing to his own quarters, that he rescued himself from shouting out, "Madam, your Father was a little Pork Butcher—you know he was." Full well he knew the ignominy which would follow such an explosion—the rudeness of the remark was apparent, yet was the dominant power of the idea such, that his *Will* became powerless, and to escape a greater evil he must needs run away.

Once upon an occasion of extreme solemnity, none other than the funeral of a near and dear relative, some ludicrous stimulus excited in me an uncontrollable desire to laugh. In vain I tried to realize the sadness of the time—to remember the holy traits of the departed one—to sympathize with the grief of the immediate relatives. I sat on a rack of unrest, the perspiration hung in drops upon my forehead. I must laugh or go mad, and so, just as the corpse was being raised by the mourners, laugh I did, yet did the impulse seem in no way lessened in power by the horror stricken faces around me.

A friend of mine, in whom the neurotic temperament is strongly marked, has constantly the morbid desire to do queer and reprehensible things. He is in daily fear of himself. His watch is an unfailling source of annoyance, as the sight of it is always accompanied by the desire to introduce it forcibly to the head of his nearest neighbor. A bridge is a thing of horror, suggesting to

*Harper's Monthly Magazine.

him suicidal ideas. At one time, suffering as he was from an attack of hysteria, he would bark like a dog, crow, and mew, in imitation of similar sounds which had reached his ears through the open window.

Even now, at the age of thirty, he has so little confidence in his ability to fight against the impulse successfully, that he never leaves the house alone, lest he renders himself amenable to the law by giving expression to the inward self-asserting idea. How often, for instance, have we seen the suddenly excited idea of the ludicrous give rise to involuntary and unexpected laughter. In this way I am sometimes forced to smile when the passages of the play are of the most pathetic nature.

Who, standing upon some dizzy height, has not felt an unpleasantly controlling desire to cast himself down—or who, gazing down upon the ever shifting scenes of a placid river, has not longed to fathom the mysteries of its depths? A single plunge—a musical ripple—nothing more. Who has not at sometime aroused himself to the fact that his hand was unconsciously keeping time to the strains of an orchestra, or that he was humming the accompaniment of a difficult vocal passage?

All of us have experienced these sensations, but few can account for them. Can they be explained on physiological or psychological grounds? Are they spiritual or material manifestations? How closely allied to insanity may they be? How far will they act as extenuating circumstances in the commission of a crime?

Let us enter into their pathology together. And to this end, we must first understand a little of the nervous centres in which these impulses may arise; the centres which give us mental action, sensation, sensory-motor and reflex action. These are;

1. *Primary or Ideational* centres, constituted by the gray matter of the convolutions of the hemispheres.

2. These are the *Secondary* nervous centres, or *Sensational* centres, constituted by the collection of gray matter that lies between the decussation of the pyramids and the floors of the lateral ventricles.

3. There are the *Tertiary* nervous centres, or centres of *Reflex Action* constituted mainly by the gray matter of the Spinal Cord.

4. There are the *Quarternary* nervous centres, as we might call them, belonging to the Sympathetic System.*

Now although each centre is subordinate to the centre immediately above it, each is capable of determining certain actions without the intervention of its supreme centre, an independent local action being entirely compatible with the control of a supreme authority. The spinal centres are subordinate to the sensory centres, these latter to the controlling action of the cerebral hemispheres—more especially to the action of the will. The Spinal Cord consists of those nervous centres which give rise to reflex

*Maudsley. Physiology and Pathology of Mind.

action, and by its operation causes the unconscious movements which form a large part of human activity, and which are due to the independent power of re-action of these centres. Infantile movements are reflex to impressions without. The accumulated experience of generations has stamped within its centres a veritable Memory, so that in response to certain stimuli, the same results will always be effected. The force responsive to a stimulus, may be entirely expended outward through an efferent nerve, producing muscular action, or only partially so, the residua being conveyed upward to the sensory centres causing sensations. The *Secondary* nervous centres, *Sensory Ganglia*, included among other things, the ganglionic nuclei of different senses. In many of the lower animals the brain consists of nothing more than these sensory ganglia, with centres of motional reaction. In answer to an appropriate stimulus, the whole force of the centre may be expended outwards on a motor nerve, and movements in harmony with the sensation result, in the same way that involuntary movements take place in the Spinal Cord *without* sensation; or a part of the force may be extended upward to the primary or ideational centres. The cells also are centres of independent re-action, and may give rise to a series of reflex actions of their own. Most of these actions are automatic, the acquisition of generations. The instinctive actions of animals are consensual. The sucking of the infant, some of the movements of mastication, the adjustment of the eye to certain distances, fall under the head of consensual acts. Sensations are not innate but acquired. "The complete sensation is built up in the nervous centre, from the residua left behind by like sensations, and the sensation of a cultivated sense thus sums up, as it were, a thousand experiences, as one word often contains the accumulated acquisition of generations." Thus briefly, but sufficiently, we have glanced over the subordinate centres, until we have arrived at the *Supreme, Primary or Ideational* centres. Upon these centres, the ablest psychological and physiological investigations have been expended, and will continue to be thus expended, until, in the purification of future ages, men's minds shall have attained that trained habit of inquiry, so absolutely necessary in mental pathology. As I have shown elsewhere,* the mere metaphysical, subjective introspect will avail us no purpose, for the abstraction which is necessary for the performance of conscious scrutiny withdraws from mental freedom that which is necessary for its perfected entity and creates abnormal existence in the object to be analyzed by self-consciousness. It is now universally admitted that the nerve cells of the gray cortical layers of the hemispheres of the brain, are the nervous centres of idea. The molecular changes occurring in these millions of cells give rise to a force which we call Mind. Mind, then, is perfected force generated by the supreme or ideational centres, represented in the

*Hamlet's Insanity.—Chicago Medical Journal Sept., 1873.

convolutions and corticle cells of the brain, not a spiritual vagary, an abstract, incomprehensible agent, but a natural force, situated in the Brain. Now, as in the ganglionic cells of the sensory centres and of the Spinal Cord, so also in these corticle cells of the hemispheres is there independent re-action. An active idea may pass outward even in direct defiance of the will and manifest itself in some bodily movement. An idea may arise and produce movement without any consciousness of it. Here, then, we have the explanation of the Morbid Impulse. When the impulse becomes dominant, asserting itself despite the will, then it is that the person is pronounced insane. The mere existence of the *fixed idea*, so long as it be controlled by volition, is in no wise an abnormality. When the hemispherical cells cease to re-act upon each other harmoniously, when an idea prolongs its tension so as to "tyrannize over the understanding and become an absorbing entity," illusions and delusions result. A man in this condition of mental erythism, acting under a delusion would not be amenable to law only in so far as his confidence in a proper asylum would be demanded. The *modus operandi* by which an idea becomes excited and active in this: The necessary external stimulus applied to the sensory ganglia is expressed outwardly as pleasure or disgust, while that residua furnish to the well balanced mind the stimulus which was necessary to excite the particular idea in one of the numerous corticle cells. Just what stimulus was needed, and just what idea would obtain from its application, are the lessons stamped on the mental growth by the experience of generations. The nervous action may become weakened by the vicious transmission of heredity, or the integrity of the nervous vitality of the centres may be upset by injurious practices. Hence, in such abnormal minds, the stimulus excites the sensory ganglia in extreme degree. The sight of a river, the impression being conveyed by the eye to the optic centres, to be realized as sensation, creates an exaggerated feeling of cold, of fifth, etc. These ganglia, themselves lowered in vitality, send upward to the brain false impressions. The unwonted, abnormal stimulus calls out a diseased idea, which being freed from the scrutiny of a healthy Will, becomes predominant and is often realized outwardly in most painful ways.

How does *Will* control and regulate the mental action? Maudsley's definition will furnish the answer. "*Will* is the desire or aversion sufficiently strong to generate action upon reflection." But reflection is the just balancing of ideas; hence this process cannot go on if one idea is allowed to become supreme.—*Cincinnati Med. News*.

Treatment of Vascular Naevi with the Galvanic Cautey.

BY B. F. DAWSON, M. D., etc. New York.

In vol. iv., No. 3, November, 1871, of this Journal, I published a paper on the "Treatment of Vascular Nævi with the Actual Cautey," and related therein several cases in which the most satisfactory results followed that method of removal, or rather destruction; and having since operated many times in like manner, I will adhere to the views therein expressed of its advantages and gratifying results.

During the last two years, however, I have had opportunities of witnessing the use of, as well as using myself, the galvanic cautey in various operations, when it is "par excellence" the best means at the command of the surgeon. Having possessed myself of an apparatus, I have used it many times for the destruction of nævi—in some of which other methods, excepting the actual cautey, had proved unsatisfactory—with unfailing success and most gratifying results.

As many surgeons still seem undecided as to the best means for removing this not uncommon nongenital disease, many still adhering to the oldest and most unsatisfactory methods, I deem it not inadvisable to add my testimony in favor of a method that at least one high authority, Dr. Maas, of Breslau,* pronounces to be followed by the best results, and is much safer than the injection of iron or other coagulating fluid. This opinion he arrived at after having used the galvanic cautey in 112 cases with the following results: *Capillary nævus*—cured, 32; improved, 1. *Cavernous or venous nævus*—cured, 72; improved, 8; died, 3. *Arterial or racemose nævus*—cured, 2; improved, 1. *Nævus combined with other tumors*—cured, 6; improved, 1; result unknown, 2.

The galvanic cautey differs from the actual cautey in the means and facility for heating the needles, while it is superior to the latter from the fact that the degree and duration of the heat is wholly under control of the operator, and consequently it admits of being used with greater care and deliberation, while the actual cautey needles, readily parting with their heat, necessitates their hurried use. These advantages, combined with the admissibility of using very fine needles, are the only advantages the galvanic can claim over the actual, for the effects of the two methods are precisely similar—destruction of the diseased parts by heat. Both methods have the advantage of destroying the nævi in parts of the body where it would be either unsafe or impossible to apply other means, as was the case in the third of the following cases which I have selected as best illustrating the advantages claimed for the galvanic cautey.

CASE I.—Mary O'Neil, one year and eight months, was brought

*Archiv für Klinische Chirurgie. Vol., XII, 1871.

to me February 17, 1875, with an irregular capillary nævus, the size of a bird's egg, situated immediately beneath the lower left eyelid. The history was as usual—that it was a small spot at birth, but had grown rapidly to its present size, and was a source of annoyance to the parents, as well as disfiguring the child's face. The parents wishing its removal, the following day (18th) I singed it carefully, but thoroughly, with the galvanic cautery, throughout its whole extent, but no deeper than the cutis, so as to guard against unnecessary destruction of tissue, and consequent cicatricial contraction. Cold compresses were then applied and kept in place by a bandage. The next day there was slight consecutive inflammation of the adjacent tissues, very little swelling, and but slight sympathetic congestion of the conjunctivæ. In a week after all signs of congestion had subsided, and a thin scab covered the site of the nævus, which fell off on the twelfth day after the operation, leaving a healthy dark, pink and soft eschar, showing no trace of the nævus, and not in the slightest contrasting or impairing the mobility of the lower lid. Several weeks after, a slight discoloration was the only mark noticeable.

CASE II.—Jessie B——, two years old, fine healthy child, was brought to me from Flushing, Nov. 21, 1873, by previous arrangement, to be operated on for a subcutaneous venous nævus situated over the right eyebrow. Compression, collodion and argent. nit. had been used by different physicians without result, as the disease continued to grow to its present size of about half an inch long by one-quarter wide. As in the preceding case, I singed the nævus thoroughly with the platinum needle at a red heat, a wet compress was applied, and the child taken home to Flushing the same afternoon. Five days after, I saw it at my office, and found a firm black scab covering the seat of the nævus. In a few days this scab fell off, leaving a healthy pink cuticle beneath, but at the lower angle a small dark spot showed that a portion of the nævus had escaped destruction. This was destroyed, in like manner, on Dec. 21st, one month after first operation. The result in this case has been perfectly satisfactory, for when seen on Feb. 24th last, the seat of the nævus could only be recognized by a small mark scarcely noticeable, and which the parents have recently informed me is getting fainter each week. In this case I was assisted by my friends, Drs. Rankin, Porter and Hanks.

CASE III.—Sarah Hawley, fourteen months old, was brought to me Feb. 21, 1874, at the Dispensary for Sick Children, with a subcutaneous venous nævus in lower portion of the upper right eyelid, and considerably disfiguring the child. The history was one of rapid growth to its present size of a large pea.

The mother stated that she had taken the child to the Eye Infirmary in this city, and that she was advised to have nothing done. On close examination I resolved to operate on the tumor, as from its very rapid growth it was evident that the whole lid would before

long be involved, and its function being thus impaired the eye itself would suffer. From the location and deep character of this nævus I could judge of no safe means of removing it except the galvanic cautery. Certainly it would have exposed the eye itself to injury to have attempted its removal by the potential caustics, vaccination, or coagulating injections, for the reason that the effects of these methods would extend beyond the actual site of the nævus, as their action is not wholly under control; the opposite is the case in using the galvanic cautery needle, with which it is possible to destroy slowly and cautiously, and only to the extent deemed safe in view of the consecutive inflammation.

On Feb. 24th, assisted by three of my students, I operated on the case, entering the nævus with the red-hot platinum needle at the lower border of the nævus, which was held by forceps, and thus destroying it subcutaneously by working the point of the needle cautiously to the right and left, avoiding going too deeply. The whole operation was completed within three minutes, and the child on recovering from the chloroform was removed to its home, a wet compress being previously applied.

I saw the child again on the 27th, when a firm scab covered the site of the nævus; there was also some congestion of the conjunctivæ, but nothing very marked, and but little swelling of the lid. On the 30th I saw the case again and found the scab removed and a slight cicatrix remaining. The eye in all other respects looked healthy. When last seen, April 2d, nothing except a small scar showed where the nævus had been; there was no contraction of the lid, and the mother expressed herself highly pleased at the result. Certainly no better result could have been obtained by other methods of treatment.

These three cases may be considered as fully illustrating the superiority of the galvanic cautery over other means of destroying nævi, and I feel confident that it will before long be universally considered the safest and most reliable means in the majority of cases for removing this so often disfiguring and sometimes dangerous congenital disease.—*American Journal of Obstetrics.*

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Ovariectomy under Difficulties.

Dr. S. G. Stevens writes to the *Medical Times and Gazette* of March 7, 1874, from Rio Bueno, Valdivia, Chili, an account of an operation for the removal of an ovarian tumor performed by himself in the backwoods of South America. The operator showed great skill in the use of the few instruments he could command, and of such materials as he could find at hand.

The patient was an Indian woman, about 38 or 40 years of age, married, who had borne nine children, and who lived near the Lake

of Rancho, in the great forests at the foot of the Cordillera. Dr. Stevens first saw her in January, 1871, having passed her hut to ask for lodgings for the night. She was lying in one corner of the hut, on her bed of sheepskins, evidently suffering greatly. She said that about five years previously, she had had a quarrel with another woman, who had suddenly disappeared from the neighborhood, and that ever since her belly had been swelling; the other woman had bewitched her and that unless she could find her—for the Indians believe that the person who has caused them the evil can cure them—or some remedy, she would go on swelling, burst and die. She was suffering from great dyspnoea. Her countenance was livid, and the abdomen, of enormous size, fluctuated distinctly. Dr. Stevens told her he thought he could take out the evil, and her husband consented to the trial. The intention was to make an exploratory incision, and extirpate the tumor, if possible; if not, to tap and close up the wound. Dr. Stevens set about preparing for the operation, while a messenger was sent four days' journey to obtain chloroform. The instruments were a trocar, made from a piece of bamboo, about ten inches long, hollowed out, and sharpened to a point at one end, and at the other connected to a piece of India-rubber tubing from an enema syringe; the instruments from a "Charrière" pocket-case, and a pair of craniotomy forceps. The assistants were a Catholic Missionary, two Indians, and a half-blood. The ligature was of raw hide, with two pieces of wood fastened at the ends, in order that more power could be used in pulling it tight; and at the time of using it was to be dipped in warm neats-foot oil.

Jan. 25th.—After the hut had been heated, and the patient brought under the influence of chloroform the operation was begun. An incision four inches long was made in the linea alba down to the peritoneum. The wound having been dried with cotton wool, a small incision was made in the peritoneum, when the fluid gushed out like a fountain into the face of the operator. On enlarging the incision the tumor presented. It appeared solid at first, but a point of fluctuation was discovered. On the introduction of the trocar, the fluid ran well at first, but gradually became thicker, and after the tubing had been disconnected it soon ceased to flow from the bamboo tube. On enlarging the opening, another cyst was found which was emptied in the same way as the first, and on introducing the hand behind the tumor, it was found free in every part. The craniotomy forceps were applied, and the wound being extended a little at its upper part, the tumor came out upon the board, which was in readiness for its reception, and behind it a rush of ascitic fluid. The pedicle was rather long, but flat; the raw-hide ligature was applied to it, and tightened by means of the two pieces of wood, pulled by the two assistants on each side of the body until it was almost buried in the parts, and then made fast with two lasso-knots, the ends cut

off, and the whole dropped into the cavity. The cavity was mopped out with cotton wool, and the wound closed with fine, iron-wire sutures, and a superficial, continuous suture of silk. Water dressing was next applied, and a warmed flannel roller passed twice round the body. Consciousness returned before the patient could be removed from the table, owing to the priest not attending to the chloroform, being too much occupied with, and astonished at, the operator's movements. Great exhaustion followed, but, under the use of stimulents, the patient rallied.

Dr. Stevens remained in the neighborhood twelve days, during which time the patient for the most part did well. The first pair of sutures were removed Jan. 28th, and day by day one or more was removed, until the ninth or middle one was taken out.

February 26th, the wound had entirely healed, but she complained of pain in the left side near the pubes. Rest, good diet, and care as to the state of the bowels were ordered.

March 15th—She could stand at the door of the hut to receive Dr. Stevens. Had no pain but was still very weak.

June 28th.—She came from the lake to the village of Rio Bueno to see her physician—a days' journey through the forest. The menses had returned, and she was quite well.

The patient continued well until Dec., 1872—nearly two years—when she, with her husband, went to the funeral of a relative, drank and became intoxicated. On passing a river, her horse stumbled and fell, and she was drowned.

The tumor consisted of five large cysts, and many smaller ones. Weight, without the fluid, thirteen pounds and a half.

Dr. Stevens had never seen the operation of ovariotomy, nor read any special work on the subject. He had nothing to direct him but the short account given in Tanner's "Practice of Medicine."—*Boston Med Journal.*

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Neurasthenia and its Treatment.

NEW YORK, March 23, 1874.

MESSRS. EDITORS.—In Dr. Fisher's article on Neuriasis, recently published in your JOURNAL, I am credited with having introduced the term "neurasthenia" to the profession. This claim, I have recently learned, is not strictly just. In Dunglison's Medical Dictionary (1860) I find the following:—"Neurastheni, *Neurodynamia Debilitas Nervosa*. Debility or impaired activity of the nerves; from *νευρον*, 'a nerve,' and *ασθενεια*, 'debility.'"

Dr. Van Heusen, in a paper published several years ago, spoke of neurasthenia as an old term; but I supposed that he was in error. It seems, therefore, that the word neurasthenia has at some time been in use, and it is also clear that it had been pretty gene-

rally forgotten. There is, so far as I can learn, no evidence that it had ever been used to represent any very definite state, or that a disease worthy of that name had ever been recognized. I devised the term independently, from *νευρον*, "a nerve," a privative, and *σθενεια*, "strength," and tried to make a differential diagnosis between neurasthenia and anæmia, with which it is usually confounded. Dr. Austin Flint had previously written a short chapter on nervous asthenia. I did not intend to include under the term neurasthenia all distinctly hysterical symptoms, but rather the vast array of phenomena that appear in the stages of nervous exhaustion, through which hysterical patients pass before they develop those emotional disturbances that are generally regarded as diagnostic of hysteria. As I understand Dr. Radcliffe, neuriasis covers about the same ground. Neurasthenic patients do not of necessity ever develop the extreme symptoms of hysteria, and, conversely, those patients who are affected with what I call mental hysteria, which depends exclusively on the *mental* organization—the predominance of emotion over reason—do not of necessity ever pass through the stage of neurasthenia.

It is not my desire here to write an essay on the subject, but I may, perhaps, briefly suggest the method of treatment that I have found of very great efficacy in neurasthenia, namely, central galvanization and the use of cod-liver-oil emulsion. My method of central galvanization has already been described in this Journal. The cod-liver-oil emulsion has also been published in the *Archives of Scientific and Practical Medicine*; but it is not yet fully appreciated. The prescription of a cod-liver-oil emulsion was originally given me by Dr. J. B. Andrews, of the Utica Insane Asylum. I have modified this prescription in various ways, and have experimented with it quite largely, and have recommended it to many of my professional friends. It takes a long time to make it, and the majority of druggists will slight it unless they are assured it will be ordered in large quantities. The latest modification that I employ is the following. If desired, Fowler's solution may be added to it. One of my patients, a physician, has added strychnine to it.

℞. Glyconin, ℥ix.;
 Ol. morrhuæ, ℥iv.;
 Spts. ammon. arom., ℥i;
 Vini xerici, ℥ii.;
 Acid. phos. dil., ℥ss.;
 Ol. amygdal. amar., gtt. ij.;
 dissolved in alcohol, ℥ij. M.

Put the glyconin first in the mortar, then add the oil by drops, stirring briskly all the time. When this process is completed, you will have a mass looking like, and having the consistency of, soft butter. Then add the other ingredients in the order mentioned; add them slowly, stirring all the time. The glyconin is made by

beating the yolks of eggs with a spatula until they are well broken, then add an equal measure of glycerine. It requires one or two hours to make it.

The above preparation, when *properly prepared*, robs cod-liver-oil of its terrors. The taste of the oil is pretty nearly destroyed, and no one, however fastidious, objects to it. When properly prepared, it will keep for months, if not years. Mr. Close, a pharmacist of Brooklyn, who introduced the glyconin modification in the emulsion, lets the oil drop out of a small bottle through a glass tube, and thus avoids the danger of pouring it in too fast. This emulsion, when made according to the above directions, with sufficient care, time and labor, is without question the best emulsion of the kind now before the profession. The original prescription, of which the above is a modification, is, or was, used in the Utica Insane Asylum in large quantities, and with satisfactory results. One druggist, to whom I gave the prescription, makes several gallons at a time and keeps it always on hand. Consumptives, who must take cod-liver-oil, and yet cannot bear it, find this emulsion agreeable, and as far as I can learn, as useful as the oil when taken alone.

