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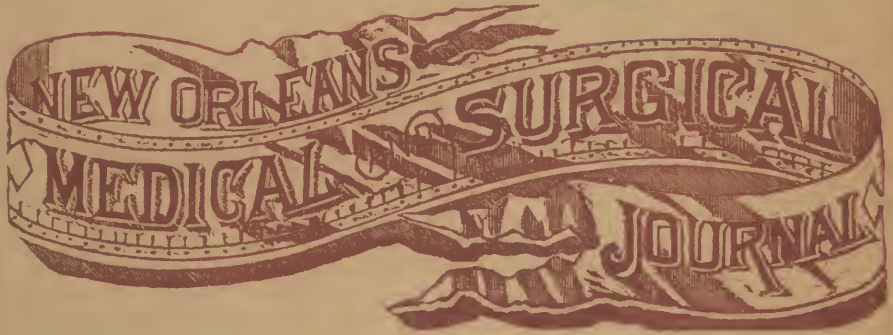
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EDITORIAL STAFF.

GEO. B. LAWRASON, M. D.,
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*Paullum sepultæ distat inertia
Celata virtus.—HORACE*

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NEW ORLEANS
MEDICAL AND SURGICAL JOURNAL.

JULY, 1888.

ORIGINAL ARTICLES.

No paper published or to be published in any other medical journal will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

*Remarks in Regard to the Nature and Treatment of
Yellow Fever.

By R. H. DAY, M. D., Baton Rouge, La.

Happily, for several years our State has been exempt from any devastating visitation of YELLOW FEVER; and we cherish the hope that such are the improved methods of sanitation and disinfection, that we may never more witness another epidemic of this tropic-born scourge.

But it is not wise to relax our efforts or vigilance to repress its outbreaks, nor our studies and researches to understand its true nature, and to comprehend fully its correct treatment, since we know not at what time we may be subjected to its ravages, neither do we know the city or spot where it may make a landing upon our shores. Its appearance in Florida last year, gives us an obvious warning of our insecurity while we may be boasting in the pride of an apparent (I hope real) triumph of scientific sanitation and disinfection. We should remember that we are in close proximity to its native habitat; that we are, as it were, next door neighbors to countries where it yearly prevails, with which we are in constant commercial intercourse, and for hundreds of miles, south, east and west, by

*Read before the Louisiana State Medical Society at Monroe, April 25, 1883.

land and by water, our territory can be invaded through many unguarded gates ajar inviting its unobstructed entrance.

Besides, in the history of yellow fever in this country, it is well known its visitations have been intermittent and irregular; sometimes occurring for several years in succession; at other times, short or long intervals intervening between its outbreaks; so that, while we may well be glad at our exemption during the last six or eight years, and indulge the gratifying hope that we have perfect protection against future invasions, by our present admirable system of scientific quarantine and disinfection, yet, as physicians and guardians of the public health, we cannot afford to cease to study this disease, to become better acquainted with its nature and types, and complications, and its correct principles of treatment, as far as may be in our power, because we know not at what hour, as a thief in the night, it may invade our cities and homes in its most malignant forms, as it has done in the past years.

For these reasons, and the conviction, notwithstanding all that has been written upon this subject during the present century, that our knowledge of this disease is cloudy and imperfect, and in some respects, particularly as to its treatment, defective and erroneous, I am induced to contribute this paper.

In New Orleans, in 1881, I read before this Society a short paper on its treatment, avoiding any discussion of its history and etiology. I shall do so now, and consider such points only as can be of positive interest to you and of the greatest practical importance.

Yellow fever is regarded by the profession generally, as an infectious disease, and caused by a specific poison. In this opinion I heartily concur. The identity or specific character of this poison, however, up to this day, is unknown, notwithstanding the claims of Dr. Friere, of Rio Janeiro, and Carmona, of Mexico, to have discovered the specific organism.