My own experience with the emulsion has been confined mostly to its use in hysteria, neurasthenia and allied affections, and I know of no single prescription that does so much good and so little harm in all these aneuric disturbances. I earnestly recommend it to the profession, and especially to those who are giving special attention to diseases of the nervous system.

The dose ranges between a dessertspoonful and two tablespoonfuls. If it tastes badly and keeps badly, the fault is in the druggist.

Yours, &c.

GEO. M. BEARD.

—Correspondence Boston Med. Journal.

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Editorial.

The Standard of Medical Education in the United States.

Our valuable cotemporary the *Philadelphia Medical Times* has raised its voice against the low standard of Medical Education in America and the ease with which John Smith, "Cooper," can be converted into John Smith "M. D. Physician and Surgeon." In a recent number it says: "If we omit Brown-Sequard—a cosmopolitan bird of passage—Leipsic, a town about the size of Providence, contributes to the world in a single year more in physiology that is worth the looking at than does America in a decade." We admit much of truth in this, but fear that the Editor has overlooked the works of Flint and Dalton, and the many valuable physiological facts which have emanated from this country in the past few years.

We know that a young man going from the work-bench, the plow or the anvil, with but the rudiments of the English language picked up in two or three winters "schooling" can, if he shows a certificate of having read medicine three years and attended two courses of lectures, by passing a reasonably easy examination, get a diploma, placing him on a par as far as the public is concerned with the student who has spent years in German Universities and French Hospitals. How is it to be remedied?

This is a question which requires much consideration and may be answered in several ways. Let us suggest one cause and it may point to a remedy.

America is known as a fast country. Our people are always in a hurry; and never go slow when it *pays* better to go fast. This applies to the Medical student as well as to the Broker on Wall Street. A young man enters the profession, let us say, with a fine preliminary education. He reads medicine under the direction of some physician during the summer and in the winter attends some good Medical College. He graduates at the end of three years with an average knowledge of Medical Science as far as it is included in the text books in general use. Having been admitted into the high calling of his profession his ambition leads him on, he determines to investigate, to experiment and discover, if possible, new facts in Medical Science. He hears the name of Brown-Sequard quoted as authority and is desirous of emulating him. His fellow members of the profession look, some perhaps with admiration but in silence, more with pity and treat him with laughter and ridicule that he should spend his time so foolishly. He soon finds out his mistake. A little experience in waiting for practice in his profession and fame as a scientific investigator satisfies him that his labors are not appreciated. He sees his classmate, who slept on the back seat during lectures, and who only got his diploma by dint of lucky guessing, growing daily into a paying practice. He observes that those who at one moment are consulting Brown-Sequard and other celebrities, the next call in the services of some charm doctor or other itinerant quack. He finds the rooms of an ignorant "female doctor" who cannot tell the first fact in anatomy or physiology crowded by ladies of wealth and culture, and finds the newspapers full of laudations of Dr. so and so who cures all diseases as if by magic.

Turning from his observations in sorrow in disgust, he lays aside his scalpel and microscope and falls into the well worn ruts of every day practice. It is not the action of the lower orders of society, who might be expected to see no difference between the "M. D." appended to his name and that affixed to his half-educated fellow, which blights his hope of succeeding in practice as a physician of eminent scientific attainment. It is rather the higher and more educated classes which are to blame, men of authority in church and state who foster and encourage these ignorant charlatans.

When he sees men and women to whom he had given credit for intelligence

and culture, "fairly worshipping" (we quote from the lips of one who is a devotee) an ignorant country farmer, who can not tell the first fact concerning any department of medicine, and believing that he, through the spiritual agency of a dead Indian, exerts a controlling influence over their diseases, even when miles away, is there any encouragement for him in perfecting his medical attainments or in spending the best years of his life in severe unrequiting study. He says No! Until the American people are educated to worship elsewhere than at the shrine of an Indian Clairvoyant, until they can recognize true merit and are bold enough to cast aside ignorant pretenders there will be no encouragement to any but the few favored by fortune or circumstance to make scientific medicine their pursuit.

It is an aphorism in Civil Economy that the supply equals the demand; when the public demand physicians of scientific culture the supply will be met by American physicians and schools, until they do demand such, the standard of Medical Education must remain where it is.

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Medical Items.

DR. B. F. DAWSON announces in the last number of the *American Journal of Obstetrics* his withdrawal from the editorial management of that journal. DR. PAUL F. MUNDE succeeds him. Under the management of Dr. DAWSON the Journal has gained a wide reputation which will no doubt be fully sustained by his able successor. DR. DAWSON announces that he has founded an annual prize of \$150 in gold for the best essay on some subject to be announced at the beginning of each year in the Journal. The subject for this year is "Congenital Deformities and Diseases Depending on Maladies of the Uterus or Membranes." The competing essays must be sent to the office of the publishers of the Journal, (Messrs. Wm. Wood & Co., New York City,) on or before April 15, 1875. Each essay should be accompanied by the name of the author in a sealed envelope.

The Alumni of the Albany Medical College have formed an association and adopted a constitution and by-laws, a copy of which we have received. DR. H. D. DIDAMA, of Syracuse, is President, DR. W. G. TUCKER, of Albany, Secretary, and DR. JAS. S. BAILEY Treasurer. Any graduate of the Albany Medical College in good standing, can become a member of the association by forwarding the annual fee, one dollar, to the Treasurer, DR. J. S. BAILY, 95 Eagle St., Albany, N. Y.—At the last commencement of the Philadelphia College of Pharmacy, the degree of G. P. was conferred on eighty one graduates. We notice as number three on the list the name of MR. ALEXANDER KING, of this city now with WM. KING, Jr., Druggist.—The editor of the *New Orleans Medical and Surgical Journal* accuses us of being uncharitable in that we had withdrawn our sympathy from the poor South Carolina doctor

who cannot associate with the Northern Section of the American Medical Association. He asks, and justly, too, "Who is able to say that some irreparable loss or incurable grief has not driven this physician to assume a position which no one seeks to justify?" We certainly cannot, and would not by our words add a feather's weight to his sorrow; yet we cannot feel that sympathy for a man which we should who brings the remembrance of past political defeats into his relation with medical or scientific associations. The editor is certainly wrong in one fact, we do have a large amount of sympathy for the defeated, and we fear, badly governed people of the South, but our feeling of charity and kindness cannot help being lessened by such expressions as those contained in the letter alluded to, which we did not, however, suppose to represent the sentiments of the whole people. Does the Editor suppose that if a Northern Surgeon should be invited to be present at the approaching meeting of ex-Confederate Surgeons at Atlanta, which in its scientific character, although reviving old memories, has nothing to do with political feelings, he would refuse, even though his friends and brothers had fallen on southern fields or starved in Andersonville and Libby.—*The Missouri Clinical Record* is the title of a new Medical Monthly published by the Faculty of the Missouri Medical College. It is under the Editorial supervision of Drs. HARDAWAY, SHAW and TODD—Messrs. WM. WOOD & Co. announce that they will publish by subscription a translation of an Encyclopedia of the Practice of Medicine, shortly to appear in Germany. This work will be issued in fifteen volumes, at the rate of three or four per year. From the prospectus which we have seen we infer that the German edition will be under the supervision of Prof. H. Von Ziemssen, of Erlangen; the various subjects are to be written upon by some of the most prominent German physicians. The work promises to be a valuable hand-book of practical and scientific medicine. The translation of the American edition is to be undertaken by thoroughly competent physicians.—From present indication it is probable that the American Medical Association, at Detroit, will be largely attended. We are unable to say whether any steps will be taken to make the needed changes in the Association which have been so much discussed, or not, but presume that steps in that direction will be inaugurated.—The Association of American Medical Editors meets Monday evening, June 1st, in Detroit; it is hoped the meeting will be fully attended.

OBITUARY.

At a called meeting of the Zanesville Academy of Medicine, held May 2, to take action in relation to the death of its late Fellow, Dr. JNO. G. F. HOLSTON, Sr., which took place at Washington, D. C., May, 1, 1874. The following resolutions were adopted:

That we, whose occupation has been to relieve human suffering, are reminded that the time must come when our places on earth shall be vacated. Therefore,

Resolved, That in the death of Dr. Holston, the Zanesville Academy of Medicine loses one of its prominent members, and the profession at large, an eminent physician and surgeon of extensive professional and literary culture, ripe experience and accurate judgment, and society a warm-hearted, genial and generous member, whose life has been mainly devoted to the good of his fellow-beings.

Resolved, That we attend the obsequies of our deceased Fellow in a body.

Resolved, That we deeply sympathize with the family and relatives of the deceased,

Resolved, That the Corresponding Secretary transmit a copy of these resolutions to the family, the city Press and the Medical Journals.

C. C. HILDRETH, Chairman.

A. E. BELL, Secretary pro tem.

Dr. HOLSTON was Prof. of Anatomy in the National Medical College, and attending physician to the presidential household.

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Books Reviewed.

History of the American Ambulance Established in Paris during the Siege of 1870-71; together with the details of its History and its Work. Vol. I. By Thomas W. Evans, M. D., D.D.S., Ph. D., etc. London: Sampson Low, Manton, Low & Searle, 1873. New York: Wm. Wood & Co.

The book gives an interesting account of the labors of the American Ambulance in Paris during the Franco-Prussian War.

The first section of the work gives an extended account of the formation of the Sanitary Committee of Paris, and a history of the American Ambulance, during the siege of that city. This portion is from the pen of Dr. Thomas W. Evans. When war was first declared between France and Prussia, he conceived the idea of forming an Association for the purpose of putting into practical application, the improved method of treating sick and wounded soldiers, the utility of which the experience of the United States Sanitary Commission during the American Civil War, had fully demonstrated. Acting upon this idea he called a meeting of the American citizens resident in Paris, at which time a committee was appointed, consisting of Drs. Evans, Crane and Pratt, Col. Jas. McKaye and Mr. A. L. Ward, with power to add to their number, to act in connection with the "American Association for the relief of the misery of Battle-fields," "Société Internationale" and the Société de Secours aux Blessés. Of this Committee, Dr. Evans was elected President and Dr. Edward A. Crane, Secretary.

The report of the organization of the American Ambulance, by Dr Crane, is divided into three parts, and comprises by far the largest section of the work.

Part I. considers the establishment of Army Hospitals, and is an extensive review of the whole subject. It takes into consideration all the devices which have been employed in time of war for the comfort and protection of the sick and wounded, and shows the mistakes which have been made in ill advised or poorly considered attempts to alleviate the miseries of the battlefield. From the experience of the past, he draws his deductions, and it for the purpose of putting these into practical application that the American Ambulance was established in Paris.

Part II. is a learned and somewhat lengthy article upon the use of tents and tents-barracks. The author treats of the subject from the earliest history of the employment of tents, down to the present time, and evinces a thorough knowledge of the subject. The article is valuable as a scientific inquiry into the use and relative value of tents, but the labor bestowed upon it seems to us hardly necessary in a work of this kind.

Article III. upon the special organization of the American Ambulance, completes this section of the work. It is a detailed account of the construction and conduct of the Ambulance, and is a valuable addition to the records of sanitary science. The surgical history of the Ambulance by Dr. John Swinburne, and a brief medical report by William E. Johnston, M. D., close the volume. These reports are full of interest and we cannot but deplore the brevity of the latter. That by Dr. Swinburne, gives a history of the Surgical treatment pursued in the Hospital, and reflects credit alike upon American Surgery and the organization of the hospital, which assisted materially in producing the results obtained. The appendix contains drawings of the Ambulance which will enable the reader to better understand the arrangement of the wards and the plans pursued in heating and ventilating them.

As the first volume of Dr. Evan's general history to be entitled "Sanitary Associations during the Franco-German War of 1870-71; this presents a fine appearance, and is a well written and valuable contribution to Sanitary and Medical Science. The press work is well done, and we congratulate Dr. Evans upon his production.

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The Puerperal Diseases; Clinical Lectures delivered at Bellevue Hospital. By Fordyce Barker, M. D., Clinical Professor of Midwifery and the Diseases of Women, in Bellevue Hospital Medical College, etc. New York: D. Appleton & Co., 1874. Buffalo: Martin Taylor.

We have not had the pleasure in some time of reading a book which has seemed to supply a want in the profession so much as the one under consider-

ation. The increased importance which is being daily attached to the obstetric department, has created a demand for a book of this character, which the author has attempted to fulfill in the form of a series of clinical lectures upon the diseases incident to the puerperal state.

The reader is conveyed in these lectures to the bedside of the patient, and seems to see the case under consideration before him. The book is composed of twenty lectures, which treat of Puerperal Convalescence, Diet of Puerperal Women, Lacerations of the Perineum, Thrombus of the Vulva and Vaginal Puerperal Albuminuria, Convulsions, Lactation, Mastitis and Mammary Abscess, Puerperal Mania, Relaxation of the Pelvic Symphysis, Phlegm's'a Dolens, Puerperal Phlebitis, Puerperal Metritis, Puerperal Peritonitis, Pelvic Peritonitis and Cellulitis, Septiæmia and Pyæmia, Puerperal Fever.

This book will be read and re-read by all who are its fortunate possessors, and we do not hesitate to say that all will agree with us when we say that it is one of the most valuable works which has been written by an American author in some time. There are points upon which those who read this work will find it hard to agree with the author; they are few, however, and in every instance the author has called to his aid the teachings of a long and rich experience before expressing his opinions. We commend the work to the careful attention of all medical practitioners as one which is eminently worthy of their thoughtful study and consideration.

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A Clinical History of the Medical and Surgical Diseases of Women. By Robert Barnes, M. D., Lond., with one hundred and sixty-nine illustrations. Philadelphia: Henry C. Lea, 1874. Buffalo: Theo. Butler & Son.

Dr. Robert Barnes is well known for his writings upon Obstetric Surgery, and those who have read his former productions with pleasure and profit, will not in the least be disappointed in this, unless it is that in looking for a *Clinical History of the Diseases of Women*, they find a work which can almost approximate to the dignity of a Treatise.

As if conscious of his own authority upon the chosen subject, the author says what he has to say in a plain, straightforward manner, quoting but few authorities and relying upon no one for support. While he shows a more than ordinary intelligence upon American Medical writings, we are surprised to find no mention of Enucleation of Ovarian Tumors or of the eminent success which has attended the operations of Dr. Jas. P. White, of this city, in restoring chronic cases of inverted uteri.

The various subjects are upon the whole well considered, and this book is a monument of industrious, patient observation and study. Many of the illustrations are new, and all are well selected. Dr. Barnes is doubtless one

of the best living authorities upon Diseases of Women, and his book is one which will be consulted with pleasure by all in search of information upon the subject.

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Books and Pamphlets Received.

A Practicle Treatise on the Surgical Diseases of the Genito-Urinary Organs, including Syphilis. Designed as a Manual for Students and Practitioners. With Engravings and Cases. By W. C. Van Buren, A. M., M. D., and E. L. Keyes, A. M., M. D. New York: D. Ap, lcton & Co., 1874. Buffalo: Hergert & Ulrich.

Lectures on the Diseases of Infancy and Childhood. By Charles West, M. D. Fifth American, from the Sixth Enlarged, and Revised English Edition. Philadelphia. Henry C Lea, 1874. Buffalo: Theo. Butler & Son.

The Science of Homœopathy; or, A Critical and Synthetical Exposition of the Doctrines of the Homœopathic School. By Charles J. Hemple, M. D. New York: Boericke & Tafel.

Syphilitic Membranoid Occlusion of the Rima Glotidis. By Louis Elsberg, M. D. From American Journal of Syphelography January, 1874.

Coal as a Reservoir of Power. By Robt. Hunt, F. R. S.. Atoms. By Prof. M. D. No. 11 of Half-Hour Recreations in Popular Science. Boston: Estes & Lauriat. Buffalo: Martin Taylor.

School Hygiene; A paper read by R. J. O'Sullivan, M. D., before the N. Y. Academy of Medicine, June 19th, 1873.

Observations on the Pathology and Treatment of Cholera. The result of Forty Years Experience. By John Murray, M. D. New York: G. P. Putnam's Sons, 1874. Buffalo: Martin Taylor.

Urethrotomy, External and Internal Combined, in cases of Multiple and Difficult Stricture; with remarks on the Urethral Calibre. By F. N. Otis, Mr. D.. From New York Med. Journal, April 1874. New York: D. Appleton & Co.

On Intra-Uterine Fibroids. By J. Marion Sims, M. D. From New York Medical Journal April 1874. New York: D. Appleton & Co.

The Mutual Relations of Druggists and Physicians. An Address before the Graduating Class of the Massachusetts College of Pharmacy. By Charles E. Buckingham, M. D. From Boston Medical and Surgical Journal. Boston: David Clapp & Son.

The Conditions of the Conflict. An Oration delivered before the Medical Society of the County of Kings, at its Fifty-Second Annivesary, February 24th, 1874. By Alexander Hutchins, M. D.

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Original Communications.

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ART. I.—*The Nervous Diseases of Women.* By ALLAN McLANE HAMILTON, M. D., late Physician in charge of the New York State Hospital for Disease of the Nervous System.

The intimate relationship between the female organs of generation and the nervous system, both by the great dependence on each other, and the sympathy with other systems of the body, furnishes us when these organs are deranged, with a large field for observation and clinical research.

Though the female at all times of her life, is subject to nervous diseases, either local, or secondarily through the transmission of irritation to the cerebro-spinal axis; there are certain periods when this liability is the greatest—these are, with the beginning of menstruation, at marriage and parturition, and at the menopause. At these times the woman's body undergoes an unusual revolution. The pelvic organs are hyperæmic, and there are various strong impressions made upon the sympathetic and cerebro-spinal systems. These, if not properly braced and nourished, are subjected to severe strains, and are irritated to such a degree that unless the other parts of the body are up to a normal standard, a number of serious nerve changes are produced.

These affections may be either of short duration or may last for a very long period, if there be a temporary morbid irritation sent

to the nerve centers, or one transmitted long enough to change the condition of the central nerve cells. If this abnormal irritation is transmitted for a long period, and actual pathological changes take place, the chance of cure is poor.

I have known an anteflexion of the uterus to produce an epilepsy which has defied the most persistent treatment even after the malposition of this organ had been overcome.

If the nervous disease begins with the first menstruations, the prognosis is better than if it comes on later in life, from a cause long unrecognized. The condition of the patient in youth, enables us to treat her with more success than later in life, when the vital powers have been shattered and the nerve centers changed.

The nervous diseases incident to woman and specially connected with the generative organs, may be said to be local or primary, and reflex or secondary.

The local diseases include the various neuralgiæ and hyperæsthesiæ, including certain symptoms of local derangement, not clearly nervous in their expression; for instance menorrhagia where there is paresis of the vaso motor nerves.

The secondary disorders which I have spoken of, may consist in the beginning of functional derangements of circulation expressed in transitory attacks of cerebral congestion, or anæmia, and characterized by headache, neuralgia, hysteria, temporary insanity, or choreaform convulsions.

More severe conditions may ensue; permanent melancholia, deep seated neuralgia, epilepsy and apoplexy, and various kindred diseases.

There are many simple conditions of deranged sensibility which usually have the vagina as their seat. These may be vaginismus, vaginitis when accompanied with highly hyperæsthetic tubercles in its surface and about the vulva. In a woman of nervous predisposition a vaginitis may often produce a reflex condition of great importance. Hysteria or various mental disorders, and neuralgia.

The local uterine neuroses may be spoken of as dysmenorrhœa with its accompanying neuralgia. Sudden congestion of the uterus—or violent irritation of this organ in a congested state, is

followed by central nervous disturbance oftentimes of great intensity. These conditions may be excited at the time of marriage when the peripheral ends of the nerve supplying those organs, may receive a shock, transmitted afterwards to the cord and brain. A rudimentary uterus and undeveloped state of the parts of generation predisposed to many morbid nervous changes when any sudden excitation is brought to bear upon them; a case in point suggests itself to me.

M. S. aet., 34. The patient was unmarried until six months ago, when she fell deeply in love with a man much younger, and full of passion. The patient herself, is of a strong nervous temperament and with a hereditary predisposition. She had suffered from amerrorrhœa and neuralgia before marriage.

A week after her marriage, she showed signs of discontent, but to some degree enjoyed intercourse. She became melancholy however at the end of a month, and refused to answer questions—she was preoccupied and sat by herself from the rest of her family, abstracted and gloomy. She next had hallucinations and delusions, believing that she was the victim of her husband's persecution, while in reality he was considerate and kind. Her hands and face were dusky and cold, and her eyes expressionless. Her husband took her to a country practitioner who failed to see any cause for the mental change. As she advanced she became sleepless and restless, and the narcotics given by her physician failed to procure sleep.

She was brought to me four months after the marriage, and after carefully examining her, I found a very small rudimentary uterus no larger than a child's before puberty. There was a swollen condition of the parts in the vicinity. Her friends were directed to keep her apart from her husband, and a course of treatment advised.

In this case the shock to these parts by coition was clearly the cause of the melancholia.

There are numerous instances where slighter causes will produce equally severe symptoms of irritation transmitted to the nerve centres. I found in one case of general nervous disturbance, hysteria and great neurasthenia in the person of a married woman,

that a small round tumor richly supplied with sensitive nerves and exquisitely painful to the touch, was located on the vulva, and that every effort of her husband at coition was attended with a perfect vaginismus. These conditions disappeared when the growth was removed.

Different malpositions of the uterus are productive of deep seated diseases, the etiology of which appears obscure unless the physician is on the lookout.

I recently cited a case of this kind in an article published in the *New York Medical Record*, Dec., 15th, 1873. The patient had a flexion of the uterus, which was followed by attacks of epilepsy. I have seen other of the same class. In this case the patient recovered to a great extent in a few weeks.

Hysteria among women is certainly connected in most instances with some uterine or ovarian disease. The following is a case of comatose hysteria such as Dr. Hanfield Jones describes in his work on "Functional Nervous Disorders." It shows how slight a condition may produce a grave form of disease.

———— female aet. 18. The patient was picked up by a policeman at three o'clock in the morning, in an almost nude condition, and taken to the Brooklyn City Hospital. She was unconscious at the time, and remained so for several days, six in all I think. On admission she was convulsed with tonic spasms of nearly all the voluntary muscles, with occasional clonic spasms of some of the muscles of the upper extremities. There was moderate opisthotonus, and the teeth were set, and eyeballs rolled upwards. There would be occasional nystagmus, and she would moan and roll her head sideways. Her abdomen was tympanitic, and large stimulating enemata were thrown into the rectum to bring away masses of feces, and scybalaë. Hydrate of chloral was given in large doses, and at the end of the second day she opened her eyes which had been closed meanwhile, and looked very rationally. Her muscles gradually relaxed, and she sunk into a troubled sleep with occasional muttering.