Many of the profession speak and write of yellow fever

as a *self-limited disease*. As for instance, our learned and lamented Dr. Bemiss writes thus: "There are two propositions to which due attention should be given before formulating rules for the treatment of yellow fever. The first of these is, that yellow fever is *strictly a self-limited disease*, and therefore is *insusceptible of jugulation*. Both clauses of this proposition are *indisputably true*." And yet, strange as it may seem, he adds: "Among the possibilities of the future is the discovery, that some drug or combination of drugs is capable of meeting yellow fever poison in the field of the circulation and antagonizing it sufficiently to rescue the victim from its fatal toxic effects." See Pepper's *System of Medicine*, article Yellow Fever.

And our able and distinguished president, Dr. Joseph Jones, excelling all others in his labors and researches, an acknowledged authority in this terrible malady, says: "Yellow fever is a *self-limited disease*," and continues, "*if this view is correct*, we cannot by drugs arrest or cure yellow fever any more than we can arrest or cure small-pox, measles or scarlet fever." See Report of the Board of Health for the year 1882 and the first six months of 1883; page 564.

I am obliged to say that my experience does not corroborate the opinions of these able and experienced authors.

I confess I do not like the expression of *self-limitation*, as applied to disease, and cannot understand its fitness in this connection. The expression is deceptive—it is misleading, if not, in strict meaning of language erroneous. If a disease is *self-limited*, it must of itself, uninterfered with, run its course, mature and deffervesce—end in health or terminate in death, in a definite number of days. If, in yellow fever, the period of deffervescence or death is not fixed and definite, but may take place on any day indifferently, from one to twenty days or more, then it is no more *self-limited* than any other disease of which we have any knowledge. But the term is deceptive and misleading,

since it tends to encourage a *do-nothing* system of practice, where so much is really needed to be done. It sanctions an expectant plan of treatment in grave cases of sickness, much to the injury of the sick, and a shame to scientific and earnest practitioners of medicine. But, even if this disease were *self-limited*, in its strictest sense, it would nevertheless demand the same careful and energetic treatment as other grave cases of sickness do; since not its *self-limitation*, or *non-self-limitation*, would constitute indications of treatment, but rather the character and nature of the pathological lesions being wrought in the system by its specific poisons.

What, then, are the lesions produced in the system by the yellow fever poison? Without a correct knowledge of these pathological changes constantly present in the mind, it is a matter of impossibility to institute a rational and curative mode of treatment.

We have stated that, as yet, we do not know what the specific poison of yellow fever is, and hence, have discovered no *specific* medicinal or chemical agent, that will antagonize and devitalize its forces in the system, neither do we know with certainty its channel of entrance, whether by the air we inhale or with the food and fluids taken into the stomach; so that our knowledge of its poisonous properties upon the human organism, is to be obtained only by a careful clinical observation and study of the symptoms, as developed from the initial stage of attack to its termination in death or recovery; and the tracing back these symptoms as they arise, to the particular part or parts, or tissue or organ, that may be morbidly affected, and the manner and character of the morbid alterations.

Now, if we appreciate these symptoms as they occur in a typical case of yellow fever, it is manifest to a discriminating medical observer, that some powerful irritant or poison has gained access into the general circulation, affecting profoundly the nervous centres in their entire ramifications, manifested by general malaise, a sense of loss

of energy, indisposition to move about, a tired, worn-out feeling, with chilly sensations creeping up and down the back, lumbar and frontal pains and darting pains through the joints and extremities. Sometimes the morbid agent is so concentrated, that one is stricken down suddenly comatose and senseless, as of apoplexy. A case of this kind came under my observation in the epidemic of 1853, in the person of Mr. K., an industrious, hearty young white man, by trade a blacksmith, who that night sat up with and nursed a yellow fever patient that died during the night. On his way to his boarding-house, about daylight, he called at his smith-shop, where he fell suddenly on the floor, helpless and senseless. I was immediately summoned, and in a few minutes was at his side. Found him perfectly unconscious, exterior cerebral vessels distended with blood; eyes injected and pupils contracted; pulse not much accelerated, but hard and tense; respirations labored, approaching to stertorous. Sometimes this profound impression upon the nervous system is manifested by a different display of symptoms, but equally marked and prominent. In 1878 I was called to see a white boy about ten years of age, a short while after his first indisposition. I found his whole surface pale-looking and bloodless, his pulse was small and very quick, and he was wild; not delirious, but raving and uncontrollable, kicking off and tearing the bed clothes, his shirt and anything he could get in his hands, screaming and greatly agitated. Still he knew everybody; was conscious of his feelings, answered questions with his usual intelligence, but was furious and unmanageable. Along with these obvious evidences of a profound morbid impression of the entire nervous system, we readily recognize symptoms of impairment, or arrest, of the hepatic functions in the non-secretion and due elimination of the bile, from congestion of its blood vessels and areola tissue, indicated by a furred tongue, viscid clammy saliva, and fullness and tenderness of the epigastrium and right hypochondrium, with a pecu-

liar reddish, glistening appearance of the eyes, that already gives evidence of the presence of bile or its constituents in the minute capillary circulation.

How then is yellow fever to be treated? Not by blindly pursuing any routine course that may have been formulated by the profession for the treatment of yellow fever. Discard the name for the time being, and treat it as you would any other malady presenting the same symptoms, the same lesions and under similar conditions. I deem it a fortunate circumstance in the history of my professional experience, that I treated my first four cases of yellow fever to a successful termination, without really knowing that my cases were yellow fever. It was at the beginning of the epidemic in 1853, in St. Mary Parish, and my experience with these four cases gave me self-reliance and independence of thought and firmness in my plan of investigating the symptoms and predicating my treatment upon the lesions thus discovered.

I substantially repeat what I said before this Society in 1881, that in yellow fever I have no nostrum or specific or routine treatment to recommend, but I hope to present a treatment that is rational and scientific, based on conditions and surroundings, and the special morbid actions that may attend each particular case.

It is undeniable that a dread of *yellow fever*, more than of any other disease, weighs upon the public mind. That the very first out-break of it in any locality, spreads terror and consternation throughout the community. People begin to flee, who can, and those left, hang on with fear and trembling, believing they must inevitably take the disease, and will as inevitably die of it.

Now, with this state of mind permeating all classes of the people, what are likely to be the consequences when scores, in quick succession, are stricken down by this dreaded disease, unless this fear and trepidation can be counteracted by some appropriate and adequate means? Those of us who have passed through these epidemics, know too well the dire effects of this fear upon the sick.

What then, is our first duty under these conditions? Clearly, to disarm our patient at once of his fears and apprehensions of a fatal result; to inspire confidence, moral courage and hope. This, as his physician, you should be able to do, and ought to do it. When your patient, with despair depicted in his countenance, tremblingly asks you, "Do you think I can get well?" answer him with emphasis, "Yes, if you will be a man and dismiss your hurtful and foolish fears." Assure him that his disease is not *necessarily* as dangerous to life as pneumonia, nor as difficult to treat as *pernicious* intermittent and remittent fevers. Tell him this, believing it, and utter it in such a spirit as to convince your patient that you mean and believe what you say. You will thus kindle in him hope, stimulate and strengthen his *will-power*, and these acting upon the nervous centres will produce a corresponding better condition of all the functional activities of the physical organism, thus rendering his situation more favorable for judicious medication.

That strong impressions made upon the mind in sickness, as in health, do exercise a powerful and controlling influence over the functions of the physical economy, I presume no one, posted in the literature of his profession, and not defective in discriminating observation, will deny. And it is this potent principle in the science of psychotherapeutics, that it is the duty of every physician to understand and invoke in the treatment of disease, whenever occasion requires its application; in the classic language of a recent writer, we must "rescue this force from the eccentric orbits of quackery, and force it to tread with measured step the orderly paths of legitimate medicine."

Next, in the management of yellow fever cases we must understand and keep constantly in mind, whether they be mild or grave in their character, the great undisputed fact, that we are contending with a train of morbid actions that are rapid in their progress and vicious in tendency. And hence, our measures for relief must be promptly resorted to. At the very incipiency of the attack, if possi-