We made an examination, and discovered a large chancriod on the cervix. The vaginal walls were congested and tumefied. Warm vaginal injections were applied and the menses established.

Her history was a peculiar one. She had escaped from one of the Blackwell's Island Hospitals probably in an irresponsible condition, and had wandered to the spot where she was picked up.

There are cases of hysteria in which prolapsus has been the exciting cause, or when simple pruritus vulvæ dependent upon masses of smegma within the labia, have acted as foci of irritation and produced reflex impressions.

Of the ovarian neuroses, neuralgia is most common. It is usually found with enlargement of the uterus. When there is enlargement or engorgement of the uterus, the form is commonly sciatica. There is local hyperæsthesia in many cases, and the neuralgic pains may be paroxysmal or steady. They are always aggravated by walking or standing.

A number of ill defined symptoms come under the head of dysæsthesia; fleeting pains about the pelvis and morbid feelings, without any assignable cause, very readily yield to treatment, as they are due to functional causes.

Women who suffer from want of sleep, irritability and general depression, can generally lay the cause of the trouble to a disturbance of the functions of the ovaries or uterus. The sympathetic system is in such close connection with the generative and digestive systems, that with any derangement of one, the other is sure to be affected. Many cases of sleeplessness laid to other causes have their starting point in the pelvis.

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ART. II.—*Recent Investigations into the Physiological Functions of the Brain.* By H. R. BIGELOW, M. D., Hartford, Conn.

Some months ago I published in the *Canada Medical and Surgical Journal*, an article on the "Physiology and Psychology of the Brain," in which I endeavored, in a very general way, to reduce the modern facts, theoretic and practical, relative to the Physiological and Metaphysical action of the Brain. We shall now be more concerned in the causation of paralyzes, in the examination of the relations and functions of the cerebral centrifugal and centripetal nerve fibres, which transmit the force or convey the sensation, and in the consideration of the inter-relationship of the cerebral circu-

lation, with the clinical evidences of pathological change. In the most essential particulars the views of yesterday are not those of to-day, yet the olden theories, not old in point of time, but merely as untenable premises are still tenaciously clung to, by many professional men. Professor Meynert* sees in the central nervous system a mechanism for receiving, storing up, and again transmitting, but not for originating excitations.

All excitations which affect the nervous system at all reach finally the cortex cerebri, upon which they may be said, in the geometrical sense, to be projected. The centripetal nerve fibres, through which this projection is accomplished, are included, together with the centrifugal fibres which place the Brain again in communication with the muscles, under the name of the "Projection System," in contradistinction to those systems of fibres which terminate with both their extremities in the cortex cerebri, and which serve to establish a functional unity between the different parts of that organ. These latter he calls the Association System. This article is full of brilliant hypotheses which it would be interesting to follow, but there is so much to reduce that the limits of an article will hardly permit an extended review, and we pass to a consideration of the views which Dr. Brown-Sequard† considers well established, or most probable as regards the physiology and the physiological pathology of the Brain.

1.—The brain is a completely double organ, each of the hemispheres being a whole brain in itself, not only for mental actions as ably maintained by Sir Henry Holland, and by Dr. A. L. Wigan, but also for every other function (volition, intellectual perception of sensations, etc.) known to belong to the various parts of the central mass of nervous tissue named Encephalon.

2.—Originally no marked difference exists between the right and left hemispheres. each of them being in newly-born children almost as well able by natural development and future exercise to acquire all the functional powers of the brain; but as one of the two hemispheres being sufficient for certain functions, is exercised more than the other, it comes to be much more apt than the other to

* Stricker's Manual of Histology. J. J. Putnam's Summary, Archives Scientific Med., February, 1873.

† Archives of Scientific and Practical Medicine, Feb., 1873.

execute these functions. This view, ably maintained by Dr. W. Moxon, and accepted by Dr. P. Broca, so far as the faculty of speech is concerned, is just as well founded for the power of volition on the muscles, and for several other functions of the brain.

3.—The communications between muscles and brain as centres for volition take place in a normal state by two (if not more) distinct sets of conductors, one passing from a lateral half of the brain to the muscles of the corresponding side in the trunk and limbs, and remaining in all their length in the same side of the cerebro-spinal axis, the other set (or sets) decussating with the homologous set coming from the other side of the brain, going to the muscles of the trunk and limbs on the other side, (opposite.)

4.—The decussation of the conductors serving to voluntary movements takes place not entirely or even chiefly where most physiologists and physicians believe it to occur, i. e., in the lower and front part of the medulla oblongata; but all along the median plane of the cerebro-spinal centre, from the crura-cerebri to the lumbar extremity of the spinal cord, including, of course, the pons varolii and the medulla oblongata.

5.—The transmission of sensitive impressions, coming from the lateral halves of the body, takes place also by at least two sets of conductors, one going up to the brain in a direct way, i. e. remaining in the corresponding half of the spinal cord and of the brain, while the other passes into the other half of these nervous centres, decussating all along the spinal cord and medulla oblongata with the homologous fibres coming from the opposite side.

6.—The decussation of these last conductors takes place along the median plane of the spinal cord for the trunk and limbs, and of the encephalon for the nerves of general and special sensibility arising from that part of the nervous centres.

7.—Very few conductors, direct or decussating are sufficient for complete communication between the brain and spinal cord, for sensibility and voluntary movements. These communications take place not by mere prolongations of the nerve fibres of the motor and sensitive roots of the spinal nerves, after they have reached the cells of the spinal cord, but by a very small number of conductors, going from groups of these last cells to groups of brain cells.

8.—The vaso-motor nerves arise from many parts of the nervous centres (including the ganglions of the sympathetic.) The medulla oblongata is the principal place of their decussation. The pons varolii is the chief centre from which they originate, either for the viscera or for the trunk and limbs.

9.—The respiratory movements have their centre in the spinal cord, the pons varolii and other parts of the encephalon, as well as in the medulla oblongata. Ganglions in the diaphragm participate in the production of these movements.

10.—Symptoms of diseases of the brain are of two distinct classes: those which arise from an influence exerted on distant parts by an irritation of the diseased part (indirect symptoms), and those produced in a direct way, either by the loss of function or the irritation of the part diseased. The first class will be observed in all cases of diseases of the brain which produce symptoms. This first class will co-exist with the second in most cases of diseases of the base of the brain; but it exists alone in cases of diseases located in the cerebral lobes, the cerebellum or its peduncles.

11.—The indirect symptoms are of two kinds, both arising, however, from an influence exerted on distant parts by an irritation starting from the organic lesion that we may see after death. Of the first kind are those symptoms due to a paralyzing influence; and of the second kind are those in which, instead of cessation of activity, there is on the contrary the manifestation of a morbid activity.

12.—To the group of indirect (inhibitory or arrestatory) symptoms belong various kinds of cessation of activity, including the loss of voluntary movements, anæsthesia, amaurosis, aphasia, loss of consciousness, loss of the power of controlling the sphincters, etc.

13.—To the group of indirect production of a morbid activity belong delirium, convulsions and other active disorders of muscular movements.

14.—The mechanism of production of the indirect symptoms of an organic disease of the brain seems to be identical with that of the reflected symptoms due to the irritation of peripheric nerves in the bowels, the lungs, the skin, or in any other parts of the trunk and limbs.

15.—In the same way that an irritation of a peripheric nerve will sometimes produce no indirect symptom (i. e. a symptom due to an influence exerted on distant parts) or will in other instances produce any one of the indirect symptoms (those of cessation of activity, or those of production of a morbid activity,) in that same way will a lesion of the brain, extensive or not, produce no indirect symptom, or engender any one of the many indirect symptoms.

16.—The above being admitted, it is easy to understand all the differences that may be found as regards symptoms of organic diseases of the brain. It is easy to understand how a paralysis can occur on the side of the brain lesion or on the opposite side; how a paralysis can appear suddenly and be complete although the lesion is small, and located in a part which cannot by any one be considered as the seat of the will, or containing the conductors for the voluntary movements of the parts paralyzed; and how, also, a paralysis can disappear suddenly, although the brain lesion which gives rise to it still remains. It is easy to understand why there is no relation whatever between the extent, the kind, the seat and the rapidity of an organic disease of, or an injury to, the brain, and the symptoms that may appear. It is only in the acceptance of these views in their fullest sense, that we can at all hope to master clinical diagnosis. Hughlings Jackson* says: "Cases of paralysis and convulsion may be looked upon as the results of experiments made by disease on particular parts of the nervous system of man. The study of palsies and convulsions from this point of view is the study of the effects of "*destroying lesions*," and of the effects of "*discharging lesions*," and for an exact knowledge of the particular movements most represented in particular centres, we must observe and compare the effects of each kind of lesion. * * * *

Limited *destroying lesions* of some parts of the cerebral hemisphere produce no obvious symptoms; whilst *discharging lesions* of those parts produce very striking symptoms. By this double method, we shall, I think, not only discover the particular parts of the nervous system where certain groups of movements are most represented (anatomical localization), but, what is of equal importance, we shall also learn the order of action (physiological localisation) in which

* Lancet, April, May, &c., 1873.

those movements are therein represented. I begin by speaking of destroying lesions, and take the simplest case—hemiplegia of the common form from lesion of the corpus striatum—a blood clot which has destroyed part of the corpus striatum has made an experiment, which reveals to us that movements of the face, tongue, arm and leg are represented in that centre. This is the localization of the movements anatomically stated. Physiologically we say that the patient whose face, tongue, arm and leg are paralyzed, has lost the most voluntary movements of one side of his body; it is equally important to keep in mind that he has not lost the more automatic movements. The study of hemiplegia shows that from disease of the corpus striatum those external parts suffer most which, physiologically speaking, are most under the command of the will, and which, physiologically speaking, have the greater number of different movements at the greater number of different intervals. That parts suffer more as they serve involuntary is, I believe, the law of *destroying* lesions of the cerebral nervous centres.”

And again, “But there is proof that fibres pass from the *left* corpus striatum down into the *left* side of the cord, as well as into the *right* side; there are “direct” as well as “decussating” fibres. That there is a “decussating paralysis” from lesion of the left corpus striatum, no one doubts; but the existence of direct fibres, I think, supports the inference that there is also a transient “direct paralysis” from extensive lesion of that centre. After old lesions of the left corpus striatum there is Wallerian wasting of nerve fibres traceable from the seat of disease, not only down into the right side of the cord, but also into the left. This splitting of the bundle of wasted fibres on entering the cord is, I think, demonstrative evidence that *both* sides of the body are represented in the *left* corpus striatum. Does it not show that movements of the *left* face, arm and leg, are represented in the *left* corpus striatum by the *non-crossing* fibres, as well as that movements of the *right* face, arm and leg, are therein represented by the *crossing* fibres?”

It may, however, be urged that these non-crossing fibres are solely for the bilaterally acting muscles (“muscles of the trunk.”) But if we now consider the phenomena of a severe convulsion and find that from a discharging lesion of the left side of the brain the left

face, arm and leg, are convulsed (after the right side) it is, I think, most reasonable to conclude that the non-crossing fibres are for the movements of the muscles of the left face, arm, and leg, although perhaps chiefly for those of the left side of the trunk." Hence we may conclude that both sides of the body are represented in each side of the brain, through this double arrangement of nerve fibre.

Having looked into this nervous co-relation, imperfectly I confess, but as thoroughly as a due regard for the economy of space and time will permit, I shall pass now to the review of some facts relating to the circulation of the brain, and its relation to apoplexy, syncope, &c.

The doctrine of the invariable quantity of blood within the cranium was first asserted by Dr. Alex. Monroe, of Edinburgh. He observes:* "As the substance of the brain, like that of the other solids of the body, is nearly incompressible, the quantity of blood within the head must be the same at all times, whether in health or disease, in life or after death, those cases only excepted in which water or other matter is effused or secreted from the blood vessels; for in these cases, a quantity of blood, equal in bulk to the effused matter, will be pressed out of the cranium."†

This view is essentially the same as that which Dr. Abercrombie, upon the authority of Dr. Viellie, long since propagated. These experiments of Dr. Viellie, and the inferences drawn for them, continued to obtain, until Dr. George Burrows, in his Lumleian Lectures, 1843-44, exposed the fallacy, and proved that the quantity of blood within the cranium, so far from being a constant or nearly constant quantity, is, on the contrary, as variable as in the other parts of the body, and the recent researches of Prof. His into the perivascular sheaths surrounding the cerebral vessels are corroborating proof. The numerous fissures and foramina for the transmission of nerves and vessels through the bones of the cranium, do away with the idea of the cranium being a perfect sphere like a glass globe.

We recognize certain cases of congestion, of anæmia, and we

* Observations, &c., on the Nervous System. Alexander Monroe, M. D., 1873.

† Dr. Abercrombie. Pathological and Practical Researches on Diseases of the Brain and Spinal Cord. Am. Ed. p. 218.

know that in sleep the brain becomes anæmic, though Dr. Richardson has recently advanced the idea of natural sleep being caused by some molecular change in the cerebro-spinal system—this, however, requires further proof. The inhalation of chloride of amyl induces deep sleep and *anæmia* of the brain. Methylic ether causes deep sleep and *congestion* of the brain. The intra-cranial alterations give rise to certain intra-ocular appearances, which I shall fully describe under the head of the “ophthalmoscope.” The amount of vascular pressure within the brain is of great influence on the functions of the brain. Dr. Burrows* closes his article on this subject as follows:

“On this interesting and important principle of pressure, I have endeavored to point out that such a force is constantly in operation upon the cerebral substance; that this pressure is produced by vascular distension; that in health, any cause which is capable of increasing or diminishing this vascular distension has the effect of disturbing the functions of the brain; that these effects of vascular distension would be more serious and frequent if parts of the contents of the cranium were not readily removable upon increase of vascular pressure; that in pre-existing structural diseases of the encephalon, any increase of vascular distension causes much more serious disturbance of the cerebral functions, and the symptoms so produced are analogous to those of mechanical pressure on the brain. I have also attempted to support the opinion that variations of this vascular pressure are the causes of the intermitting character of the more urgent symptoms in cases of permanent disease within the cranium.

I have likewise endeavored to explain the phenomena of syncope, however produced, on the principle of diminished momentum of blood in the arteries of the head, and consequent diminished vascular pressure on the cerebral substance, rather than on the principle that the brain is not supplied with a sufficient quantity of blood.

And, lastly, I have accounted for many of the symptoms of disturbance of the brain in general anæmia, upon the hypothesis of an insufficient vascular pressure on the substance of that organ.”

* Burrows on Cerebral Circulation.

The same author says : "There are probably several causes capable of suspending the functions of the brain, and producing coma, and these causes are analogous to those which we experimentally find are adequate to destroy the functions of the cerebro-spinal nerves in any part of their course. These causes may be enumerated in the following order : First, pressure on the nervous fibres ; secondly, division of the nervous substance ; thirdly, disorganization of the nervous matter ; fourthly, interrupted supply, or deficient momentum of blood in the nervous substance ; and fifthly, the action of narcotics.

It appears to me that the true explanation of the cause of the coma in these cases of so-called simple apoplexy, is to be found in the previous existence of a state of congestion of the vessels within the cranium, brought on either by determination of blood to the head or detention of blood in that part. Then, as Dr. Watson has well expressed it, a tightening of the full vessels occasions extraordinary pressure on the nervous pulp ; and hence the coma. But if this be the correct explanation of the production of the coma in the simple apoplexy of Abercrombie, why does the coma persist, and death so speedily ensue, although the vascular distension, the supposed cause of pressure, is removed by abstraction of blood, or other remedies, and, as we ascertain after death, the brain has sustained no structural lesion ?

This is a question worthy of consideration. The fatal event is probably to be ascribed to another cause. If, in these attacks, the pressure on the brain has been adequate to suspend consciousness for a time, and the respiration has become altogether involuntary, slow, and stertorous, the substance of the brain is gradually saturated with undecarbonized blood. The apoplectic person remains in a condition analogous to that of one whose rima glottidis is constricted, or who has been suffering from apnoea for some time. The apoplectic person then dies, not simply from pressure or lesion of the brain, but from the effects of imperfect respiration."

If, then, the ophthalmoscope reveal to us anæmia of the disk, we may be sure that there is a similar condition, a causative one, existing in the brain, and we must treat accordingly. So, also, if

there be congestion, we should give strychnia or such drugs as will diminish this under determination.*

So also in simple aortic insufficiency, with or without hypertrophy of the left ventricle, there is spontaneous pulsation of the arteries of the disk and retina.

“The connecting nervous threads which run from the peripheral expansions of gray matter, constituting the sensory endowments of the skin, to the primary nuclei in the spinal cord, must in some manner be connected with the cortical layer in the cerebral lobes, otherwise it would be impossible for us to become conscious of the sensations which it is their function to convey. It is probable that this connection is made by secondary fibres, running from the spinal nuclei to the sensory-motor ganglia at the base of the brain, and that from these latter other fibres are developed which place the investing gray matter of the cerebral hemisphere in immediate communication with the corpora striata and optic thalami. The fact that the primary fibre from the integument to the cord terminates in the gray matter of the latter, and that in the other steps of the series communication is established through the connection of these nerve centres, does not invalidate the statement that there is a direct connection between the periphery and the supreme centres, although it renders it doubtful if this communication is made by one uninterrupted nerve thread.

The statement in regard to the connection between the superficial gray matter of the cerebrum and the peripheral expansions of nervous tissue which endow the integument with common sensibility to pain, is equally true in relation to the cerebral lobes and the motor nerves of muscles. An uninterrupted communication between the supreme centres and the contractile organs is necessary for the conscious performance of voluntary muscular acts. Yet this communication may be, and doubtless is, affected by the intervention of a number of secondary centres and fibres.” †

This will explain the principle upon which the æsthesiometer is made use of in the Physical Diagnosis of Brain Disease; its construction and service will be dwelt upon at length in another paper.

* Otto Becker : London Ophth. Hos. Rep , Feb., 1873.

† Vance—Physical Diagnosis of Brain Disease. New York “Medical World,” July, 1871.

To sum up then, in brief, some of the facts which, as skillful diagnosticians, we must be familiar with at the bedside, it is to be borne in mind.

1st. That grave cerebral lesions may exist without characteristic semeiology.

2d. That slight lesions may occasion a train of symptoms indicative of serious organic disease.

3d. That a paralysis is caused by the irritation transmitted by the cerebral lesion, inhibiting certain functional actions, and not by the mere circumscribed pressure.

4th. That a lesion in the middle line—i. e. affecting both sides of the optic thalami, striate bodies, &c., may produce paralysis of but one side of the body.

5th. That a paralysis may exist on the same side with the lesion

6th. That unilateral convulsions are much oftener associated with lesion of the right brain than with the left.

7th. That hysterical paralysis &c., depends oftenest upon disorganized action of the right brain.

8th. That aphasia, agraphia, a mechanical impairment of speech and mental alienation, are usually associated with disease of the left brain.

9th. That the right brain is more capable than the left of producing a paralysis on the same or on the opposite side of the body.

10th. Optic neuritis is a cause of amaurosis depends more often on a disease of the right brain than on disease of the left.

11th. The symptoms may indicate a double lesion when one is present and conversely.

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ART. III.—*Albany County Medical Society. Semi-Monthly Meeting held March 25th, 1874.* Reported by F. C. CURTIS, M. D., Sec'y.

The Society met at the City Building, on the 25th of March, at 8 P. M.

The President, Dr. SWINBURNE, in the chair.

Twenty-three members were present.

The name of Dr. C. S. MERRILL was proposed for membership, and referred to the *Comitia Minora*.

Dr. J. DE ZOUCHÉ read a paper on the subject of Hygiene in its relation to Hospitals.

“The philanthropic desire to establish a hospital does not always go hand in hand with the power to do so in any comprehensive manner, and the promoters are often compelled to begin in a small way, using a building intended for quite other purposes and requiring a great deal of expensive modification to make it half way suitable as a receptacle for the sick. In one instance that I know of a new hospital was made of an old jail, and I need hardly say it needed all the genius of its promoters and plenty of money to make it at all suitable for the new kind of work to which it was devoted.”

In illustrating the importance of thorough drainage and sewerage the doctor cited the fact that the German Hospital, cor., 77th street and 4th avenue, New York, was built on a site that included an old drainage stream (as we learn from the Report on Defective drainage by the committee of the State Med. Soc.) “Material poison undoubted from this source so universally affected the patients that it was in serious contemplation by its Trustees at one time to abandon its use for hospital purposes. So universal was the fact that patients entering it contracted malarial diseases that it became the ordinary practice to administer quinine to its inmates as a prophylactic immediately upon their admission!”

“Defective drainage,” says the same report, “may be set down as the cause of one-fifth of the total mortality of Brooklyn.”

The importance of proper ventilation, so necessary to the well, is vastly more important to the sick in hospitals. Air that has once been used in the act of breathing, bears the same relation to pure air that venous blood does to arterial. It has been contaminated by effete and poisonous elements, and must not be reinhaled.

“Now as at each act of ordinary breathing, about 25 cubic inches of air are changed in the lungs, and as this act is repeated about a thousand times in an hour, it follows that 25,000 cubic inches of pure air per hour are needed for healthy life. The inference is obvious. Provision must be made in hospital wards for the constant change of air, and estimates have been formed as to the cubic space

which should be allotted to each patient, that sufficient pure air may be secured to them. Less than 1,200 cubic feet to each patient is deemed insufficient, and in one hospital named they allow 2,100 cubic feet and hardly deem that enough.

“In ordinary dwellings, where the inmates are as a rule healthy, the usual means of ventilation by windows and doors answer the purpose very well; but in a hospital, where medical and surgical diseases prevail, and the air becomes laden with the foul exhalations from every variety of decaying tissue, it is of the utmost importance to take advantage of every means by which pure air may enter and the impure escape most effectively. Now, pure air, as a rule, enters a living-room at the lowest openings, whilst the air which has become vitiated by having passed through the lungs, or contaminated by contact with the exhalations from the surface of the diseased body, ascends to the top of the room, and will escape more or less completely by the highest openings. I qualify the statement, believing it will not wholly escape unless the highest openings are at the highest point in the room, on a level with the ceiling. The lower openings should be at or near the level of the floor. The exhaled air is largely composed of carbonic acid gas, which, at the same temperature as the pure air, is much heavier than it, volume for volume. When first exhaled, being expanded by heat, its specific gravity is less, and it ascends, to escape measurably by such openings as there may be; but if proper provisions have not been made above for its departure at this time, it quickly condenses and sinks to the lower part of the room, where it is destined to struggle with the pure air, provided there are inlets.