ble; at least, within the first few hours, before those chemical and molecular changes have been wrought in the organic structures and fluids of the system which render a cure impossible. Bearing this general and fundamental fact in mind, we must treat each case promptly, according to the special indications existing. If the skin is hot and dry, or dry, without being hot, as is sometimes the case, the patient being in bed, should be given a warm or hot mustard foot-bath, under blankets to retain the vapor, supplemented by warm, pleasant diluent beverages, as orange leaf tea, in order to induce a moderate diaphoresis, and thus in some measure relieve the congested internal organs. But I would caution against pushing this sweating process too far, as is nearly always done, because it is enervating in its effects and adds to the discomfort of the patient. When the function of the skin is once established, it is easy to maintain it at the proper standard, and still keep the patient comfortable, by allowing small, but repeated potations of cold or iced water, permitting free ventilation of the room and a light blanket or two over his person, according to outside temperature, to prevent any sudden cooling impression upon the cutaneous surface. Should the seizure occur when the stomach is loaded with food, it should be at once emptied with warm water, with or without salt and mustard; and then quieted as quickly as possible, should it be left irritable. For this a mustard cataplasm applied over the epigastrium, and a little mint tea, mint julep, or small doses of morphine with bicarb. soda given interally, will be advisable; frequently, merely sponging the face and temples, with cologne, bay rum or *cau sédative*, will suffice to produce a satisfactory revulsive effect.

Sometimes at the outset, the bowels are found constipated and loaded with fæcal matter. In this case it will be necessary and expedient to procure an action from the bowels; but it is by no means a matter of indifference by what agent it is accomplished. I carefully discard and

condemn the use of *castor oil* for this purpose, which is the standard and almost universal cathartic in every case in the hands of practitioners and nurses. And I condemn it as I do every other cathartic, from its well-known irritating properties upon the mucous coat and nervous filaments of the stomach and bowels, and its further aptitude to engender a persistent nausea. With this characteristic property of the drug so well established and constantly manifested in almost every instance in which it is given, it has always been a matter of extreme surprise to me, that physicians should so pertinaciously cling to its use, and more especially, since in this disease, irritability and disturbance of the stomach are so prone to occur and so much to be dreaded. Instead of castor oil, enemata of warm water with camphorated oil should be given, which may be relied upon to empty the bowels without irritating or disturbing the nervous filaments or mucous coat of the stomach and bowels. But should a more active aperient be required, as is the case sometimes, but rarely, to work off the vitiated secretions and unload the mucous follicles and intestinal capillaries, an infusion of fol. senna ζ ii with ζ i to ζ iss of sulph. magnesia combined with some agreeable aromatic to cover the taste, and given in divided doses, will answer a good purpose.

Occasionally, the attack is ushered in by strong cerebral symptoms—marked by sudden and deep coma and profound unconsciousness or raving delirium. This condition occurred not infrequently in my locality in the epidemic of 1853. In such cases I bled from the arm or opened the temporal arteries, as for instance in the case of Mr. K, the blacksmith, previously alluded to, and bled freely, without regard to quantity, till the brain was relieved. And I reiterate now, what I said before this Society in 1881, that though I bled many, I did not lose a patient that I bled. This practice is doubtless at variance with the expectant plans of treating disease as recommended by some high in authority in recent years, and would

be pronounced by them rash and hazardous. But I affirm my conviction, that there is no other prompt and efficient means of relieving this dangerously excited and congested vital organ. To trust to revulsives and cerebral and cardiac sedatives in such extreme cases, were certain death.

Besides, all this diatribe of late years, against blood-letting, of drawing off the vital fluid in sthenic and inflammatory diseases, and the dangerous debilities and slow convalescences following the abstraction of blood, is the sheerest nonsense, having no foundation in fact, in sound reason or correct physiology. It is a bug-bear that serves only to make cowards of the timorous, to put in jeopardy human life, and should be spurned by all intelligent and scientific physicians.

But in other, and most cases, we will find the tongue furred, the saliva thick and clammy, the epigastrium and right hypochondrium tender under pressure, with a feeling of constriction around the waist, the urine scanty, the eyes injected, temperature elevated, respirations hurried, with pain in the head, back and limbs.