“Now, if there are openings at the level of the floor on all four sides of the room, there will be less opportunity for the accumulation of this poisonous gas, which would escape on the side of the room which sailors call “leeward,” impelled by the pure air entering at “windward.” The upper openings in the rooms should be somewhat larger than the lower, for obvious reasons; and I think it important that they should be at the level of the ceiling. When this is neglected, there will always be a reserve of deleterious gases found hovering about the angles, and tainting the whole upper stratum of air in the room, to the great detriment of the patients,

to whom the oxygen of the pure air is even more essential than colomel or quinine."

The Pavillion style of building hospitals was discussed; the preference being given to it.

"So long as hospitals are located within city limits, where land is so valuable, there would seem to be no choice but to build several stories high, and to have overcrowded wards from time to time. Where such is the case the time invariably comes that the rate of mortality increases from causes growing out of the aggregation of sick and diseased. No amount of care has hitherto served to prevent the thorough infection of large hospital buildings, so far as I know—the rate of mortality slowly but steadily increasing in proportion to the degree of aggregation. Blood poisoning, in one or other of its various manifestations—hospital pyemia, erysipelas, &c., persistently claims constantly higher per centages of victims. You may whitewash the walls and ceilings a dozen times a year, and spend a fortune in disinfectants, but the fact will force itself on you that every year, notwithstanding the great advances made in surgery proper, the proportion of fatal cases becomes constantly larger."

"The remedy would seem to be to build your hospital where you can buy land by the acre and not by the foot. Take the plan of the Leipzig hospital for example, which is built, not in the heart of the city, but "at the gates." It consists of fourteen large "sheds"—if such a name can be given to what are really handsome pavilions. They are detached one-story frame buildings, connected through an ante-chamber by a gallery and facing a garden. They are 100 by 32 feet (inside), with a height of 15 feet to the eaves and 20 feet to the roof-ridge. They stand 60 feet apart, and are raised four feet high for the sake of ventilation. There are ventilators in the roof-ridge. There are isolated sheds for contagious diseases. It would be a wise bestowal of money if our commissioners of charities, and the various benevolent corporations that undertake from time to time the building of hospitals, were to put a larger share of their funds into more land, and a lesser share than they have hitherto done into architectural effects and elaborate costly ventilating fixtures that do not ventilate."

Dr. T. D. CROTHERS read a paper on Inebriation, its Pathology and treatment:

Modern investigations indicate that alcohol is not a stimulant in a literal sense, but a diminisher of vital force, suspending interstitial activity, and resulting in vaso motor paralysis. This theory is now discussed and accepted by many of the leading pathologists. A brief review of its principles will not be out of place in this connection.

Alcohol affects the system in three separate physiological functions, viz: Circulation, Respiration, and Innervation.

On the circulation: Alcohol taken in the stomach causes increased influx of blood to the face, and integuments, and all the vascular surface supplied by the branches of the ophthalmic artery. This is indicated by the flush and color of the face. This artery is the first branch of the carotid after its passage into the cranium, and indicates clearly the circulatory system within the brain. The heart's action is increased, and the arterial capillaries are dilated with the increased number of red corpuscles. This condition becomes intensified when continued doses of alcohol are given. The dilation goes on and the larger trunks of the veins are involved, and the heart's action diminishes in rapidity, but not in volume.

On the respiratory system: Both inspiration and expiration are accelerated coincidentally with the increased action of the heart. Although there are evidences of imperfect oxydations in the deepening color of the face, and turbidity of the venous system.

Effects of alcohol on innervation: The sense of burning in the stomach and face may be due to sensory innervation, or to change resulting from increased amount of oxygen carried by the red corpuscles to the terminations of the sensory nerves. Vaso motor activity is diminished, as seen in dilatation of the arteries. The functional power of the cerebral hemispheres is impaired as seen in the weakened will, and insubordination of the emotional centers and those of special sensation, causing impressions to be confused, inaccurate and unreliable. Muscular motions are irregular, and incoordinate, and general innervation is reduced to its lowest expression. The functional energy of the superior ganglia of the

nervous system is diminished gradually to nearly a negative existence.*

The physiological significance of these symptoms are apparent, when we consider the engorgement of blood in the arteries and capillaries occurring from dilatation of those vessels and from relaxation of its muscular walls. The calibre of blood vessels is regulated by the amount of nervous irritability, hence dilatation of its calibre is simply a withdrawal of its nerve force, or in other words vaso motor paralysis. The pulsations of the heart are increased in number, the result of interruption of the nervous influence of the pneumogastric nerve on that organ, causing increased rapidity of action. Coincidentally with this, respiration is increased and more blood is thrown into the lungs. The arterial circulation increased, involves the venous plexus, and the lungs are taxed to their utmost to accommodate themselves to this condition. This rapid oxydation causes disturbance between respiration and circulation. Here the active cause is partial arrest in the innervation of the pneumogastric nerve, resulting in acceleration and retardation of the respiratory movements with engorgements of the pulmonary vessels; also diminishing the exhalations of carbonic acid, which amount to 25 per cent. in many cases. The hyperemic condition of the ophthalmic artery is inferentially the same of the brain. This is confirmed by the intellectual aberration of the inebriate. When the medulla becomes affected, the organs of special sensation are involved and their functional activity is suspended. These are the prominent factors which point to paralysis as the essential lesion. Dr. Hays of Chicago, in a paper on this subject, remarks. "Whether we consider the dilatation of arteries, the increased supply of blood, the escape of the heart from its normal control, diminished volitional energy, disordered intellection, irrepressible emotional activity, diminished special sensibility, surpression of pulmonary exhalation and glandular secretion, loss of common sensation and motor power, separately or together, it will be apparent that each one points back to its ultimate factor, vaso motor paralysis, and diminished nerve power.

The doctor discussed the pathology of inebriety at length, show-

Refer to Dr. Hays' paper in Chicago Journal.

ing that it was a regular disease, having a cause, beginning, development, climax, also decline and extinction. Its treatment and cure as certain as that of other lesions of health, and concluding with the following summary: 1st. Inebriety is a disease of certain brain districts, and the nutritive functions which it controls. 2d. This disease may be excited, as produced by alcohol in variable quantities, depending upon some unknown condition of the body at the time of exposure.

3d. A weakened will power, with mental aberrations and tendency to inebriety not inherited, are manifestations of disturbance of the co-ordinating power of the nutritive functions. 4th. This disease is inherited, and exists as an alcoholic diathesis which may spring into activity, remain latent, or develop into other irregularities or functional diseases. 5th. Inebriety is the active cause of most of the nervous and functional diseases of the brain.

In the treatment of inebriety, Dr. Crothers remarked: It will be apparent to all from what we have said, that we have no specific treatment or remedy which will restore the integrity of the brain function. If the alcoholic diathesis is present, we may control it in a measure, by removing the exciting cause. If this diathesis is absent, we may prevent the increase of the disease by changing the habits and removing the active causes. The general treatment resolves itself into two divisions—reparative and restorative.

The reparative treatment lessens the intensity of the disease, enabling the patient to partially recover, and resume business again. The least hopeful classes are the periodic drinkers. They are subject to paroxysms similar to that of malarious poisoning; and during the frenzy seem abandoned by all restraint. After the attack, they make desperate and apparently successful efforts to save themselves but fall again as before. The asylums offer the only possibility for recovery or stay of this disease, by building and strengthening the moral and physical system against the recurring attacks. This class comprises over forty per cent. of all the drunkards. It is asserted that there are over one hundred thousand inebriates in the United States who are periodic drinkers, and who are practically non-producers, growing worse every year. Under proper medical treatment at an asylum the extent and degree of these

attacks may be so far lessened or broken up as to enable many of these men to regain their place in society and business. The doctor here detailed some illustrative cases of men who had been saved by treatment, and become valued citizens. He continued by saying that by the restorative treatment a patient regains his former health, and goes out into the world cured, in the same broad sense that a man having pleurisy or pneumonia becomes well again. He may be attacked again, but only from wanton exposure; all his power, strength and vigor have returned. All treatment must therefore resolve itself under these divisions. To accomplish either of these results you must have special surroundings and conveniences, such as can be found in but few private families. Hospitals and asylums, built for the special purpose of treating inebriates, remove the exciting cause, viz: alcoholism, which is of the first importance in the treatment of disease. 2d. They enable the patient to isolate himself from all excitement, and give opportunity for complete rest of the nervous system, giving nature better facilities to carry on the restorative process. 3d. They remove all care and responsibility from the patient's mind, except that of recovering his lost health, and make him a party with the physician to bring about this result. This in itself is a powerful factor in the treatment of any disease. 4th. Hospitals and asylums give the medical attendants complete control of the habits, care and surroundings of the patients. With these important and essential aids the treatment of inebriety is a practical reality, and is becoming a necessity in every community of the land. The victim of this disease has always a weakened physical system. The many functions and organs of the body have become poisoned, and impaired; the mental and moral forces, sympathizing with the diseased organism, lose control, and sink down to a level with the depraved and morbid appetites. Alcohol has paralyzed the functional organs, broken down the normal molecular nerve structure, perverted the healthy co-ordination of nutritive force, and in a greater or less degree, began a process of disorganization, ending in death unless checked. The treatment therefore must have reference to removing the cause and building up the general system. Dr. Crothers described in detail the minutiae of treatment at Binghamton and other asy-

lums, which was substantially to improve and strengthen the physical and nervous system, and by raising the tone and vigor of the body and mind overcome the disease. The doctor remarked, the public treatment of the inebriate in both plan and spirit, is radically wrong. The cruelty to the insane of a century ago, is repeated in the poor outcast drunkard of to-day. All of our cities and larger villages have police courts, three-fourths of the business of which is to administer fines and punishments to poor diseased inebriates, who are broken down mentally and physically. The idea of true reformation never reaches this system; it is a prosecution of men who are not criminals, but sick patients needing medical and moral treatment. By this present effort to rid ourselves of this class, we substantially ruin them forever. The extent of this mistake is apparent in the statistics of the Albany penitentiary for the past twenty-three years, where 24,602 persons have been committed for crime; of this number 21,057 were inebriates. If these men had been treated in asylums, a large per cent. might have been cured, and become useful and honored citizens. But by this harsh treatment they were precipitated from the very doors of moral and physical health, and their ruin made more certain and fixed. The insane, blind and idiotic are cared for by asylums, but the outcast drunkard is held to strict accountability—a degree of ignorance which future generations will regard with amazement. The time is coming when we shall care for this class as we do the insane and idiotic. Then pauperism and crime will be lessened and our courts diminish. At the close of a noted trial in this city, an important order was issued containing this sentence,—“which inability does not appear to have arisen from causes beyond his control,” etc. Had inebriety been understood, this sentence would never have been written, and the poor inebriate now to be tried for this impropriety, should not have been held responsible. Had his case been understood on the first manifestations of the disease, he would have been put under medical control, and his reputation and the cause of his client would not have suffered. * * * The number of inebriate asylums in the United States are eight, and the inmates number over sixteen hundred. This is but the advanced guard of the great army of five hundred thousand inebriates in

this country who are passing forward towards the fountains of health, which science is opening slowly but surely. The results of treatment at these asylums are equal to that of the best insane asylums, varying from 40 to 50 per cent. of all the patients who are treated. At Binghamton over 40 per cent. have gone away and remained cured for three years, as long as any record has been kept of them. At other asylums the cures have been fully equal. The time of treatment averages from ninety to one hundred and twenty days. Many cases are incurable but all may be improved at the asylum.

Dr. Crothers concluded as follows: It is a source of much pride to know that our State is the first to recognize and take charge of inebriate asylums, of any Government in the world; also we have at Binghamton one of the largest and most complete asylums in existence. The problem of its success has been settled, and our State is foremost in this new field of progress. The conclusions from these facts are: 1st.—As medical men, in daily contact with this disease, we should seek to know its practical indications and general method of treatment. 2d—Alcoholism as a disease is increasing, and as a cause of organic lesions and diseases is spreading through all classes and societies. 3d—The public look to physicians for relief and instruction, and the problem of its cure and prevention must be worked out by them.

Dr. J. B. STONEHOUSE, Jr., made the following remarks on the subject:

I doubt the propriety of considering all drunkards as diseased; we should be careful in expressing our opinions in this matter. Uncontrollable "thirst" may appear a symptom in three classes of dipsomania. The first is hereditary. The ancestors are found to be strongly nervous—insanity, paralysis, epilepsy or intemperance in the parent may predispose this disease. This is the *original* dipsomania of Bucknill and Tuke. The second variety is acquired, and is tracable directly to some lesion of the nervous centers, either from external injury, from previous disease or powerful mental impressions. The third variety is also acquired and is the least distinct of the three. It is produced by the excessive gratification of the desire for inebriants. It is in fact the continuation, the

merging of this *habit* into a *diseased state* of mind, in which the moral tone and will are destroyed.

The first and second classes are probably accompanied by tissue changes, either congenital or acquired and more or less gross. The last class, however, is, as I have said, less definitely marked than the preceding, and it is the only class of drunkards in whose cases the question of responsibility becomes at all difficult to answer.

One word in regard to the Binghamton Asylum. I cannot agree with Dr. Crothers, in his unqualified praise of this institution and its management. It has not been a success, and it is novel to hear a word spoken in its favor. I have yet to see the first patient who has been treated at Binghamton, and discharged permanently benefited. I have however, known patients to speak bitterly of the time spent there as lost. It has been the common practice to send patients immediately after they become sober, to the city alone or with attendants, (and it amounts to about the same thing), to test their strength of will. Patient often object to this, pleading their inability to withstand the temptation, but in vain; they go, and the almost invariable result is another spree. A patient told me that he never failed to bribe the attendants, or to obtain money from outside by their aid. The patients sent to Binghamton, are generally of the wealthy class. To be sure, the State provides for a pauper class, but their admission is dependant upon the number of paying patients there, and therefore it is right to say that it is a private boarding house for gentlemen of means, who wish to recover from a debauch. Nine-tenths of the inmates can command at home the good air, magnificent scenery, unexceptionable food and medical attendance, which Dr. Crothers claims as the peculiar advantages of the institution. As an evidence of the lax management here, I may say that only last year, a gentleman who, had previously been under my care, committed suicide in Binghamton Asylum, from a self-administered dose of chloral.

These remarks are not intended in the least to apply to the administration of the last two or three months.

One other point: I have yet to find the authority, Gall and Spurzheim to the contrary notwithstanding, who claims for the dipso-

maniac, a lesion confined to any settled cerebral region, such as may be the case in aphasia.

I would add to the formulæ which have been given, one which is said to be of service in dipsomania combined with dyspepsia—a combination of chloric ether and Tr. of nux vomica. But drugs will be found to be of little value as remedial agents.

Dr. E. H. DAVIS said that he had more faith in experience than in theories, in regard to the action of alcohol as a stimulant. It increases the activity, and gives tone to the heart, and in sickness it bridges over an interval, when without such stimulation the patient would die from exhaustion. This is the general experience of physicians. He could see no reason theoretically, in its chemical composition, why it should not act as a stimulant.

Dr. CROTHERS replied, that he believed it to be shown by late investigation that whatever force or stimulation is effected by alcohol when given therapeutically, is at the expense of vital strength.

Dr. DEVOL said that he had no confidence in brain regions. The Theories of Gall and Spurzheim have long been exploded, and were never founded on anatomical facts, as is seen in the locating important mental functions along the line of the great longitudinal fissure. He did not believe in calling the passion for alcoholics a disease, and thought that their use could always be refrained from, not by running away from the temptation but by resisting it by an exercise of the will power.

The question of changing the time of meeting of the Society to afternoon, to accommodate members at a distance, was discussed, and finally laid on the table, it being the belief of some that the attendance would be diminished by the change.

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ART. IV.—*Abstract of Proceedings of Buffalo Medical Association.*

Reported by E. R. BARNES, M. D., Secretary.

At a meeting of Buffalo Medical Association, held at the Medical College on Tuesday evening, May 5th, 1874, there were present: The President, Dr. White, in the chair, and Drs. Shaw, Gay, Lthrop, Gould, Rochester, Fowler and Barnes.

The reading of the minutes of the last meeting was dispensed with.

The President, Dr. White, then addressed the Society. He said that having been absent from the city at the time of the last meeting when he was elected to his present position, and having received the notice of this meeting only a few hours ago, he was quite unprepared to make an address such as he would desire to make on the occasion of his taking the chair. He had assisted in the formation of this Association, and for more than twenty-five years had taken an active part in its proceedings, and in so doing, had spent many of the pleasantest hours of his life. Here in former years were Flint, Sr., Hamilton, Hunt, Wilcox, Newman and the younger Flint. They had stood shoulder to shoulder, and together had striven to promote the cause of progress in medical knowledge. Dr. White had watched with interest the fluctuations in the prosperity and usefulness of this Association; his sympathy had always been with it, and he felt grateful now for the honor of an election for the second time to its presidency.

He proposed to offer a few suggestions how to make the meetings more interesting. It was well to appoint a gentleman to read a paper on a designated subject at a stated time, which would enable all to give some preliminary thought to the subject; and these papers should be fully discussed and criticized. It would be advantageous he thought to employ a stenographic reporter, under the direction of the Secretary. The cost would be small, and now that the Society was relieved from the payment of rent, could be easily met. The Secretary would be relieved of much labor, and could present more full and accurate reports, while the members, knowing that their remarks had been correctly recorded, would not be obliged to revise the reports as under the system hertofore in use.

Again, carefully prepared reports of cases were important, as an element of interest in the proceedings, and as indicating, and perhaps, stimulating to special study. Dr. White's advocacy of specialties was well known; he did not say one should not be a general practitioner, on the contrary, all should build on the foundation of the best attainable knowledge of general medicine. But the field had grown to be too extensive to be comprehended by any individual. It is no longer possible to know everything;

something must be wisely left unknown. A physician must be content if he would know anything *well* to be profoundly ignorant of many things. He must select something for special study, and pursue it with devotion and diligence. This course will lead to success, while the attempt to do everything eventuates unavoidably in failure. Let there be single hands for special duties. In large towns division of labor is to a certain extent desirable and necessary. The profession long since recognized ophthalmology as a special department. A general practitioner cannot be an expert operator on the eye. Special attention may be given to dermatology. He had more than once, with advantage, called in the services of a friend somewhat skilled in this department. Microscopy closely allied as it is to pathology, is a most valuable department. It is often an important aid to diagnosis, prognosis and treatment to be able to have specimens examined in one's presence by an expert in this department. Pathology likewise presents an endless field for research. So also urinary and other analyses with the study of the diseases of the kidneys and urinary organs and of the rectum invite special study, and require special apparatus in practice. In the diagnosis of throat and thoracic diseases, we all have a general knowledge, but minute and exact knowledge is only attained by special and prolonged study and practice, as in the case of Flint, Sr. Insanity and its kindred diseases, the neuroses can be well known only by the specialist. The diseases of the female organs of generation—gynecology—present a distinct field. No man in general practice can keep pace with the improvements in this department. Dr. White cited an instance in which he was called to an adjoining county by a very competent practitioner. The case was diagnosed to be one of peri-ovariitis, fluctuation was detected, and by means of the aspirator, a quantity of pus was drawn off. At last accounts this patient was recovering. This was not an ordinary case, and might be considered an extreme instance, but it illustrated the proposition which Dr. White was advocating.

Surgery might be subdivided with advantage in large towns.

Perhaps he might remark that the profession of this city are scarcely *au courant* with men of progress in thermometry in dis-

ease. Yet the thermometrical record deserves early consideration in fevers and all inflammatory diseases. The information thus attainable is of much importance. The observations should be made systematically and registered so as to present a complete thermometrical history of each case. For himself he used it as do others, but not thoroughly. In typhoid fever, diphtheria, scarlet fever, etc., it is as important as is the watch to inform us as to the variations of the pulse.

Frequent meetings and full attendance promote not only the prosperity of the Association as a Society, but beget harmony among the members, rub off the asperities which collect on the surface for want of attrition. Let us meet here, look each other in the face, compare notes and adjourn, forgetting the ill feelings which have haunted our lonely hours for many days. The happiness of the members of the profession depends largely upon the comity extended by each one to his neighbor. Man is a social being, and one of the misfortunes incident to the practice of medicine consists in the isolation which attends it. No man must feel that he cannot assist in making the meetings useful. Even the youngest can contribute, and can gain confidence thereby. True, he may be criticised, and how otherwise can his progress be so well promoted. Questions should be freely asked and answered. Let a new era commence with the present year of increased zeal and increased progress. The spirit of the age is progressive; we must float with the current, or be left like drift wood or rubbish on the projecting shore.

The President having concluded his remarks, the Society proceeded to the regular order of business.

Dr. GAY moved that Dr. B. Bartow be invited to attend the meetings until he could qualify for membership. Carried.

Dr. ROCHESTER moved that the Treasurer be authorized to honor the draughts of the Committee on rooms for \$100, in favor of the building committee of the Young Men's Association in full for rent due by this Association. Carried.

Dr. MINER moved that hereafter the minutes be handed by the Secretary to the Editor of the Buffalo Medical and Surgical Journal for publication. Carried.

Reports of prevailing diseases being in order, Dr. SHAW stated that he had found typhoid and typho-malarial fevers very prevalent among children. In his practice scarlet fever had much diminished. He had seen but three cases since the last meeting.

DR. MINER corroborated the statements of Dr. Shaw. Had seen but one case of scarlet fever.

DR. ROCHESTER reported an increase of typhoid fever, and a very marked increase of the malarial fevers, some cases being distinctly remittent in character, others belonging to the class termed typho-malarial. He also found diarrœa of an unusually severe character very prevalent and difficult to control. This prevailed both among adults and children. He had met with a number of severe cases of dysentery. Jaundice also had been so prevalent as to confirm almost the observation of West, that it sometimes appeared to occur as an epidemic. It was due he thought to malarial poison and duodenal disease, giving rise to hepatic disorder. Had seen but one case of scarlet fever.

DR. GOULD mentioned scarlet fever, whooping cough, inflammation of the lungs, jaundice and obstinate diarrhœa.

These reports were coincided with by the remaining members.

DR. ROCHESTER would like to ask for more particular statements as to the prevailing jaundice.

DR. MINER had seen several of these cases, but could not always determine satisfactorily the cause. There is ordinarily duodenitis with epigastric tenderness nausea, etc. In all the cases he had seen there was no tenderness or pain, or indication of irritation of the mucous membrane. There was little if any constitutional disturbance. In one instance, perhaps, a little malaise. In these cases he could not discover evidence of obstruction from occlusion of the ductus communis choledicus. Dr. Rochester had said that the diarrhœa now prevalent is not very amenable to treatment. His own experience had been similar. Opium and astringents were of little service. Calomel and opium in small doses give the best results.

DR. WHITE gave for the diarrhœa one-fourth to one-eighth of a grain of calomel with one grain of opium—sometimes added opium suppositories. The symptoms of the cases of jaundice he

had seen were the same as already reported. He thought the jaundice one of the developments of the gastric and intestinal irritation prevalent. He employed bland liquid nourishment, counter irritation, salines, such as the citrate of lithia and a mixture consisting of Rhubarb and Bi-Carbonate of soda in water, with sufficient stimulant added to preserve it. This was given in sufficient quantity to gently move the bowels every day or two. He gave quinine also.

DR. ROCHESTER had found tenderness not always present, in the jaundice now prevailing, and vomiting in but a single instance, but the stools were clay colored, and the urine highly tinged with the coloring matter of the bile, billerverdine. Hence we might infer duodenal irritation with enlargement of its glands and consequent obstruction to the escape of the bile through the common duct. The malarial poison in most of its manifestations, as in the fevers, gave rise to gastric and duodenal irritation or inflammation. When the stools were deep colored in jaundice, the indication was of a more serious lesion, i. e. of some organic disease of the liver which impaired the secretion of the bile. Roberts has pointed out that we may generally distinguish the obstructive from the non-obstructive variety, by the presence in the latter of more or less bile in the stools, and of leucin and tyrosin in the urine, while in the obstructive form the stools are deficient in coloring matter, and the urine yields the bile acids and an excess of billeverdine. The analysis required to ascertain these conditions illustrates the use of specialists. Dr. R. had treated two of his patients in very different ways. In one case he had used soda, citrate of lithia, and quinine with warm fomentations, with satisfactory results. In the other case, that of an intemperate man of unfavorable appearance, with tenderness, &c., he used fomentations, a blister 6 by 6 inches, appropriate food, alkalis. The patient grew worse and had bleeding from the nose. He tried olive oil, ʒj. every three or four hours. On the second day the patient took a tablespoonful at each doze with great improvement, and then one-half a teacupful. The action here was mechanical lubricating the duodenal surface, and the orifice of the common duct. In the diarrhœa prevailing,

he directed quiet, light diet, opiates by the mouth and rectum. Laxatives or cathartics even of the mildest kind, as castor oil with laudanum he had not found good.

DR. GAY stated that he had used Esmarch's method for preventing hemorrhage three times; in a case of resection of the elbow; of necrosis of the femur; and of abduction of the great toes. In the latter case the toes were bent nearly to a right angle, in one foot underlying, in the other overlying the smaller toes. In one joint arthritic inflammation existed. Locomotion was much impeded. He resected one-half an inch of the extremity of the metatarsal bone, and the toes fell readily into position. He did not close the wound by sutures, only applying bandages. So far as he knew, this mode of relieving this deformity, was new in this city. In these cases no blood was lost. Dr. G. could not refrain from crediting Esmarch with the most magnificent contribution to the resources of surgery since the discovery of anæsthesia.

DR. ROCHESTER asked if there were not some objections to the use of this method? Was there not difficulty in finding the smaller arteries? If the vitality of the parts was low, might it not be destroyed by this procedure?

DR. MINER said it was often inapplicable. When vitality was low, its continued application, say for one hour, was dangerous. Had seen much sluggishness in the return of the circulation. It caused embarrassment in ligating the smaller vessels. In some cases there was danger of crowding deleterious substances into the circulation.

DR. HARDING asked if it produced insensibility to pain, so as to supercede anaesthesia?

DR. MINER said it did diminish sensibility to some extent, but would not enable us to do away with anæsthesia.

On motion, the meeting adjourned.

Editorial.

American Medical Association.

The twenty-fifth annual session of the American Medical Association was held in Detroit, commencing Tuesday, June 2d, 1874. The association assembled in Music Hall, and was called to order by the President, Dr. J. M. Toner, of Washington, and opened by prayer by Rev. Bishop McCoskry, of Michigan.

The association was welcomed to Detroit by Dr. Wm. Brodie, Chairman of the Committee of Arrangements, who, in a short speech, offered the hospitality of the city to the members. The list of names as far as registered was then read, after which followed the annual address by the President.

Dr. Toner's address differed somewhat from the usual order pursued by his predecessors, and was listened to with marked attention. A large number of ladies and citizens were present at the opening session. The time and place of meeting of the several sections was then announced and the reports of special committees and several volunteer papers which were offered were referred to the appropriate sections.

In the afternoon the different sections were called to order by their presiding officers and at once proceeded to business.

In the section on Practical Medicine, Dr. N. S. Davis Chairman, Dr. L. D. Bulkley, of New York, read an interesting paper on the Nature and Treatment of Eczema, which called forth some remarks from several gentlemen present. Dr. P. J. Farnsworth, of Iowa, read a paper on the Therapeutic Uses of Ammonia, which was referred back to the author with permission to publish. The section on Obstetrics and Diseases of Woman, Dr. Parvin, Chairman, was occupied during its first session in inspecting some instruments presented by the Chairman, and in listening to a paper by Dr. Beck, of Fort Wayne, Ind., on a "New Theory of Generation." Dr. Beck's paper excited considerable discussion, which was participated in by Drs. White, Byford, Sims and Pallen. In the section on Surgery and Anatomy, of which Dr. S. D. Gross was Chairman, papers were read by Dr. Dunlap, of Springfield, Ohio, on Enchondroma over the Sternum, and by Dr. E. M. Moore, of Rochester, N. Y., on Epiphyseal Fracture of the Superior Extremity of the Humerus. Dr. Sayer presented a verbal abstract of a Report on Fracturs. Dr. Sayer's remarks excited as much discussion, probably, as any paper read during the meeting.

The section on Medical Jurisprudence and Chemistry met, and there being but a small attendance it adjourned without transacting any business.

The section on State Medicine and Public Hygiene, was presided over by Dr. A. N. Bell of Brooklyn. A paper by Dr. H. I. Bowditch, of Boston, on

State Boards of Health, was read by the Secretary. Drs. Kedzie, of Mich., Stewart, of Minnesota, and Bell, of Brooklyn; presented brief abstracts of papers on the same general topic. Dr. Kedzie offered a resolution that the association petition Congress to form a National Sanitary Bureau, which was adopted after some discussion.

On the morning of the second day the association convened in the Opera House, the Music Hall having been found too small to accommodate all the members.

The usual preliminary business being transacted the report of the Judicial Council in relation to the revision of the Code of Ethics, was presented by Dr. N. S. Davis, Chairman of the Sub-Committee, to whom it was referred; the report, which we hope to present to our readers shortly, was unanimously adopted by the association. The amendments to the Constitution were next taken up and acted upon. The Constitution was so amended that in the future only State and Territorial Medical Societies and such District, County and City Medical Associations as are recognized by their State Societies; and the Medical Staffs of the Army and Navy are entitled to representation. Dr. J. M. Keller, of Louisville, presented a report on the Relative Rank of the Medical Staff of the U. S. Army, the report was received and the committee continued.

Dr. N. S. Davis then was introduced and delivered the annual address as Chairman of the Section on Practical Medicine, Materia Medica and Physiology. His address was well considered, and was listened to with marked attention. At its conclusion it was referred to the section above mentioned.

Dr. S. D. Gross, then delivered the annual address, as the Chairman of the Section Surgery and Anatomy. He took Syphilis as his subject and occupied full an hour and a half in the delivery of the address. It was listened to with fixed attention and received with applause. The address was referred to the section on Surgery, and the association adjourned.

In the afternoon the sections again assembled in their several rooms. In the section of Practical Medicine a paper on the Indigenous Medical Botany of West Virginia was presented from Dr. E. A. Hildreth, which was referred in the author's absence, to the President of the section with directions to report to the Committee on Publication. Dr. S. J. Deal's report on the cultivation of the cinchona tree was read and the committee continued.

Dr. W. M. Carpenter read a paper of considerable length on the Mechanism of the Encephalic Circulation by Dr. R. E. Vance, of N. Y., which was referred back to the author with permission to publish.

Dr. F. R. Buckham, of Flint, Mich., read a paper on Uremia and its relation to Renal Diseases which was, after some discussion, referred to the Committee on Publication.

In the section on Obstetrics, Dr. Bontecue, of Troy, read a paper on Inverted Uterus, which was referred to the Publication Committee. Dr. Sims pre-

sented, on behalf of Dr. Scott of Canada, a new pessary which Dr. Scott explained to some extent; this excited a lively debate as to the value of pessaries, after which the section adjourned.

In the Section of Surgery the whole time was occupied by the discussion of Dr. Sayer's report on Fractures. Papers were read in the Section on Hygiene upon the influence of Drainage on the Public Health by Dr. Kedzie, Cabell and Bell, and on the Climatic Influences of Key West, by Dr. R. D. Murray of the U. S. M. H. Service, these papers were discussed and referred to the Committee on Publication.

The session opened on the morning of Thursday, with a full attendance after the transaction of some routine business and listening to the report of several Committees. Dr. Parvin, Chairman of the Section of Obstetrics, read his address on Uterine Hemorrhage and Transfusion, which was referred to his Section for consideration. Dr. A. N. Bell, Chairman of the Section on State Medicine and Public Hygiene, read his address on Waste of Life, which was received by a vote of thanks and referred to the Section on State Medicine for Consideration. The reports from the Committees on Prize Essays and on Necrology and also of the Librarian were received and referred to the Publication Committee, after which the Association adjourned.

In the afternoon the Sections again assembled. Dr. Bulkley read a short paper in the Section on Practical Medicine, on a new Anti-Pruritic Remedy. The remedy which he presented consists of equal parts of Hydrate of Chloral and Gum Camphor rubbed up in Rose Ointment. He afterwards presented the remedy in a new form having rubbed the Chloral and Camphor in Glycerine. The address of the Chairman was then taken up, and after discussion was referred to the Publication Committee, and two Special Committees appointed to take into consideration its recommendations, and carry them into practical effect. Dr. Garish of N. Y., read a paper on Hydrophobia, which was referred back to the writer for publication in some medical periodical. Dr. E. W. Gray read a paper on the relation of Physiology to Practical Medicine, which was referred to the Publication Committee. Dr. E. Seguin of N. Y., gave a brief but interesting explanation of his method of Mathematical Thermometry, and a paper by Dr. J. J. Caldwell of Baltimore, on Electricity as a restorative agent in Narcosis and Asphyxia, was received and referred to a Special Committee after which the Section adjourned *sine die*.

In the Section on Obstetrics the Subjects of Ovariotomy and Transfusion were discussed, and the Chairman's address referred to the Publication Committee; the Section then adjourned.

The Section on Surgery spent some time in listening to an address by Dr. Geo. M. Beard on the "Uses of Electricity in Surgery," and in examining his instruments, after which it adjourned.

In the Section on Medical Jurisprudence and Chemistry, the Chairman, Dr.

E. Lloyd Howard read a paper on the "Legal Relations of Emotional Insanity," and Dr. A. N. Talley one on the relations of "Psychology to Medicine," these were referred to the Publication Committee and the Section adjourned. The Closing Session of the Section on State Medicine was occupied in the Consideration of Miscellaneous matters, and the appointment of various Committees.

The last general session was held in the morning of Friday, June 5th. It was occupied by the consideration of the reports of the Nominating and Publication Committees, and of the Treasurer.

The Nominating Committee presented the following nominations, and their action was confirmed by the association:

President, Dr. W. K. Bowling, Nashville, Tenn.

Vice-Presidents, Drs. Wm. Brodie, Mich; J. J. Woodward, U. S. Army; H. W. Brown, Texas; and H. D. Didama of New York.

Section on Practical Medicine, Materia Medica and Physiology, Dr. Austin Flint of New York, Chairman; Dr. J. K. Bartlett of Wisconsin, Secretary.

Section on Obstetrics and Diseases of Women, Dr. W. H. Byford of Chicago, Chairman; Dr. S. C. Busey of Washington, Secretary.

Section on Anatomy and Surgery, Dr. E. M. Moore of Rochester, N. Y., Chairman; Dr. T. S. Latimer of Baltimore, Md., Secretary.

Section on Medical Jurisprudence and Chemistry, Dr. J. Cochrane of Mobile, Chairman; Dr. G. A. Moses of St. Louis, Secretary.

Section on State Medicine and Public Hygiene, Dr. H. I. Bowditch of Boston, Chairman; Dr. H. M. Baker of Michigan, Secretary.

The place selected for the next annual meeting was Louisville, Ky.

The attendance at this meeting was very large, nearly five hundred members being present. Everything passed off smoothly and a large amount of work was transacted during the session. The citizens of Detroit seemed determined to make the members of the Association feel at ease and were profuse in their hospitalities. We do not think that a better meeting has been had for years.

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We extract the following from the *Washington Evening Star* of June 25:

The bill to reorganize the staff of the army was among those passed during the closing minutes of the session. Among the provisions of this bill is one raising the chief medical purveyor to the rank of colonel. Heretofore this officer has had the rank of lieutenant colonel. Immediately after signing the bill the President sent to the Senate the name of Lieutenant Colonel J. H. Baxter, now chief medical purveyor of the army. Colonel S. V. Benet, of the ordnance corps, was at the same time sent for promotion to the rank of brigadier general and chief of ordnance. Both these nominations were confirmed just previous to the final adjournment. The passage of the bill is considered a great victory by the friends of the army.

A LAW REGULATING THE PRACTICE OF MEDICINE AND SURGERY IN THE STATE OF NEW YORK, recently passed by the Legislature, and which has received executive sanction:

CHAPTER 436.

AN ACT to Regulate the Practice of Medicine and Surgery in the State of New York.

PASSED May 11, 1874.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. Every practitioner of medicine or surgery in this State, ex-

cepting licentiates or graduates of some medical society or chartered school, shall be required, and they are hereby commanded to obtain a certificate from the censors of some one of the several medical societies of this State either from the county, district or State society; which certificate shall set forth that said censors have found the person to whom it was issued qualified to practice all the branches of the medical art mentioned in it. And such certificate must be recorded in a book provided and kept for the purpose by the county clerk of each county in the State.

SEC. 2. The censors of each medical society aforesaid shall notify all practitioners of medicine and surgery of the terms and requirements of this act, and shall request such person, so notified, to comply with those requirements within thirty days after such notification; and if such persons shall not, within the time specified in the notice, or within such further time as may be allowed by special arrangement with said censors, not exceeding ninety days, comply with the requirements herein made of physicians or surgeons, as the case may be, such persons shall thereafter be subject to all the provisions and penalties prescribed by this act for any violation of the same, and the president of the society making such request, shall and he is hereby required to at once commence the proceedings authorized by this act against such person.

SEC. 3. It is hereby declared a misdemeanor for any person to practice medicine or surgery in this State, unless authorized so to do by a license or diploma from some chartered school, State Board of Medical Examiners, or medical society, or who shall practice under cover of a medical diploma illegally obtained; and any person found guilty of such a misdemeanor shall, for the first offense, be fined not less than fifty nor more than two hundred dollars; for any subsequent offense, not less than one hundred nor more than five hundred dollars, or by imprisonment not less than thirty days, or by both imprisonment and fine; and all such fines shall go into the county treasury of the county bringing such action.

At the last meeting of the Erie County Medical Society (June 9), the board of censors was directed to prepare a list of all persons in Erie county practicing in violation of this law, and on the completion of such list to notify the President, who is to call a special meeting of the Society to take action in the matter.

PROF. F. H. HAMILTON, M. D., AND THE NEW YORK CITY COMMISSIONERS OF PUBLIC CHARITIES AND CORRECTION.—Commissioner Stern in a communication to the Board of Commissioners of Public Charities and Correction, on April 20th, made certain statements derogatory to Prof. Hamilton. In a letter addressed to the Board, Prof. Hamilton replies as follows:

To the Commissioners of Public Charities and Correction:

GENTLEMEN:—My attention has just been called to a communication made to your Board, April 20, by one of its members, Commissioner Stern, and published in the *City Record* of April 27, and also in the *Evening Post*, relating to myself and the Reception Hospitals, which communication contains errors of statement as to the facts of sufficient importance to demand correction. Mr. Stern says, speaking particularly of the Park Hospital, "the number and gravity of the surgical cases that come within the scope, demand for it the most careful and intelligent attention. Appreciating the import-

ance of the position, the Board of Commissioners changed the jurisdiction of the Medical Board of Bellevue Hospital, and appointed one of its members as Surgeon-in-Chief, who, from his eminent talent, is well qualified for the position, but who, from the various distinguished posts he occupies and the extensive private practice he enjoys can not, from want of time, pay that constant supervision and personal attention to the Reception Hospitals as the interest of the public and the welfare required."

In reply, I wish to say that I was appointed to essentially the same office, which I now hold, in November, 1872, I believe before Mr. Stern was a Commissioner, and the reason assigned by the gentleman who called upon me to ask whether I would accept the position was, that great difficulty had been experienced in finding a surgeon to answer promptly the calls of resident physicians, and it was thought necessary to appoint one person who should hold himself responsible whenever called. I was assured that I would not be expected to make more than about one visit per week to the hospitals, (these hospitals are six miles apart), but that a summons would be expected to be answered promptly. I was also requested to suggest, from time to time, such alterations in their management as their condition might seem to me to demand.

At first my duties were supplementary to those of the Bellevue Surgeons, but subsequently the duty of acting as consulting and visiting Surgeon was devolved exclusively upon me.

I have already informed you how I have performed my duties as a consulting officer, having responded promptly to every summons. Before the appointment of Dr. Fluhler to the place of Resident Physician at the Park Hospital, I was frequently summoned to this Hospital, and during my entire term of service a large portion of my visits to the 99th Street Hospital were in response to calls. I have even denied myself my usual summer vacation in order that I might attend faithfully to this public duty.

Mr. Stern says that I performed no operations at the Park Hospital during the year of Dr. Fluhlers' service as Resident Physician and was present at but two, and he adds that the infrequency of my visits admits of but two explanations, either confidence in Dr. Fluhler, or want of time. I will suggest another reason. During the year of Dr. Fluhler's service he has summoned me but three or four times, and most of the nine amputations as well as other capital operations made by him were made without my knowledge. I have more than once called his attention to this omission to summon me in these and other cases requiring capital operations, including a case of strangulated hernia, in some of which, at least, there was ample time for consultation. With one or two exceptions my presence during his operations was accidental. I made an amputation of the thigh on the 4th of April, and Dr. Fluhler made one on the 21st, both patients died.

Mr. Stern compares the number of visits made by me to the Park Hospital during the year 1873, with those made by the Bellevue Hospital surgeons in 1872, and finds a difference of eighteen in favor of the latter, but he has omitted to make a similar comparison in relation to the 99th Street Hospital. Up to April 1, 1873, only eleven visits are recorded, and five of these were made by myself, while in 1873, I made fifty-one (51) visits to the 99th Street Hospital, and seventy-one (71) to the Park, in all, one hundred and twenty-two (122.)

The comparison of the results of operations in the two reception hospitals does great injustice to the able gentlemen who have been in charge of the 99th Street Hospital. Situated in a neighborhood where large public works are in progress, and where serious accidents from blasting, and the removal of heavy stones, are of frequent occurrence, the nature of the accidents has been constantly of the gravest character.

An examination of the records will show that eight amputations were made at the 99th Street Hospital, and nine at the Park. All of the amputations made at 99th street were in the lower extremities; 4 recovered and 4

died ; of those who died two (2) are reported in the books as having died of pyaemia, but I think one of them is recorded erroneously, and was probably septicæmia. No other cases of death from pyaemia are on record for that year. Of the nine (9) amputations at the Park Hospital, four (4) belonged to the upper extremities and five to the lower. Of the upper extremity amputations three out of four recovered ; of the lower extremity, two out of five (5) recovered. Surgeons understand that this difference as to fatality always exists between the two extremities, and the record in this point of view, as favorable for the 99th street than for the Park ; but in so small a number of cases this may be merely accidental. Certainly, the results furnish no evidence of the better management in the Park than in 99th street.

Mr. Stern says, pyaemia is stamped out at the Park, and that it continues a frequent cause of death at 99th street.

The records show one death from pyaemia at the Park, but as this was on the 7th day after Dr. Fluhrer took charge, he perhaps cannot be properly held responsible for the result ; and only two from the same cause at 99th street. But pyaemia is not peculiar to hospitals. Mr. Birket, of London, has recently reported twenty-three cases in private practice, and every surgeon meets with it occasionally, in the best ventilated and best constructed houses.

It is said in the communication referred to, that "there is another strong reason why a competent supervising surgeon should be engaged at the Reception Hospitals besides the present Surgeon-in-Chief. The latter is one of the leading members of the Bellevue Medical Board, and it has often been insinuated that great prejudice exists in favor of Bellevue Hospital, and that thereby its members are liable to abuse the power of transfer of patients, and use the Reception Hospitals as feeders to clinics, transporting the greatest surgical injuries to a distant amphitheatre of operations."

Mr. Stern has never heard from any source such a charge made against me. I am conscious of a reputation above such a slander, and my years of faithful service under the Commissioners of Public Charities and Correction, without compensation, should have saved me so unjust an insinuation. So far as I know, during my term of service, the only instance in which a patient was sent to Bellevue for a clinic, was in the case of a patient with two broken thighs, sent to a Bellevue clinic by Dr. Fluhrer for the purpose of showing a mode of dressing devised by himself. This was done without my knowledge or approval.