These symptoms, as I understand them, indicate a septic condition of the system, with a tendency to rapid destruction of the mucous coat of the stomach, functional and structural change of the liver, disorganization of the kidneys and decomposition of the blood. These appear to be the prominent pathological changes going on in the system of a yellow fever subject, clearly revealed by the symptoms and corroborated by the most careful *post mortem* examinations. To meet and relieve these conditions, for an adult, I usually prescribe 20 grs. calomel, 30 to 40 grs. quinine, divided into 4 equal parts, giving one dose every 4 hours, till all are taken. And mark, this I do in the *hot stage*, as early in the attack as possible, provided there are no brain complications to oppose the use of quinine.

Under these remedies the fever subsides, the patient becomes calm and comfortable, the urine more abundant.

In fine, a state of apyrexia has been hastened and secured. The bowels generally move spontaneously, or, more properly, from the direct effect of the calomel upon the hepatic secretion, passing off dark, thick tarry stools, evidently colored by the bile or its constituents.

Such, as a general thing, has been my plan of treatment. Within the first 24 hours I have pushed my active treatment, and *cured* my patient, or, at least, have relieved his embarrassed and oppressed vital organs, and placed him in a condition most favorable to a progressive return to health. By the calomel I have aroused the liver to the performance of its normal functions, disgorged its obstructed ducts and abated its vascular congestion, and soothed the irritated and engorged follicles and mucous coat of the stomach. By the quinine, I have quieted the organic system of nerves and given them tone and vigor, and thus have restored the various organs to their normal and harmonious work, and thereby counteracted the septic changes that had been going on in the blood and tissues.

Unfortunately, your case is not always seen sufficiently early to admit of this decisive curative treatment; or if seen and not thus treated; or if from imprudence, or unfavorable surroundings, or constitutional dyscrasia, complications have developed, they must be met by rational modes of treatment and not by reckless or blind experimentation. Should a nausea or irritability of the stomach manifest itself, a *fly blister* should be promptly applied over the epigastrium, and ice or cool water moderately allowed; and where no brain symptoms interdict it, small doses of morphine, with mint water and bicarb. soda, will serve a good purpose. And I have frequently used with great advantage in such cases, small doses of creosote combined with a little morphine and bicarb. soda in the form of an emulsion. If the patient is sleepless and restless from nervous irritability, morphine or Dover's powder will be called for to induce calm and refreshing sleep.

If there be active cerebral congestion or hyperæmia of the

brain in the latter stage of the disease, cold water or ice must be applied to the head, and bromide of potassium given internally. I had a case of this character in the epidemic of 1853, in a white boy 5 or 6 years of age, occurring after he had so far recovered from his previous illness as to be permitted to play about the floor, and so marked and distinct were the symptoms of active cerebral congestion, that I did not hesitate at once to open one of his temporal arteries, and abstracted blood, till his brain trouble was unmistakably relieved, which was followed by uninterrupted restoration to health. And I was fully convinced at the time, and am so to this day, that without that prompt and decisive measure my little patient would have died of convulsions and rupture of some of the intercranial blood vessels, within one or two hours, and that he was rescued from that fate by the timely abstraction of blood.

If a hemorrhagic tendency displays itself, or black vomit threatens or takes place, the free and liberal use of the muriate tinct. of iron, conjoined with crushed or shaved ice and good cognac or champagne, I have found to be potent for good, rescuing patients almost from the jaws of death. An illustrious instance which I can cite, occurred in 1853, in the Parish of St. Mary, in the person of an estimable lady, the wife of a distinguished confrère, given up to die by himself and Dr. Lyman, of Franklin. When I reached the residence of my confrère (20 miles distant) about sunrise, I found that his wife had been throwing up *black vomit* all the night before, and bleeding constantly from the gums, tongue and lining membrane of the mouth. She was exsanguined, extremities cold, and pulse small, feeble and thready. Her intellect was clear, and she was calmly waiting and resigned to her impending and expected fate. Her husband and Dr. Lyman thought it was useless to make any further effort, but I insisted to be permitted to try and do something for her. They consented, giving her in my charge. Drawing my chair by her bed-side and taking her pale cadaveric-looking hand in mine, by cheer-

ful, hopeful words, I tried to cheer her, beget hope and inspire confidence. I at once commenced giving the muriate tincture of iron in teaspoonful doses, diluted with ice water and lemon syrup, followed by champagne in shaved ice. By 12 o'clock that day the black vomit was arrested and the hemorrhages had ceased; in a few hours reaction had set in, warmth had returned to her extremities and the sequel was a good recovery.