Mr. Stern says: "The last nomination by the surgeon-in-chief of the Park Hospital staff was unfortunate, and was not done by concurrence, for all the appointments were made without examination, two of which have subsequently been rejected by an examining Board as incompetent to hold their positions." I do not understand what is meant by the statement that my nomination "was not done by concurrence," but as it is evidently intended to make me responsible for improper appointments, I reply that Mr. Stern knows that I first suggested and have constantly urged the necessity of competitive examinations and that your Board, and not myself, is responsible for their omission. I was required by you, however, to nominate, and I nominated the two gentlemen you mention, with others, all of whom were graduates in medicine. You decided subsequently that they should undergo an examination. Drs. Early and Campbell were examined, and recommended by the examining Board, and you appointed them. Of the two gentlemen said to have been rejected as incompetent by the Board, one did not come forward, as he was at the time on leave of absence in Kentucky. He was not therefore declared incompetent. The other had served at Charity Hospital, and as ambulance surgeon under your Board for more than a year, satisfactorily, and with his appointment I had nothing to do, but his advancement as a faithful officer I recommended when you insisted upon nominations. He was not declared by the examining Board (of which I was chairman) as incompetent to hold his position. He was subjected to a competitive examination for promotion, and failed to win. Nor is this surprising, when it is

known that his competitors numbered about eighteen—that they were composed of choice men, and fresh from the three leading medical schools of the city, while the gentleman referred to had been more than a year out of his studies, and had but two days' notice that an examination would be required. It is no evidence of his lack of qualification or that he was incompetent for the place he occupied that he was distanced in a race so unequal. Such are the facts upon which Mr. Stern bases the statement that my nominations were "unfortunate."

You will pardon me, gentlemen, for having occupied your time with this long communication, but I was entrusted by you with certain duties which I have striven to perform in the spirit and letter of your wishes. And the character of Mr. Stern's communication seemed to render a full and complete statement of the facts relating to my administration necessary.

Very respectfully, yours,

FRANK H. HAMILTON,

Surgeon-in-Chief,
Reception Hospitals.

I wish to add that the number of cases of pyæmia during any one year either at the Ninety-ninth Street or Park Hospital has not been sufficient to imply that it was spread by infection, unless I except the year 1871, during which there were 4 cases in the Park Hospital. In 1870 there was 1 in the Park Hospital; in 1871 there were four; in 1872 there were 2, and in 1873 there were 1. Considering the large number of severe cases received during the several years it is quite probable they were all spontaneous and not due to infection. I have never seen any evidence that cases had originated from the latter source in either of the two hospitals.

F. H. H.

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Books and Pamphlets Received.

Materia Medica for the Use of Students. By John B. Biddle, M. D., etc. Sixth Edition Revised and Enlarged with Illustrations. Philadelphia: Lindsay and Blakiston, 1874. Buffalo: Theo. Butler & Son.

Hints on the Obstetric Procedure. The Annual Address before the Philadelphia County Medical Society. By William B. Atkinson, M. D., Retiring President. Delivered May 8th, 1874.

Archives of Electrology and Neurology, a Journal of Electro Therapeutics and Nervous Diseases. Edited by Geo. M. Beard, A. M., M. D.

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Original Communications.

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ART I.—*Pelvic Cellulitis*. By D. COLVIN, M. D., of Clyde, N. Y.
Read at the Semi-Annual Meeting of the Central New York
Medical Association, December, 1873.

MR. PRESIDENT: I desire to call the attention of this Society to the following cases, not so much perhaps for their rarity,—as I believe they occur far more frequently than they are diagnosed—but to bring to the notice of its members one prominent symptom which I have discovered in each of the cases which I have seen since the literary history of the malady has come to be better understood, as well as to do something to increase their vigilance when such cases come under their supervision and care. I shall, therefore, say but little in relation to the necessary treatment.

I am not reluctant to admit that, in early practice, I met with cases of a similar character, and did not know what I was called upon to treat; but when we understand that usually, by a very little care, there is not much difficulty in ascertaining its true nature, I must confess that, to say the least, I ought to have ascertained the pathological condition of the parts even though the disease had not yet been christened by the name "*Pelvic Cellulitis*."

The first of the three cases came under my care in the Summer of 1870, and in a family who have but little to do with "Doctors,"

save when the patient is about to die, or until other means (and their name is legion) are exhausted; consequently I did not see her until the case was far advanced.

The patient was a young lady about eighteen years of age, naturally delicate, with a highly sensitive, nervous system.

I ascertained that she was seized with chills, followed by high fever; difficulty in urinating; excruciating pelvic pains, at times extending down the thigh, etc., two weeks previous to my visit. I was informed that the severity of the symptoms was somewhat less, and that I was sent for "to give her something for her ague," also "to strengthen her up." She was much emaciated, and her general aspect indicated one well advanced with hectic symptoms, such as a chill and fever, daily followed by profuse perspiration.

Probably had I been as skilled as Sir Astley Cooper was said to have been on one occasion when in consultation in a case presenting these external symptoms, and when he remarked, the moment he entered the room: "Doctor, where is the matter?" I might at once have instituted a search and found it, as he did, but I did not. I prescribed what seemed to me best calculated to answer the indications, and left, promising to repeat my visit.

At my next visit I found that my patient had not progressed as satisfactorily as I thought she ought under the treatment. In more closely investigating the case, I ascertained that soon after she was taken ill she observed that she could not extend the right leg without increasing the pain, and found it impossible to keep it in an extended position.

That symptom at my first visit was less prominent than it had been. She has also informed me that she fancied as a cause of the illness that she "had taken a little cold during the menstrual flow." I found in the right inguinal region a small tumor, as yet with no distinct fluctuation. For the first time the idea occurred to me that here was a case of Pelvic Cellulitis. I suggested a vaginal examination that my views might be the more fully corroborated.

With much reluctance a consent was obtained. I found a large, slightly fluctuating tumor corresponding exactly with that which presented itself externally. I suggested the propriety of an open-

ing to be made through the vaginal walls, although *then* we had the evidence that it was pointing externally; and, after meeting with opposition to the vaginal opening, was forced to admit that no harm, save delay, would probably arise from waiting a little longer, and promote the external pointing by poultices, etc., when an opening externally could be made.

After much poulticing, I made a free incision into the external tumor, which was followed by an enormous quantity of highly offensive pus. The discharge continued for many days. An active sustaining course soon completed the cure.

My next case was Mrs. N., who had been confined, after her first labor, about ten days previous.

There was nothing unusual connected with the labor, nor during the interval up to the seizure of the symptoms of which I am to speak.

I found, notwithstanding strict injunctions to the contrary, that she had been sitting up too long, and in too low a temperature, the day before. During the night she had a chill lasting so long that the nurse became alarmed, and sent a messenger for me about three A. M.

I saw her immediately, and found that reaction was just setting in. Nothing otherwise, so soon after the chill, presented itself. I prescribed a solution of aconite, promising to see her again in six hours. Being a patient about whom I was unusually anxious, I saw her early in the morning. I found the vascular excitement very high; pulse rapid, although *not hard*; severe pain in the anterior and upper portion of the thigh, lancinating in character, occasionally involving the hypogastric region; slight difficulty in urinating, accompanied with moderate nausea and vomiting.

The following evening there was no great abatement of symptoms, and the vesical difficulty had so far increased as to closely approach complete retention. I hoped, by fomentations, cathartic and anodyne to avoid the necessity of catheterization. Fearing some abdominal inflammation was about asserting itself, I was exceedingly vigilant. The following morning, upon entering the room, I discovered *one* lower extremity, the right, was drawn up. My attention was at once directed to that, not so much from sus-

pecting the true nature of her disease, as that I was looking for peritonitis, metritis, or something of a kindred nature.

I learned that she had passed the night more comfortably than the one previous, but towards morning there was an entire inability to void urine. I also found that she could extend and keep in that position the left leg, but the right was kept flexed from necessity: in other words, the extension of it increased the pain materially. I especially ascertained that it did not produce any pain nor tenderness in the abdominal region generally, still she thought she was "a little more comfortable if the left was flexed *oftener* than was natural." It is unnecessary to say that I catheterized her, but I shall not speak particularly of the rest of the treatment, as that is not the object of this paper.

Suspecting an inflammation of the cellular tissue of the pelvis, I desired a vaginal examination, which was at once had.

I found the roof of the vagina filled with a large, hard, and exquisitely sensitive tumor, pressing firmly upon the bladder, extending, as in my first case, farther to the right side of the cavity.

That this paper may not be too long, consequently taking up too much time of the Society, I will leave the report of this case by saying that so obstinate was this tumor in its progress that I was obliged to catheterize this patient for *thirteen* days—an unusually great length of time. Her pulse became exceedingly feeble and frequent, and notwithstanding the most energetic treatment, believed to be judicious, I feared the case would go on to suppuration, and death be the result.

At the time the bladder began to perform its function, I could discover the beginning of less sensibility in the tumor and a slight reduction in size. I cannot imagine a case where there would be more danger of suppuration than in this, she being naturally delicate from frequent derangements of digestion and leuco-phlegmatic temperament.

Notwithstanding the effusion was completely absorbed, the limb remained rigidly drawn up for a long time, compelling her to use a crutch, followed by a cane for some weeks.

I am convinced that had suppuration taken place in this case,

even though the pointing had been in the most favorable direction. I would have been powerless in my efforts to keep her up.

The third case coming under my observation occurred in an adjoining county, the present year, under the care of an intelligent practitioner.

The lady had been confined twenty days previous to my visit, and was seized with a severe and protracted chill, followed by high fever, difficulty in urinating, sharp pains, neuralgic in character, occupying the right iliac region, and extending down the anterior portion of the thigh, twelve days after the labor. I found the symptoms very much like those in my second case, but far less severe. The right leg was kept flexed all the time, although at no time had it been so bad as in the second case, and the fact had escaped the notice of the patient and attendant until their attention had been drawn to it at my visit, when she distinctly remembered suffering more pain upon extending the right leg than when subjecting the left to the same position. Believing there to be a necessity for a vaginal examination that the diagnosis might clearly be made out, I expressed such a desire, which was granted.

I found a tumor occupying the right iliac region principally, extending nearly to the mesial line—not so firm nor sensitive, nor so large as in the first two cases—filled with serum. It had not encroached so far upon the bladder as in my second case, and had not, therefore, caused such extensive functional derangement of that organ.

I saw the case occasionally, and in a few weeks the contents of the tumor were absorbed, and convalescence was fully established.

Some months after the imperfect report of the first two of these cases had been drawn up, I received the work of Prof. Simpson, as published by Appleton & Co. I find a similar delineation of symptoms, much more elaborated, which occurred in my three cases. I will not, however, weary you by referring to what he says on the subject in this invaluable work, except in relation to one or two points. He says: "It occurs at all ages, in both sexes, in puerperal and non-puerperal females. The contents and terminations of the tumor are, first, serum; second, pus; third, coagulable lymph; and fourth, sloughing of the cellular tissue." After

the first, should we meet with the other contents, will depend, perhaps, upon what stage of the disease we saw the case, or upon the success with which our treatment meets." Again. "If called to a case where we find a high grade of fever, severe pains in and about the pelvis, more or less dysuria, with or without the drawing up of *one* lower extremity, (the latter symptom depending upon how early you saw the patient,) more or less nausea and vomiting, and especially if these symptoms followed soon after confinement, I should *now* suspect Puerperal Pelvic Cellulitis, and would not be content short of an internal examination, and would surely expect to find a tumor pushing inward the vaginal walls."

He also thinks, as reason would teach, that "whichever limb is more especially drawn up, is an indication that the tumor is pressing more particularly upon the nerves and muscles of that side." He also thinks, for what reason I cannot imagine, that "the latter symptom is more apt to be observed in puerperal cases." It was present in my first case.

He says in reference to the treatment: "Our efforts should be directed with the greatest energy to the control of the inflammatory action, thereby preventing suppuration. If we fail in our effort, soon we shall have a modification of symptoms; the fever, which before had been of a continuous character, now puts on well marked remissions and exacerbations; debility increases, attended with profuse perspirations, and the patient is gradually, and occasionally rapidly, reduced in strength, and comes to present an appearance which it is not necessary to describe, but which is almost pathognomonic of suppuration."

After becoming farther assured, by an examination, that suppuration has taken place, of course an *early* outlet is imperative, that you may divert the direction of the pus rather than allow it to point in a dangerous direction. Although this disease is not usually fatal, there are occasional instances where the cavity does not close, and a continual drain is kept up. At other times, after the discharge has ceased, and the case is seeming to go on to a permanent cure, the discharge returns and soon runs into a chronic form, the patient being quite likely to die of a tubercular disease of the peritoneum.

ART. II.—*Report of a Case of Fatal Respiratory Obstruction Caused by Softened Mediastinal Glands. A Case of an Extraordinary Discharge of Lumbrici.* By CHARLES A. PEABODY, A. M., M. D., of Worcester, Mass.*

I was called, late in the evening, to see a boy "in a fit." On my arrival I found the boy dead. He was twelve years of age, and I obtained the following history from the mother:

For about a week he had been ailing, and had been kept from school. The cervical glands on both sides were much enlarged, and he seemed to be suffering from a cold, with cough and difficulty of breathing. On Wednesday evening the dyspnoea was very much increased, and there was some spasms, all of which, however, soon passed off. This was repeated on Friday evening with the same result. Saturday was a bad day for him. Sunday he seemed much better than on any day during the previous week and went to bed at nine o'clock. At 10:30, however, he got up in great alarm, saying that his heart had stopped: the dyspnoea was very severe, and gasping or inspiratory: there seemed to be no expiration. He drank some water, but without relief, and strong spasm soon came on. Up to this time no physician had seen him. I was now called and arrived a few minutes before 11 P. M., but too late to see the boy alive.

He had been a healthy, though delicate, child, was easily overcome by exertion, and he would also at times complain of pain about the heart. He was not a cyanosed baby; was very quick to learn. The mother expressed the opinion that the cause of his death was "scrofula humour."

Autopsy. Thirty-six hours after death permission was had to examine the chest and throat, (larynx).

There was found binding down the sternum, and intimately adhering to it and the pericardium, a growth almost cartilaginous in consistence, about four inches long by two and one-half wide, and one inch thick. It was supposed to be an hypertrophied thymus gland. The mediastinal glands were all much enlarged and some of them were much softened, while some were quite firm and solid.

* The following is extracted from private correspondence and published with the writer's permission.

The trachea was divided and the lungs removed. With some difficulty, as the mouth was tightly closed, the larynx was taken out. It was found to be healthy; but a few specks of curdy material were seen lying loosely on the mucous membrane, which led to examination of the lungs. Here was the cause of death. The bronchial tubes were stuffed with softened, cheesy matter, which, to the eye, the touch and microscope, seemed to be identical with that composing the softened glands. The trachea being somewhat lacerated, no ulcerated opening into it was found, but no one present at the autopsy doubted that such an opening had existed, and that softened glands had discharged into the air passages.

The foramen ovale of the heart was closed only by a valve, and there were traces of an old pericarditis, with some dilatation of the lower part of the right ventricle. Had these enlarged glands, long existing, impeded pulmonary circulation?

In the *London Medical Times* for Jan. 10th, 1874, a case somewhat similar to this is reported. A child aged four, precocious and delicate, suffered from occasional attacks of dyspnoea of doubtful cause. The child died in a fit. *Post mortem* showed the mediastinal and cervical glands enlarged and softened. Close above the left bronchus was an ulcerated opening in the trachea, through which a cheesy substance passed into the air passages causing fatal obstruction. Such cases are not common, at least reports of them are not at all numerous.

A *Case of Worms* that I think of reporting, came to me at the Dispensary.—An Irish girl ten years old, has always lived well, doesn't like potatoes: her abdomen became very protuberant, and hard as a board. She became emaciated. One morning a lumbricoid worm about eight inches in length, jumped out of her mouth. She took "wormifuge," and the result was astonishing.

The mother of this girl showed me a sight that I shall never forget,—a nest of worms that had been passed at one time. I should think there were fifty, or more, of them, and they were from six to twelve inches in length. This quantity she passed twice, and sometimes three times a day, for eight days. On the ninth day she passed, her mother said, "only thirty-four." On the tenth

day they were too numerous to count, and were measured. They filled a block tin wash basin, and probably there were not less than *three quarts* of them.

I should think, for I cross-questioned the woman very closely, that the girl passed at least a thousand. This is the third and most severe similar attack the girl has had.

This story may seem gross exaggeration, and especially as I am not absolute in my statements. But the mother of the girl seemed to be intelligent and honest, and to the same questions put in various ways, and on different occasions, returned substantially the same answers. I have no doubt the girl passed at the least 500 lumbrici from six to twelve inches long, within ten days.

Prof. Dewees says that he was shown 96 which had passed in one day. He says, "the sight was truly appalling," but no more were passed. The largest number recorded is in Hunter's case, where 200 were passed in one week.

This case of mine would have peculiar interest, I think, to a certain quack in this city, whose advertisement I enclose, who treats worms and humanity with the same medicine.

H. C. Champlin, M. D's

Worm Remedy Depot! Room, No. 15 Exchange
Hotel, Worcester, Mass

The Dr. treats all Chr nic Diseases of humanity, makes specialties of Catarrh, Children and Worms, Humanity-Snakes, Toads and Lizards! Has a large cabinet of creatures removed from humanity. Call and see him. Removes all worms alive. Kills neither worms nor patients. Examinations 50 cents. Office hours, 8 A. M., to 8 P. M.

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ART. III.—*Medical Society of the County of Albany. Semi-Monthly Meeting, held April 6th, 1874.* Reported by F. C. CURTIS, M. D., Secretary.

The Society met at the usual place and hour.

In the absence of the President, DR. W. H. CRAIG, was elected Chairman *pro tem*, and called the meeting to order.

After the minutes of the last meeting had been read and approved,

DR. DEVOL presented a case of intra-cranial abscess resulting

from inflammation of the internal ear. The patient had been subject to attacks of earache for a number of years, otherwise his health had been good, and in the intervals of the attacks he suffered little inconvenience. Ten days before death, a very severe attack came on. Pain was excruciating, demanding active treatment for its relief. Four days before he died, violent rigors set in. Coma soon followed and continued till death.

An autopsy was made with the following result: The left hemisphere of the brain was congested throughout, the lateral ventricles being distended with clear serum. The surface of the right hemisphere was covered with pus, in quantity sufficient to compress it considerably. The inflammation did not extend into the sulci much, and the base of the brain was not involved. The gray matter in section was of a greenish brown tinge. On the right side, between the dura mater and the petrous portion of the temporal bone, was a collection of pus to the amount of nearly a fluid ounce, limited within a space two inches in diameter. There was no perforation of the dura mater (which was exhibited). This abscess communicated with the internal ear which was filled with pus. The tympanum was destroyed and a probe passed freely into the internal ear from the external meatus.

The thoracic organs varied little from normal. So also the abdominal, excepting there was marked congestion of the kidneys.

DR. STONEHOUSE quoted from a recent author the opinion that there is a preference for the right side in abscess following otorrhœa, and asked the experience of the Society in the matter; also whether it ever followed acute otitis.

DR. DAVIS narrated two cases, in both of which the left ear was affected. One of these began with earache, there being some swelling and tenderness back of the ear. Suppuration took place and the earache ceased, but the region back of the ear continued swollen and tender. Suppuration continued for weeks, and a large piece of the temporal bone became detached and moveable, pus welling up when it was pressed upon. The bone never came away. After three or four months, during which the general condition of the patient continued good, symptoms of compression of the brain set in, and he became comatose and died. No autopsy was

made. The second case began with moderate earache, followed by suppuration. Abscess formed and discharged, after a year and a half, pieces of bone. Recovery took place only after the lapse of two years. Hearing was not affected.

DR. DEVOL spoke on the subject of burns, alluding to a case of extensive and fatal burning of the body, of which he had recently had charge. He enquired how large an extent of surface burned was necessarily fatal?

DR. JAMES S. BAILEY said that his experience had been somewhat extensive in burns of the body. He had met with many cases at the South, where it was very common for negro women to set fire to their clothing while burning brush, in clearing land. He was of the opinion that burning one-eighth of the surface, especially if it be the chest and abdomen, is fatal. He detailed one case where death occurred in six hours from shock, and another in which the patient died in three months from exhaustion.

The question was raised as to the cause of death in burns by Dr. Devol. He had noticed that patients extremely burned, as for instance from falling into a vat of hot liquid, complain, when conscious sufficiently to express themselves, of feeling very cold.

DR. VAN DERVEER attributed this feeling to nervous shock. He had once amputated a limb without chloroform, and the patient told him that he only felt the cutting of the skin. The skin is very rich in nerves. Holt's dilator of the urethra has in like manner caused fatal shock. As to the treatment of burns he liked nothing better than the mixture of olive oil and lime water. Skin grafting comes in as an after treatment where applicable. He had seen recovery when more than one-eighth of the surface was burned.

DR. LEWIS BALCH mentioned several cases of burns which he saw during his service in the New York and Brooklyn City Hospitals. One was burned from the knees down by falling into a vat. During the shock following, stimulants were given. The limbs were dressed with carron oil, the granulations being occasionally touched with nitrate of silver. In another case the surface was painted during granulation with a solution of nitrate of silver, the pains from which was intense, but the result favorable.

DR. CURTIS said that in a case of extensive burn of the thigh, in the General Hospital at Vienna, in the wards of Professor Hebra, he had seen Lister's bandage used, which consisted of a paste containing carbolic acid spread on tin or lead foil. This was kept constantly applied. The wound granulated evenly under it, portions being painted occasionally with a solution of nitrate of silver. In the case of a ballet dancer, whose body was so extensively burned that no hope of recovery was entertained, great relief was afforded by immersing the entire body to the neck under water, by means of a bath tub arranged with a float to support the body. The bath had been arranged for the treatment of certain cases of skin diseases, such as pemphigus, patient having been kept for weeks constantly in it.

DR. DEVOL gave the following formula for use in burns: Glycerine, yolk of egg and butter of cacao of each equal parts. This forms an effectual defense. In fatally extensive burning, however, the body should be covered with olive oil by means of cloths saturated in it, this being ready at hand, and not waiting for more complicated remedies.

DR. T. D. CROTHERS read a paper on "The Treatment of Intebriation," of which the following is a synopsis:—

After giving a review of the literature and unsettled theories concerning the nature and pathology of inebriates, the doctor mentioned the following summary of facts, which are confirmed by the experience and observation of medical men.

1st. Intebriety is a physical disease, often hereditary, and its most active cause is alcohol.

2d. This disease in all cases affects certain brain districts, and the nutritive functions which it controls, and may begin indirectly from powerful mental emotions, previous disease or injury.

3d. Intebriety, from all causes, results in organic lesions of both the physical and nervous system, which make it the most formidable and complicated disease known.

4th. The experience of fifteen years has shown that this disease can be cured as other diseases are. That its natural tendency is towards recovery, and a large proportion of recent cases may be completely restored.

The doctor affirmed that this disease presented such various symptoms in each case, that its successful treatment depended upon the particular knowledge of the patient, his history and his habits. He also discussed the general and special symptoms of inebriety, and their pathological meanings, observing that the general symptoms always indicated impaired constitutional power, and debility of organic life, whether apparent or not to the senses. The observation of all writers on this subject agree that the inebriate has a debilitated physical system, which is imperfectly nourished, because of the poisonous alcohol taken into the stomach, interfering with the process of repair. The special symptoms of inebriety point to molecular disturbance of the nutrient nerve centres, functional paralysis of the stomach with general diminution of the co-ordinating nerve force. This may be rapidly followed by organic changes in the stomach, liver, kidneys, and lastly of the heart and lungs. The organic changes in the brain begin after the lesions of other organs. But the functional changes of the brain are first in order of time.

The doctor continued: All inebriates have a defective constitution and weakened will power. The function of repair, by which the body is built up and sustained, is deranged, and the mental or nervous system must suffer. The first indication in treatment is to restore the general health. To do this, food is of the first importance. It was the boast of the celebrated chemist Liebig, "that, given the quality, quantity and regularity of food, he could determine the character and enterprise of any race." The hint we are taught by this is that food is a prominent agent in forming the mental and physical health of the individual or nation. A carefully regulated diet, adapted to meet the wants of each case, has been found the most valuable in treatment. Add to this such tonics as act locally on the stomach and nervous system, including such remedies as iron, quinine, bi-smuth, pepsin, etc. Bathing and regularity of sleep, well ventilated rooms and sunlight are indispensable. Of sunlight we begin to learn that it is a tonic, without which we can not secure health and vigor. By these general means the health of the inebriate is improved, and if we accompany them with cheering mental associations and removal from

all exciting causes, complete restoration will follow in many cases.

* * * * *

The mind is treated by rest and change of thought, and companions who have like motives and hopes. * * * Good food and excellent care build up the physical, change of thought, occupation and surroundings, restore the mental, and this constitutes the general plan of treatment.

In answer to the question what can be done scientifically for this disease, Dr. Crothers remarked that for half a century and more, insanity has been treated and studied practically. Large wealthy hospitals, with men of genius and talent to manage them exist all over the country; ponderous volumes of discoveries and speculations on the pathology and treatment of insanity fill the medical libraries. The study and literature have grown with the science until it has become a separate department in the practice of medicine. Statistics of the best hospitals indicate that from 35 to 40 per cent. of all the patients go away cured. Inebriety began to attract attention as a disease fifteen years ago, and since then has been partially recognized by the profession and very imperfectly studied. At present eight asylums exist in the country, many of these but recently started, and all more or less lacking experience and practical adaptation; and yet the statistics of cured exceed those of the best appointed insane asylums. Over 40 per cent. go away entirely recovered, and remain so as far as the observation of three years has determined. Here is a hint of the possibilities of science in behalf of the poor inebriate that we cannot neglect. If with our present imperfect knowledge and means of treatment we are able to cure over 40 per cent. of this class, what may not be done in the progress of the future? If we should never be able to cure more than 40 per cent. and restore that number back to usefulness and society, the value of the work would be inestimable. Hospitals and asylums for this special work bring isolation from temptation and exciting causes, also change of thought and habits with regularity and uniformity of living. Add to this the excellent facilities to carry on judicious medical and hygienic treatment, etc. The value of treatment statistically is significant when we remember that of the six hun-

dred thousand inebriates in this country, at least four hundred thousand would, if in health, be producers. The average income of this class at a low estimate would be for each five hundred dollars a year. At present they without doubt absorb this amount, making the enormous sum of two hundred millions of dollars per year lost to keep up this class, which should be producers of this amount. This is a low estimate considering the varied surroundings of each inebriate, with its connections, which to a greater or less extent become producers or absorbers with him. Not less than one billion of dollars is lost yearly in the country by this class. If the present comparatively imperfect means of treatment prove that 40 per cent. can be restored to health again, the value of treatment is a financial problem of unbounded interest.

The efforts of philanthropists, through the means of societies, appealing to the moral and mental faculties of the inebriate, are not successful, because they ignore the physical system, and attempt to build up a weakened will power which depends entirely upon the constitution. We can only reach the mental and moral through the physical, and the efforts to pledge the poor inebriate, whose debilitated system will fail to sustain his mental desires, is worse than useless. The pledge repeatedly broken, from causes beyond control, hastens the final ruin of the inebriate by lowering all self-respect and mental conscience. Both practically and scientifically, the present mode of reaching this malady by appeals, associations and agitations, is a sad reflection on the intelligence of the age. The legal method of treatment by fines and imprisonment, and the old medical treatment which never recognized inebriety as a disease until it reached the last stage, that of delirium tremens, are degrees of ignorance which will be regarded with amazement by the future. Dr. Willard Parker of New York, in a private letter, writes: "The profession needs light as much as the laity. We must grapple with this subject, and understand it, then by our united efforts we can do more than all the temperance movements of the age." The temperance labors of to-day only benefit the inebriate by calling attention to his condition, and the real reform sought for must come from the medical profession, and their studies of this malady in asylums and hospitals. This is con-

firmed by statistics which indicate that inebriety is increasing despite all popular movements at reform. Scientific inquiry has been turned towards this subject, and we are just beginning to recognize and understand the true methods of reaching and preventing this disease. The success of the Binghamton asylum and its recognition by the State as one of its great charities are significant of the future. The efforts made in several States to organize similar institutions show that public opinion is moving in the right direction at last. No field of practical medicine promises such widespread and lasting results to both individual and State. Inebriety and its management are great facts yet in their infancy, which at no distant day will be studied in the asylum in every city and county in the country.

The present temperance agitation is an opportune moment for the medical profession to come forward as teachers and educators of public opinion, and in this way attempt to guide this lavish outpouring of energy and wealth of purpose, that would convert rumsellers and save inebriates by the thousands. This tide of public opinion should be turned into the channels of practical science, stimulating the birth and growth of inebriate asylums and opening wide the doors of its health fountains that the diseased inebriate may drink and live again. Teach men that inebriety is a dangerous disease, and the one hundred thousand victims yearly will diminish to an insignificant number, and rumselling will also die out as the malaria of western river bottoms.

An observation by Dr. Bowditch, of Boston, was spoken of—that north of an isothermal line of an average temperature of 50° drunkards commit crime when intoxicated, while south of it they are harmless, presenting milder types of mental derangement.

DR. VAN DEVEER enquired what were the changes in the brain of inebriates; whether it lay in a destruction of the phosphatic fats, of nerve fibre, nerve cells or what. Why should this change spoken of by Dr. Crothers be the primary lesion, instead of these of the stomach, liver or other organs, and when men stop drinking at once, are these brain conditions removed?

He also spoke of the hypodermic use of alcohol, as recently suggested, in shock of extreme depression.

DR. CROTHERS explained the change in the brain as one of function rather than of structure.

Remarks were made by DR. DAVIS and others on the subject.

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ART. IV.—*Abstract of Proceedings of Buffalo Medical Association, June 2d, 1874.*

Reported by JOSEPH FOWLER, M. D. Secretary, *pro tem.*

The Association met at the usual time and place. Members present, Drs. Rochester, Wyckoff, Johnson, Brecht Shaw, Bailey, Walsh, Fowler.

In the absence of the permanent president and secretary, on motion of Dr. Rochester, Dr. Shaw was called to the chair, and Dr. Fowler made temporary secretary.

Dr. WYCKOFF moved that Dr. Boysen be invited to participate in the proceedings of the meeting. Adopted. On motion of Dr. Rochester the same invitation was extended to Dr. W. W. Miner.

Dr. ROCHESTER, chairman of special committee appointed at the last regular meeting, to settle with the Real Estate Commissioners of the Young Men's Association, reported that he has paid to them the amount of one hundred dollars, this sum being the entire indebtedness of this association to them, and presented a receipt for the same.

The report was received and committee discharged.

Reports of prevailing diseases being in order, Dr. WYCKOFF said, that owing to his absence from the city, he could not form a very definite opinion concerning those diseases which prevailed most extensively, but since his return had seen some scarlatina, and had two fatal cases.

One case, a girl aged six years, died Sunday having been ill about a week. The eruption could never be distinctly seen. Brain symptoms were developed early, slight convulsions being present. In a few days the intellect became clear, and convalescence quite fairly established, when suddenly diphtheritic complication developed itself, the fauces being copiously covered with the characteristic exudation.

A majority of the other cases presented decided brain symptoms. Would like to know if scarlet fever assumes that type.

Dr. ROCHESTER said he reported at the last meeting the existence of but few cases, and was hopeful that the prevalence of the disease was rapidly declining, but was sorry to say that his anticipation was not realized.

Since that time he had seen six fatal cases, two having the diphtheritic complication as mentioned by Dr. Wyckoff.

Two of these cases had occurred in his private practice, and the others he had seen in consultation.

One on Park street was well Thursday at 1½ P. M., was called to see it at six P. M., of the same day, found feeble pulse, livid skin, coldness of extremities, little attempt at eruption, and constant emesis. Patient died on the following day.

Another in the same family, aged three years, was taken at 9 P. M., with similar symptoms and died the next morning.

A third child in the same family was sent from home, that it might escape the disease, and has done so.

Saw another with Dr. White on Delaware street. The patient died the day following.

Saw still another with Dr. Mixer,—a girl aged 6 years. This patient did not appear to be very sick on the fourth day. On the fifth day the eruption disappeared—the patient dying two days later with diphtheria.

These are exceptional cases, the majority having been of a mild character during the past winter, the severe cases having appeared later.

Dr. BOYSEN reported a case of scarlet fever in a person 23 years of age, with marked brain symptoms present, and the absence of any eruption. The patient died on the fifteenth day from the attack.

Dr. WYCKOFF desired to relate another case that he had watched with much interest.

It was in the person of a lady 35 years old, quite feeble, and in delicate health. She had slept with her child while it had scarlatina, which was of a mild character, terminating favorably, without any serious complications.

The mother contracted the disease and presented all the constitutional symptoms without the eruption.

On the fifth day from the attack diphtheritic deposit was observed in the fauces extending to the trachea, producing entire loss of voice accompanied with dyspnœa. She has since entirely recovered from the disease, but is unable to speak.

All members present concurred in the continued prevalence of Parotitis, Pertussis, and Typho-Malarial Fever.

Voluntary Communications being in order, Dr. WYCKOFF, said he was called to see a gentleman aged 63, who complained of violent pain in the right side, which was relieved with full doses of morphine administered subcutaneously, and repeated every three or four hours. Subsequently the pain was more marked following the course of the ureter on the same side.

On the second day peritoneal inflammation was developed accompanied with pain and retraction of the right testicle.

The peritonitis became general, accompanied with great tenderness, pain and tympanitis. Patient died on the fourth day from the attack.

Dr. ROCHESTER wished to relate a case that properly came within the domain of surgery, although making no claims as an expert in that department.

A young woman called to see me, stating that she had run a needle into her hand while washing curtains. There was pain running up the arm, and general *malaise*. On examination I thought I could feel something and made an incision; spent half an hour searching for it, but failed to find it. Sent her home and ordered a poultice to the part.

In a few days my patient returned with all the symptoms very much aggravated. I extended the incision and finally succeeded in removing the fragment. She manifested some symptoms of tetanus.

I mention this case since it is the general practice to make no attempt to remove needles, if they can not be distinctly felt or seen, and that they are sometimes found.

Dr. BAILEY reported a similar case where he had cut down and failed to discover the portion of a needle that was known to be

there. After applying a poultice for a few days, he succeeded in detecting it, but was only able to remove it by bringing into requisition the use of a strong pair of shoemaker's pincers, and the employment of much physical strength.

Dr. SHAW read the following paper, after which he wished the opinion of those present as to the cause of the retention of the cherry stones in the alimentary canal.

The first day of April, 1874, was called to 175 Pratt street, to see a child nearly six years old, the daughter of young, strong and healthy German parents, there being two other children younger, both healthy.

This child was, and had been for several days, suffering frequent paroxysms of severe pain in the abdomen, which was largely distended, and accompanied with firm resistance at each paroxysm of pain at all parts of the abdomen, but more especially at the umbilicus, not entirely unlike labor pains, and fearful contortion of the countenance at each paroxysm. These paroxysms occurred at times as often as once in three or five minutes, and were frequently accompanied with nausea, and occasionally with vomiting.

This condition of things was only partially relieved by the best evacuation that could be obtained from the use of castor oil as a cathartic, which evacuations were always obtained with more or less difficulty, as represented by the mother.

This resort to the use of oil was observed by the mother to be necessary immediately after the stoppage of the rattling in the belly, as she termed it, or the borborygmus, which was a prominent and almost a constant symptom. The child looked pale and haggard, but had not that peculiar cadaverous look that is ever present in *Tabes Mesenterica*, or consumption of the bowels; nor that peculiar uneven, lumpy, corrugated condition of the abdominal viscera, so readily found or made manifest through the parietes of the abdomen, in that fearful disease.

This child had been under treatment, at short intervals, for over two years and a half, and had well nigh exhausted all schools of medicine, with no permanent relief. The pain and bloated condition would partially subside, but only for a short time, then

they would return again with seemingly increased torture and deformity.

From the best information that I could obtain of the plan of treatment pursued by my predecessors in the case, (which were some of the prominent practitioners of this city), it was the cod-liver oil treatment, which was to me pretty good evidence that *Tabes Mesenterica* was suspected to exist.

Yet, after all the evidence, I could see no other plan for me to pursue but to open the bowels thoroughly, if it could be done. To effect such a purpose I ordered *Pillula Hydr. and Sub. Mur. Hydr.* of each xv grains, well incorporated into three pills, to be given at once, and followed in five hours with castor oil, if required to open the bowels. Then I ordered, if requisite to open the bowels, to administer by the Rectum as large a quantity of tepid water as could be used, two quarts if practicable, but no water was used.

The bowels moved as of old from the effects of a full dose of calomel, but the evacuations started reluctantly and continued to hesitate and hold back. Yet, within 24 hours, a large quantity of fecal matter passed away, with forty or fifty cherry pits, as stated by the parents, twenty of which I have in my possession, that appear to have been made smooth by trituration, and are as black as a crow.

These pits must have lain in the bowels about two years and eight months, as stated by the parents, as the child got to a basket of cherries and helped herself, and ate largely of them, and swallowed pits and all; the child also ate freely of cherries all through the season in the same manner. The child was taken sick the October following.

After this thorough clearing out of the bowels the bloat subsided and the rattling ceased without complaint from the child for the first time in over two years.

And now, after five weeks time, the bloat has not returned to any great extent, nor the *borborygmus*. The child has a voracious appetite, yet has some pains in the bowels at times, and some bloating.

Now the question arises: Were the cherry stones retained by a diseased or contracted condition of the intestinal canal? Or, were

the cherry stones retained in a normal condition of the bowels the cause of the whole disturbance? Would a full dose of sub muriate have removed the obstruction at the time it first occurred? Inasmuch as insufficient time has elapsed to give the recuperative powers of the system an opportunity to restore and regulate lost functions, and as the child continues to complain of pain in the bowels at times, I will leave the case open for further thought and consideration, and further report in future.

June 2nd, 1874. After two months have elapsed I am able to say that I have left the case mostly to the *Vis Medicatrix Naturæ*, and can report the little patient restored to a normal condition of size, shape, health and comfort, with an occasional bloat and rattling in the belly for a short time, and then it all passes away.

Dr. ROCHESTER thought they had been impacted in the intestines as their smooth surfaces would indicate.

Under the head of miscellaneous business, Dr. WALSH said he had received intelligence of the death of Doctor Burke, at Riverside, California.

Since he had been a member of this Association, he moved that the chair appoint a committee of three to draft appropriate resolutions. Adopted.

The chair appointed as such committee, Drs. Rochester, Johnson and Walsh.

On motion of Dr. WYCKOFF the Association adjourned.

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MISCELLANEOUS.

A Case of Aneurism of the Aorta, Opening into Trachea, and Producing Instant Death, with Pathological Specimen.

By L. S. McMURTRY, M. D., New Orleans.

C. C., aet. 34, laborer, of robust appearance, was admitted to ward 19, Charity Hospital, February 25, 1874. On examination patient stated, that he had always experienced good health until a few weeks past, when he began to suffer with a cough and

other symptoms which he referred to the throat; also stated that the symptoms had become more urgent of late, breathing more difficult, and that he had several times suffered with violent paroxysms of coughing, in each of which he thought that he would be suffocated; these paroxysms of coughing were of more frequent occurrence lately. Patient had a very anxious expression of countenance; breathed with the mouth open, and with every act of respiration loud tracheal sounds could be heard at a distance from the patient. Voice normal; pulse good, regular at 82 per minute. Temperature normal; appetite good; urine normal. No abnormality detected by careful inspection and percussion of the chest. Line of cardiac dulness and apex beat in normal situation. On auscultation, the tracheal and bronchial sounds were so loud as to obscure every other sound. For this reason the heart sounds could not be well discerned, but the valves could be heard to close, and no abnormality could be discerned. No bruit could be heard along the course of the great vessels of the neck and thorax, the tracheal and bronchial sounds being so loud as to drown every other sound. On the day after the patient was admitted, I made a careful examination with the laryngoscope, and could detect nothing abnormal beyond slight congestion of the mucous membrane of the parts.

The diagnosis at this time was not positive, and I attributed the symptoms either to some growth in the trachea directly obstructing the tube, or to an aneurism or other tumor pressing upon the trachea and thus diminishing the calibre of the tube.

The equable condition of the circulation, the vigor of the patient (not having reached that age when degenerative changes in the arterial coats usually occur,) the natural voice, and the fact that no bruit could be heard rising above the turbulent bronchial and tracheal sounds—all rather inclined me to believe that there was some growth directly obstructing the trachea. A tonic, and a simple cough mixture were prescribed. The patient remained in almost the same condition for several weeks, continually suffering with dyspnoea, and violent paroxysms of coughing with a feeling of impending suffocation. The cough was accompanied with slight mucous expectoration, and after coughing violently for several minutes he frequently would expectorate a small quantity of blood unmixed with air. This evidently came from the engorged mucous membrane. The treatment consisted of tonics, with remedies to allay the irritability of the air tract. Patient was not confined to bed, and his general condition continued good. On March 16, a talented physician and skillful diagnostician examined the case with me. He, too, rather preferred to believe that there was some growth in the trachea than that an aneurism was the cause of the trouble. No change was made in the treatment. On the morning of the 18th, patient was as well as usual, and going about the ward. In the evening he

was walking about the grounds, and on returning to the ward, having ascended a flight of steps, he was seized with a violent paroxysm of coughing, and began to bleed furiously. The blood poured from the mouth and nose, of bright arterial hue, and death occurred at once. Autopsy twelve hours after death.

Blood poured from mouth and nose on placing the body on the table. Lungs typically healthy, but colored by the blood which had flooded the air cells. Stomach filled with blood; heart normal. The specimen herewith presented shows the cause of the symptoms and death. An aneurism of considerable size is situated upon the descending portion of the arch of the aorta, which has pressed upon the trachea, and by inflammation become adherent to the same, and an opening of large size may be seen where the sac communicated with the tube, thus explaining the fatal hemorrhage. It will be observed that the coats of the artery have undergone degenerative change within and in the vicinity of the sac. No degeneration in the arterial coats was discovered elsewhere. Other organs of body normal in appearance.

This case, gentlemen, has many points of interest, but illustrates particularly the fact that very extensive lesions may produce symptoms of such ambiguous nature as to render a positive diagnosis almost impossible. In this case, also, the question was considered as to whether or not it would not be proper to perform tracheotomy if the difficult breathing and violent coughing should become more urgent. In fact since the case terminated, a medical teacher of ability and experience has informed me that in a very similar case he opened the trachea, the patient died from hemorrhage, and the autopsy revealed a condition almost identical with that of the case here presented. *Proceedings N.O. Med. Association. New Orleans Med. Journal.*

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Paralysis of the Hand and Forearm caused by Esmarch's Bloodless Method.

BY ROBERT F. WEIR, M. D.,

Surgeon to the Roosevelt and St. Luke's Hospital, New York.

Since giving in the Record for February 2d, a brief account of the results of Esmarch's bloodless operations, a further experience has not only confirmed its usefulness, but also has brought into view a disadvantage which fortunately, however, can easily be obviated.

The occurrence of paralysis, from the pressure of the rubber cord and tubing upon the nerve trunks, was not alluded to by Esmarch and was brought to my notice in the case of a young man aged 27, whose left elbow joint I had excised by the single incision, at the Roosevelt Hospital, in June, 1873, for chronic arthritis, and

in whom motion of the forearm on the arm was admirably perfect; yet as there existed sinuses over the ends of the ulna and humerus, leading to bare bone, the patient was etherized, February 13, 1874, and Esmarch's bandage applied, the rubber cord of a diameter of one quarter-inch being, as usual, tightly drawn three times around the limb at the junction of the upper and middle third of the arm, and the proposed operation performed.

The compression was continued about three-quarters of an hour, and the wounds made by enlarging the sinuses were dressed with charpie and gauze bandage.

After the inflammatory reaction of the wound had passed away, it was found that the patient was unable to flex or extend any of the fingers or the hand on the forearm. He complained of numbness in the tips of all his fingers, of the palm and anterior surface of the forearm. The motor paralysis remained unchanged to March 20, when he was kindly seen by Dr. Seguin, but the anæsthesia had yielded to hyperæsthesia in the dorsum of the fingers, though there was still abolition of tactile sensibility. The examination showed that the lesion was mainly confined to the median nerve. Since that time he has rapidly regained the use of the affected muscles under the use of the galvanic current.

Since recognizing in this way the possibility of such an accident, in the use of Esmarch's method, I have found in the *Medical Times and Gazette*, of January 24, 1874, three cases reported by Langenbeck, where paralysis had occurred in the median nerve after the use of Esmarch's method. Two of the operations performed were for pseudo-arthritis, and one for necrosis; the resulting paralysis in two cases lasted two weeks, and in the other case it had continued three weeks, when he was discharged (cured presumably). Langenbeck, in consequence of this mishap, recommends that instead of using rubber tubing to compress the artery, an independent elastic bandage be used like those employed in forcing the blood out of the limb, and that it be fastened around the limb, after being drawn tightly, by a pin. In this manner the pressure on the nerve is distributed over a broader surface and an injury of it more successfully avoided. The prolongation of the paralysis, in the case narrated above, is probably due to the narrowness and hardness of the rubber cord employed, as tubing flattens decidedly when applied, and makes thereby a broader pressure.

There is another situation where the same caution should be observed, and that is in the upper part of the leg, where the external peroneal nerve is readily accessible to pressure; though no instance of its paralysis has yet come to my notice.