If suppression of urine should supervene, which I regard as one of the most discouraging and fatal complications, I know of nothing better to be done than dry cups over the kidneys and frequent frictions up and down the back with warm whiskey, spirits turpentine and tincture digitalis.

Such has been my general plan and details of treatment in the epidemics of yellow fever through which I have passed. I speak of it with some degree of assurance, and with some little self-pride, if you please, because it gave me the most gratifying results; the number of fatal cases not rating above 3 to 3½ per cent. And I venture to affirm that my practice embraced the same character of cases and among the same classes of people as fell to the lot of other physicians practicing in the same localities and the same epidemics.

There are several points in relation to the therapeia of yellow fever that, it appears to me, ought to be better understood and more definitely settled. Among these, is the question of the utility or non-utility of quinine. It will be observed, in my preceding remarks, that I claim for it valuable curative properties, if timely used, in suitable cases. Some physicians of large experience think differently. Both cannot be right. This discrepancy of opinion then must be explained by reference to the time and conditions under which the drug is administered. For it is obvious that every drug and chemical agent has a definite composition and fixed properties; and definite and uniform therapeutic effects upon the animal organism, when

given in like conditions, with the same surroundings, of like temperaments and constitutional proclivities, when given in the same dose. And hence, in observing the action of drugs upon the human system, the absolute importance of recognizing and appreciating all these modifying circumstances must be apparent to every intelligent observer.

That quinine can exert a salutary influence in the treatment of yellow fever in the practice of one physician and be of no benefit in the experience of another, if used under the same systematic conditions and the same pathological lesions, is physically, physiologically and therapeutically impossible.

It will be recollected that before this Society, three years back, Dr. Matas read a paper, in which he stated that yellow fever is one of the fevers in which quinine exercised no controlling salutary influence, being useful only in malarial fevers. And at our meeting in Alexandria last year, our venerable confrère, Dr. J. P. Davidson, read a very interesting paper, in which he advanced the same idea.

I aver, in my practice I have found it uniformly useful in all of the epidemics from 1853 to 1878. I could report hundreds of cases with specific results in proof of my averment of the good effects of quinine in yellow fever, were it necessary and did this occasion afford the time.

Two cases must suffice to illustrate. During the epidemic of 1878 I was called one morning to see a married white lady, whose husband had just recovered from yellow fever. Her face was intensely red, skin hot and dry, eyes suffused, temperature up to 105° , with severe pains in head, back and limbs. I ordered a warm mustard pediluvium and the use of warm orange leaf tea. As I was writing my prescription, knowing my practice of giving quinine in this disease, she said: "Doctor, I am not opposed to taking quinine, but I have too much fever now to take it; don't give me any till you get my fever down."

I said, very well, but nevertheless I prescribed 20 grs. calomel, 30 grs. quinine, made into 8 pills, and directed 2

pills to be given every 4 hours, to be commenced at once. The medicine was given by her husband, strictly as directed, and at my morning visit next day found my patient free of fever and quite cheerful. She had taken her last pills about midnight. She said to me, "Now, Doctor, I have no fever and am ready to take quinine." I replied, dear Madam, you do not need any quinine now; you have already taken all that I wish you to have. You now only have to keep quiet and observe my rules as to diet. You need no more medicine. Her recovery was good and she still lives.

I will now relate a case in which no other medicine than quinine was used.

In the first part of this paper I spoke of a little white boy, about 10 years old, that I was called to see in the epidemic of 1878, whom I found wild, furious and uncontrollable, with pale skin, cold surface and contracted pupils. It was utterly impossible to get a dose of medicine down him. After vainly trying and worrying till I was exhausted, as the last and only hope I prescribed 40 grs. of quinine in a 4 ounce emulsion, and ordered one-half to be given at once per rectum, and if not retained to give the other half. My directions were carried into effect by main force, and the enema retained. In a few hours I returned and found my patient more quiet, skin becoming warm and slightly moist. My quinine had acted so well that I had the balance given, and the prescription refilled, of which I ordered one-fourth every four hours. My patient made an excellent recovery upon quinine, without a grain of any other medicine whatever. So that the inference is clear and unquestionable, that he was either *cured* by *quinine*, or by the *vis medicatrix naturæ*, in despite of it.

From my observations and experience, extending over a period of more than 56 years in active practice, I am justified in asserting that whoever restricts the use of quinine to malarial fevers only, has a very limited and imperfect conception of its therapeutic efficiency and wide range of

applicability. According to our best standard authors and the ablest medical writers and practitioners of the age, quinine is commended, prescribed and used, and found beneficial in a vast number of different diseases, not considered malarial in character; and the conclusion is just and logical that quinine is beneficial in diseases not malarial, or else, that nearly all the diseases that invade poor humanity, in all countries, nations and climes, are malarial in origin and character.

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***Gunshot Wounds of the Abdomen, with Remarks.**

J. W. DUPREE, M. D., Baton Rouge, La.

On the night of July 21, 1887, after the ingestion of a hearty meal of bread and milk at the close of a day of hard work and fasting, Augustus Bryant, a well developed and well nourished man, aged 25 years, received a gunshot wound of the abdomen. About one half hour after the reception of the injury the following conditions presented: Site of wound, inflicted by conical ball 44 calibre fired at short range and in a direct line, was $5\frac{1}{2}$ inches above the umbilicus and $1\frac{1}{4}$ inches to the left of the median line; skin cold and clammy; expression anxious; pulse small, quick and feeble; pain in epigastric region agonizing; patient restless and harassed by constant hiccough and nausea. Almost immediately after injury he vomited, presumably the entire quantity of milk and bread just eaten, plentifully mixed with blood; about fifteen minutes again vomited about one-half pint blood. Such symptoms I regarded as positive evidence of stomach wound notwithstanding the fact that it is claimed on high authority "that apart from ocular evidence, or that derived from the introduction of the educated finger, extravasation of the contents of the stomach is the only pathognomonic sign of the division of its walls." From the size of the wound necessarily made by so long a ball I suspected extravasation into the peritoneal cavity. The wound was not

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probed, having neither means of disinfecting my finger or instruments at hand; it was distant from my office, at night, and no help accessible. I was forced to forego surgical interference, applied cold compresses over the wound, gave a full dose of morphine, and left a number of half-grain powders to be given at intervals found necessary to procure absolute rest, intending to return with Dr. R. H. Day as early as possible in the morning, prepared to do an abdominal section.

We in the country, ambitious of professional recognition and dazzled by the brilliant success of metropolitan surgeons, occasionally attempt to ape them despite the dinned dictum that a special skill and a rare technique possessed only by the few are an absolute requisite for success. So, early on the following morning, accompanied by Dr. Day, armed and equipped to do abdominal section under antiseptic precautions, I visited my patient. Found him quiet and comparatively comfortable having had a fair night's rest; temperature normal, respiration but little hurried and pulse much improved; in fact, his condition was such that Dr. Day unhesitatingly advised against surgical interference. More than twenty years of intimate professional association had taught me to value his counsel, and inspired a faith in his judgment, which neither the authority of contemporary peers or my desire to operate could subordinate. This unexpected favorable condition caused me to yield to my convictions more readily than is my custom, and while I suffered sore disappointment and was robbed of the anticipated and much coveted distinction of having done abdominal section, even had it been an unsuccessful one (for you know, according to good authority such cases are inevitably fatal without surgical interference). I enjoy the fact that my patient made a good recovery, and perhaps due to the much criticised conservatism which attaches to "old fogyism" in medicine, and in this instance was an example of *laissez faire* which legitimately came of a long life of careful, intelligent observation and experience.

Patient completed recovery in about thirty-five days, and

except an incident which occurred on the seventh day, and of sufficient importance to particularize, made steady, gradual progress, with temperature never exceeding 101° Fah.: strict attention was paid to position; only ice-water was allowed for first four days, after which milk constituted his sole diet; quarter grain doses of morph. sulph., hypodermically administered, were required about every six hours for ten days, to secure freedom from pain; bowels moved on twelfth day and dejection was free from extraneous matter.