It is possible, also, that accidents may result in atheromatous patients, from the increased arterial tension produced by the forced addition of the blood belonging to a limb, to the general circulation. Attention to this source of danger has been called by Mahomed, in the *Medical Times and Gazette* of August 9, 1873,

in an article on the use of the sphygmograph in aneurism, in which he has shown that the general arterial tension is much augmented when compression is resorted to in the treatment of aneurism.—*Medical Record*.

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A Mild Case of Cerebro-Spinal Meningitis followed by Blindness.

By CHARLES SHAFFNER, M. D.

The following case is of interest on account of the unexpected and unfortunate sequelæ:

I was called on March 16 to visit Eugene H., a bright, chubby little boy, six years old, and apparently of good constitution, whom I found suffering with headache, tongue coated with a whitish fur, constipation, tendency to nausea, and high fever. He had been complaining with these symptoms for about four days, and soon grew worse, with severe occipital headache, rather marked retraction of the head, tendency to internal strabismus, which was fully developed in a week, but lasted only a few days, with equally dilated pupils; coat on tongue turned brown, no sordes, rather obstinate constipation, and tendency to nausea. I always found his lower extremities flexed. He had subsultus tendinum, slight pains in arms and legs, but no convulsion, was very restless, sleepless, and slightly delirious at night, but in daytime was crabbed, and only desired to be let alone.

In two weeks he was convalescent, when we discovered that he was almost blind; he said, "I lost my eyes when I was sick." He then complained of pain over his eyes, and this, with some dilatation of the pupils, was all that called attention to the eyes.

He is now in full convalescence, but has only slight light-perception in both eyes.

Dr. Strawbridge examined the eye-ground, and found "choked disk," giving a diagnosis of impending atrophy of the nerve.

Dr. J. Lewis Smith, of New York, in his article on "Cerebro-Spinal Fever," in *Amer. Jour. Med. Science*, for October, 1873, mentions, as sequelæ, strabismus, conjunctivitis, ulcer of cornea, and cataractous lens. There has never been any conjunctivitis, iritis, or keratitis in my case, and at present the media are clear, but the pupils still dilated. The hearing was also very imperfect for a few days.

The treatment was chiefly bromide of potassium and quinine, with citrate of potassium as a febrifuge. Calomel and rhubarb were used to relieve constipation. Sinapisms were placed on the extremities. He is now taking cinchona and iron, with cod-liver oil.

Dr. Albert G. Heyl made a careful ophthalmoscopic examina-

tion, and has made the following report: "On account of the age of the child, it was impossible to obtain a correct record of the amount of vision, or properly to estimate the extent of the paralysis affecting the muscular apparatus of the eye; the former, judging from the movements of the child, was considerably impaired.

"There was no ptosis. Both recti externi were paralyzed, especially the left, giving rise to marked internal strabismus on that side. The third nerve on the left side was also implicated, as was evidenced by the left cornea occupying a higher position than the right. Both pupils were widely dilated. Media perfectly clear. In the right eye hypermetropia $\frac{1}{2}$, in the left hypermetropia $\frac{1}{3}$, existed. The fundus of each eye presented a marked example of the 'choked disk;' the distinct swelling of the papilla, its clouded, reddish appearance, the radiating stripes along the course of the nerve-facicles, and the dilated and tortuous retinal veins, were all sufficiently pronounced in character to render the diagnosis easy. There were no ecchymoses. The apex of the left papilla was best defined with a + 10; that of the right, with a + 12."—*Philadelphia Medical Times*.

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Renal Lesions following Cerebral Hæmorrhages.

Dr. A. Olliver (*Archiv Generales de Med.*, Feb., 1874,) publishes a series of clinical observations and physiological experiments in regard to the dependence of renal congestions and apoplexies, on cerebral hæmorrhages. In his experiments, which were made on rabbits, he endeavored to reproduce the conditions which he found in his observations of his human patients; they are therefore the complement to the latter. He was able, by lacerating the cerebral substance in one hemisphere, to produce congestion and albuminuria in the kidney of the corresponding side; and by causing a meningeal hæmorrhage of the superior longitudinal sinus, to establish a bilateral congestion with albuminuria. By making a puncture in the lateral half of the floor of the fourth ventricle, either an unilateral congestion was produced or a bilateral one, but most pronounced in the kidney of the side corresponding to the cerebral lesion.

Dr. Oliver rapidly reviews his clinical observations as follows:

"The hæmorrhage with only a single exception, had always for its point of departure the left hemisphere, and generally the parts adjoining the fissure of Sylvius. It was constantly accompanied by a slight subarachnoid sanguine effusion over the surface of the neighboring convolutions.

"In all the cases the corpus opto-striata was either destroyed or almost separated from the encephalon by the clot. The clot was always of considerable size, its anterior border either extend-

ed to the peduncles or the superior part of the protuberance, or with a circumscribed clot in the corpus opto-striata there existed disseminated *foyers* in the peduncles, or the protuberance. There was found, moreover, in all cases, either a laceration of the septum lucidum, a distention or laceration of the ventricular walls, or the aqueduct of Sylvius was found filled with blood.

“It will be observed therefore, from these facts, that the albuminuria may follow not only hæmorrhage in the protuberance, but also that in other parts of the encephalon.

“Albuminuria of cerebral origin is much more frequent than is at present believed; and I do not doubt that new reaserches will reveal many examples. In the present actual state of our knowledge it is not yet possible to fix with precision, from the symptoms, the location of a cerebral hæmorrhage. Nevertheless, in the cases where the signs of a lesion of the protuberance are wanting, we may say that the presence of albumen in the urine indicates, perhaps, a *foyer* situated at the base of the brain, or perhaps an extensive hæmorrhage compressing the base. In all cases it seems to be, from the facts I relate, a prognostic sign of very grave significance.”—*Chicago Journal Nervous Disease.*

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Moonshine as Medicine.

The *North American Journal of Homœopathy* is published quarterly by BERICKE & Tafel, in New York, 145 Grand Street, in San Francisco, 234 Sutter Street, and by Henry Turner & Co., London and Manchester. The Editor is “S. Lilienthal, M. D., No. 230 West 25th Street, New York.” We give these particulars to show that the publication is of undoubted authority, and that the quotation we are about to introduce belongs to genuine homœopathy. In the number for May, 1874, is an article from the pen of S. B. Higgins, M. D., Charlotte, N. C., entitled “Solar and Lunar Influence.” The article appears among the original papers, without comment. Omitting a few paragraphs at the commencement, on the subject of the influence of moonlight on fishes, etc., we copy the rest of the paper literally, with italics just as we find them, leaving comment entirely to our readers.

“When the moon is nearly full, many persons who lie down in the open air, exposed to its rays, suffer pains and œdema of the parts exposed, on the ensuing day, and sometimes they lose their reason when the moonlight is concentrated on the head; hence, no doubt, the origin of the word “luny” or “lunatic.” or moon-

struck. I have treated several of these cases with the remedies recommended in the manuals, but never with rapid success, till I had the subject discussed in my own mind a while, and argued thus: If the moonlight *causes* the pain and œdema, there must be virtue in moonlight *to cure* it; so I exposed a glass half full of pure water to the direct and reflected light of the moon for three or four hours; at the end of this time I poured the water into a perfectly clean bottle, and shook it well for a moment or two. The next day I had a case of œdema of face and hands, with violent pains in the swollen parts, of a neuralgic nature, in a stout negro, of about 35 years of age, who had slept the previous night in the open air, exposed to the rays of *the full moon*. I gave him about two ounces of the prepared water from the bottle marked "Luna," with directions to take a spoonful every hour till relieved—this at 8 A. M.; at 12 M., and after having taken three doses of the "*Luna*," he was relieved of all pain, and at 4 P. M. *the œdema had entirely abated*. After such marked success I treated several similar cases with *Luna* with the same unvarying quick relief. Reminding my friend, the Doctor, of these cases, I asked him if he had noticed whether Mrs. N. N.'s sufferings were aggravated at the time of full moon. This he had not noticed, but made a note of it to report at future conference. About a month later, we met one evening, and he said that two days previously, (*the day after full moon*), Mrs. N. N. was taken suddenly with the most violent attack of metrorrhagia she had ever had, and her pains were most excruciating. Then, I replied, we must have found the key to the whole enigma; if I am right moonlight causes the disease, moonlight will cure it—give her *Luna*. A glass was prepared that night and sent to her next morning, with directions to take a table-spoonful every hour till relieved; at the *third* dose the flow and pains ceased as if by magic. The ensuing month pains and flow presented themselves as usual, but *two* doses relieved entirely. A month later, pain and flooding again, but a single dose sufficed this time, and the month following, menstruation was normal—no pains or excess of flow. Thus, this patient, after two years suffering and agony, was restored to perfect health. Three years afterwards there had been no relapse. After her cure, she remembered distinctly that every time she sat exposed to the moonlight at the full of the moon her suffeainga were in every way aggravated; when she kept in the house at this epoch she suffered much less—now she sits exposed to the moonlight for three or four hours with impunity.

"We prepared *Luna*, and potentized it up to the 13th potency—a powder of which I have furnished to Dr. Samuel Swan, 13 West Thirty-eighth Street, New York, and it will soon be potentized up to the *em* potency by his new potentizing machine, just finished. I have used it for *all cases of abnormal menstrual troubles which are aggravated at the period of full moon*, at the

6th cent. potency, without having, as yet, to record a case of failure. Relating the preceding case to Dr. Swan, in December, 1872, he prepared some Sac. lac. by exposure to the concentrated rays of the sun, and has had this potentized by Dr. Fincke up to the *cm*, and with different high potencies has cured several cases of head-ache where patients could remember having suffered at any previous time *by exposure to the sun*. I believe that in such cases which do not yield readily to other remedies, it will prove a specific; and, as such, is of great value in our M. Medica. Dr. Fincke has potentized *Luna* up to the *cm* potency; but this is from the moonlight in our climate, which, I think, may possibly be less powerful than the preparation I brought from South America; but as yet, I have not had any opportunity of testing it so as to institute any comparison between the effects developed by the one and those developed by the other.

Yours Fraternally,

—*Pacific Medical Journal*.

S. B. HIGGINS.”

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Editorial.

We announced in our last number that a Bill had been passed regulating the staff of the medical corps of the U. S. Army. We were at the time unacquainted with the provisions of the Bill, but supposed that it was the one which the medical profession, generally, had been urging Congress to pass. But we were mistaken in our supposition, as it differs materially from that Bill. The present bill, although ostensibly acquiescing to the demands of the profession, really cuts down the rank of the medical corps. In the place of five lieutenant-colonels, there are now two, and the Bill provides for fifty surgeons with the rank of major in the place of sixty as formerly.

The lesson to be learned from this, is that it is by personal effort with each member of Congress that anything is to be gained, and not by firing a lot of resolutions at the whole body. When each individual is made to see the justice of the demand, we may expect Congress, as a body, to perform that act of justice and not until then.

With the present number we close Volume Thirteen. We have to express to our friends our thanks for their support in the past, and ask their continued good will in the future.

OBITUARY.

Dr. James McNaughton, Professor of Theory and Practice of Medicine in the Albany Medical College, and President of the Faculty, died in Paris of heart disease on the 19th of June, at the age of 87. Dr. McNaughton was the oldest living teacher of medicine, having been connected with medical colleges for over fifty years. He graduated at the University of Edinburgh, Medical Department in 1816, and came to America as Surgeon to an Emigrant ship, but was persuaded to resign his position and settle in Albany, where he has since continued in the active practice of his profession. He is said not to have missed a dozen lectures in the fifty-three courses which he has delivered.

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ITEMS.

Dr. E. S. Gaillard, has entered upon the publication of a new medical Journal entitled *The American Medical Weekly*. He still continues the publication of the *Richmond and Louisville Medical Journal*, in the editorial management of which he has gained a wide reputation. We wish him an equal measure of success in his new undertaking.—*The Northwestern Medical and Surgical Journal* has been discontinued.—Dr. Wm. A. Hammond has again revived the *Psychological Journal* under the name of the *Psychological and Medico-Legal Journal*. He is assisted in the editorial management by Dr. T. M. B. Cross. The Journal is published by F. W. Christern, New York.—We have received the Annual Announcement of the Buffalo Medical College, for the session of 1874-75. The present announcement contains a list of the Alumni of the College with their residences, as far as could be ascertained, together with the address of Joseph Warren, Esq., at the last commencement. We notice an important change in the course for the coming session. During the preliminary term lectures will be delivered in the College amphitheatre by Professors White, Hadley, Potter and Stoddard. There will also be clinical lectures as usual by Professors Rochester and Miner, at one of the Hospitals. This is an important addition to the course of lectures, and will give the students an insight into some preliminary subjects which cannot be considered in the regular course.—Dr. James G. Hyndman has assumed the duties of Assistant Editor of the *Clinic*.—Mr. Wm. H. Peabody has issued a price list of Surgical Instruments and appliances for sale by him. It contains also full directions for taking measurements for Hip-Joints, splints, spinal supporters, and other apparatus for deformities. It will be sent to any physician on application.

Books Reviewed.

Lectures on the Clinical Uses of Electricity. Delivered in University College Hospital. By J. Russell Reynolds, M. D., F. R. S., etc. Second Edition. Philadelphia: Lindsay & Blakiston, 1874.

Galvano-Therapeutics. A Revised reprint of a Report made to the Illinois State Medical Society, 1873. Philadelphia: Lindsay & Blakiston, 1873.

Dr. Reynold's lectures upon the Clinical Uses of Electricity is one of the best manuals of the subject with which we are acquainted. Avoiding the technicalities and debatable points of the science, he introduces his hearer at once by plain and simple explanations to a full view of the subject. One of the obstacles to the study of this subject is, that so few text books or manuals are found which are free from the constant use of terms understood alone by the author, or from long discussions of undetermined points in Electro-Physiology.

We are glad that a new Edition has been placed before the profession and can cordially recommend it to their perusal.

The report on Galvano-Therapeutics to the Illinois State Medical Society is from the pen of Dr. David Prince, although the title page omits to mention this fact. It is an interesting collection of clinical observations in the Uses of Electricity and of the recent advances in its application. The report does not, of course, pretend to embrace the entire field, but simply gives a concise relation of certain facts in several of the departments of Galvano-Therapeutics. Dr. Prince is well known as a medical writer by those who have had the pleasure of reading his work, entitled "Plastics and Orthopedics" in the present essay he has fully sustained his reputation as a thorough careful observer.

An Introduction to Physical Measurements, with Appendices on Absolute Electrical Measurements, etc. By Dr. F. Kohlrausch. Translated from the second German Edition. By Thomas Hutchinson Walker, B. A., B. Sc., and Henry Richardson Proctor, F. C. S. New York: D. Appleton & Co., 1874. Buffalo: Martin Taylor.

There are but few points in this book which will be appreciated by the medical profession. It is a work evincing a large amount of study and application upon the part of its author and in many of the departments of science

is of incalculable value to the student in assisting him to prove the correctness of his formulas.

There is but little of it which is of value to the medical profession and that is wholly comprised in the pages devoted to Electrical Measurements. We doubt however if any physician will ever put the formulas to a practical test in the therapeutical application of Electricity.

A Manual of Toxicology, including the consideration of the Nature, Properties, Effects and Means of Detection of Poisons, more especially in their Medico-Legal Relations. By John J. Reese, M. D. Philadelphia: J. B. Lippincott & Co., 1874, Buffalo: Martin Taylor.

The majority of medical men, when called upon to testify in court in a case of poisoning, are so profoundly ignorant of the subject, that it is painful to listen to their efforts to attempt to explain the lesions present, or the effect of the substance supposed to have been taken. And even when so called experts are placed upon the stand their testimony is so often given in a hesitating manner, and they so often contradict their own statements that the whole profession, is disgraced by the lack of intelligence.

This being the condition of affairs, the work of Dr. Reese should be received with gladness, for it presents in a compact and plain form the most essential elements of toxicology.

The first portion of the work gives, a general review of the subject of toxicology, considering what a Poison is, its mode of action, different modes of access to the organs of the body, causes of death by poisons, circumstances which modify poisons, Post-Mortem imbibition of poisons, Evidences of poisoning; by symptoms post mortem appearances, etc., Compound poisoning, Methods of chemical procedure, Medico-legal considerations, Duties and privileges of Medical experts, etc., etc. Part second gives a general classification of Poisons, for which purpose Dr. Reese adopts the physiological basis.

The author has carefully considered his subject, and no one can read his book without being fully impressed with the importance of toxicology. When it becomes generally known and read by the profession, we doubt very much if so many unqualified persons will be willing to go before the court and give evidence upon so important a subject as a case of poisoning.

The utter disagreement between the medical witnesses in several recent important trials has tended to throw odium upon the profession in general, and such will always be the case when unqualified persons are willing to go upon the stand and testify, in hopes notoriety or of a large fee

An Operative Manual. Ligation of Arteries. By L. H. Farabeuf. Translated By John D. Jackson, M. D., of Danville, Ky. With Engravings. Philadelphia: J. B. Lippincott & Co., 1874. Buffalo: Martin Taylor.

It is to be regretted that in most of the Medical Schools of this country, so little attention is paid to the practical teaching of Operative Surgery. Beyond what they see in crowded clinics, medical students have but little knowledge of surgical procedures, few ever taking the trouble to undertake a course of operative surgery upon the cadaver. To those who are about to undertake such a course, the manual of Dr. Farabeuf, will be found to be an excellent guide, telling them not only what to do but how to do it.

It will be also an excellent manual for all who wish to perfect their knowledge of Operative Surgery, and will repay the student or practitioner who carefully consults its pages.

Dr. Jackson has performed his work well as a translator, and thanks are due to him for placing this manual in the hands of the American Profession. The work is amply illustrated; and the figures are all well made and fully explained. As a guide to the ligation of the arteries we do not know of a superior work.

The Science of Homœopathy; A Critical and Synthetical Exposition of the Doctrines of the Homœopathic School. By Charles J. Hempel, M. D. New York: Boericke & Tafel, 1874.

We felt highly complimented when the publishers sent us this work, for we felt that they considered us as sitting in the shadow of darkness, and in their kindness had determined to throw upon us the full light of Science as revealed by the law of *Similia similibus curantur*. The author has a tender feeling toward those who practice regular medicine; he offers "a volume which will enable them to acquire the knowledge which they are so much in need of, and which will establish some foundation for their claim of being considered 'Physicians.'"

Surely if Dr. Hempel is an expounder who speaks with authority, the homœopathic school is slowly but surely letting its old dogmas slip away from its grasp. He tells his readers that he does not desire to be exclusive regarding doses, which we suppose to mean that if he cannot control a case of cholera infantum by the thousandth attenuation of mercurius, or the three hundredth attenuation of arsenicum, he considers himself at liberty to pursue some more rational mode.

If Dr. Hempel's production is to be called "Science" commend us to the blissful ignorance of the Hottentot, for we are utterly unable to comprehend what relation his wordy paragraphs about "Cosmic force," "vital princi

ple" etc., has to do with the subject under consideration. We shall infer that the author had seen a spirit or had something to do with "spirits" when he wrote the following paragraphs on pages 60 and 61, for it certainly could not have been the unaided production of one human brain.

First, we had this trinity of facts; morbid properties of the tissues or latent capacities for disease developed by the cosmic life-force as individualized in the organism, into concrete diseases characterized by definite symptoms: here we have

Secondly, a similar trinity of facts, namely: the cosmic life-force acting upon germinal principles in the crust of our planet, and developing them into concrete drugs possessed of specific morbid powers.

Believing that there is unity in the system of Creation and that the forces of Creation are summed up in man as a microcosm, I argue that the drug-germs inherent in the crust of the earth, correspond with fully developed diseases. If this proposition be generally true, we have a perfect right to infer from this general truth this most particular application: that a drug which has power to develop in the tissues an approximative image of some particular disease is in curative rapport with it. It seems to me that this inference is irresistible, and that the legitimacy of the Homœopathic law of cures, as a law of Nature, is fully made out by the series of arguments which I have endeavored to present.

It is difficult to part with a theme so sublime, and appealing so powerfully to the mind of every thoughtful worshipper of God, and of the harmonies of His creation. We call Homœopathy a science. So it is; but it is a science of the highest order; it is not only the science of the healing art; it is one of the everlasting and infinite harmonies, of which God's own Providence is the fountain-head and centre.

Homœopathy is a theosophic revelation; it is a philosophic system not fenced in by the limits of a human brain, but which is co-eternal and co-infinite with the Love and Wisdom of the Divine Creator.

When he follows this by the sober declaration on page 77 that "even syphilitic affections are distinctly reproduced by the action of mercury upon healthy tissues." And again by the following (italics our own):

"We desire to state most emphatically that those who deny or overlook the absolute value of drug symptoms; their identity, in numberless cases, with the pathognomonic signs of diseases; the peculiarities which very frequently characterize their action; their occurrence or disappearance in *certain positions of the body*, or at *particular periods of the day*; are not inspired by the genius of the homœopathic healing art, and must ever fail in doing justice to its life-saving behests," we close the book in disgust.

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Books and Pamphlets Received.

A Treatise on Food and Dietetics Physiologically and Therapeutically Considered. By F. W. Pavy, M. D., F. R. S. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

A Conspectus of The Medical Sciences; Comprising Manuals of Anatomy,

Physiology, Chemistry, Materia Medica, Practice of Medicine, Surgery and Obstetrics. By Henry Hartshorne, A. M., M. D. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

Electro-Therapeutics, a Condensed Manual of Medical Electricity. By D. F. Lincoln, M. D. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

Report of the Quebec Lunatic Asylum addressed to the Honorable the Prime Minister of the Province of Quebec. By the Medical Superintendents. Quebec: L. H. Huot, 1873.

Transactions of the Kentucky State Medical Society for 1874. Louisville: J. P. Morton & Co., 1874.

Proceeding of the Royal Society of London. Nos. 145, 146 and 147.

Atmospheric Electricity and Ozone. Their Relation to Health and Disease. By Geo. M. Beard, M. D. From Popular Science Monthly, Feb., 1874.

A New method of Treating Malignant Tumours by Electrolyzing the Base. By Geo. M. Beard, M. D. From Archives of Electrology and Neurology, May, 1874.

Transactions of the Medical Society of the District of Columbia, July, 1874.

Recent Advances in the Diagnosis of Diseases of the Nervous System. By H. R. Bigelow, M. D., Hartford, Conn. From Detroit Review of Medicine and Pharmacy.

Rare Cases of Congenital Syphilis. By L. Duncan Bulkley, A. M., M. D. From New York Medical Journal, May, 1874.

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