On the seventh day it was thought desirable to empty the lower bowels, for which an enema of castile soap and warm water was ordered; the enema failing to act, a second and even a third was administered without securing an evacuation. On the following morning I found patient complaining bitterly of pain in his abdomen, declaring that he had spit up a part of the soap and water that he had received per rectum. His bowels were distended, none of the fluid injected had been returned, his abdomen was tender under pressure and tympanitic, his temperature $103\frac{2}{5}^{\circ}$. Is it not more than likely that a portion of the fluid injected reached the stomach by retrostalsis, taking up in its course only such alimentary substances as were soluble and absorbable by a serous membrane, entered the peritoneal cavity through the still patulous wound and caused the peritonitis just described? Was the sensation claimed to have been experienced a veritable one, the result of actual contact, or a delusion, the effect of reflex action? That fluid may be injected through the colon, pass the ileo-cæcal valve, traverse the entire length of the small intestine, enter the stomach, ascend the œsophagus and escape at the mouth, was long ago demonstrated by the illustrious Haller.

At our last meeting at Alexandria I reported the recovery of four cases of shot wounds of the abdomen complicated with visceral lesions; they were reported with the view of eliciting discussion, because it occurred to me there did not exist that consensus of medical opinion nec-

essary to formulate indications for their treatment; I was disappointed in that not a word was advanced on the subject, and for a like purpose I have submitted the present case. That there is a lack of agreement on the part of recognized authority, the following is evidence: In discussing the teachings of M. Legonest, "That it is necessary to assure ourselves immediately of the absence or presence of an effusion, and if the effusion is found to exist, it is proper to interpose by an operation. We should dilate the external wound by an incision, draw the intestine out and reunite the solutions of continuity by suture." Dr. Hamilton, in his *Military Surgery*, writes: "Be assured the patient will have a better chance for his life if we let him entirely alone, and it surprises us that any good surgeon could think otherwise."

Again, Legonest writes: "When the perforation of the stomach gives rise to an extravasation of its contents, it will be proper to enlarge the wound in the abdominal parietes, remove the extravasation from the peritoneum, and after having revived the edges, reunite the solution of continuity in the organ by suture rather than abandon the patient to an eventuality almost always fatal."

Hamilton again declares that "the theory has nothing in it to recommend to our judgment, and no testimony of facts has been furnished to us to alter these conclusions," and after mentioning the cases of St. Martin and Bowes, which recovered without surgical interference, asserts: "We have thus far in our reading failed to find an example of gunshot wound of the stomach in which the patient recovered after the wound of this viscus had been closed by suture."

Bryant directs "that opium should be administered with nutrient enemata for some days."

Gross, in his systematic treatise, discusses this question as follows: "It is still a mooted question as to what should be done when the wounded bowel does not protrude at the opening in the wall of the abdomen, when we reflect upon the fact that in all lesions of this kind the great danger is

from fæcal extravasation, and that such effusion is almost inevitable, even when the opening of the intestine is of very small extent; the duty of the surgeon, I think, plainly is to enlarge the abdominal orifice to seek for the wounded tube and sew up the cut in the usual manner. In gunshot wounds, no benefit, it seems to me, would be likely to accrue from such a course of treatment, as the bowel is pierced in a number of places, and the case on this account must, therefore, generally be fatal." I could furnish a long list of authorities holding similar views.

On the other hand, Guthrie declares, "The do-nothing system is generally followed by death." Wyeth, in his recent text-book of surgery, teaches: "If an internal organ is involved, the abdomen should be opened, the character of the lesion ascertained and the proper surgical treatment instituted. If the injury is followed by the vomiting of blood it is fair to conclude that the stomach or duodenum is involved. Abdominal section is not a difficult, or when skillfully or properly performed, a dangerous operation. A penetrating wound of the abdomen left without surgical interference is attended always with great danger. If any vessels of size are divided, hemorrhage is an immediate danger and always a serious and probably fatal complication. If the alimentary canal is opened death is inevitable. The few recorded cases of recovery form such an infinitesimal portion of the whole, that they should carry no weight against interference."

Martin, of Philadelphia, after an elaborate study of abdominal section for traumatism, having collected fifty-seven cases, concluded that operation is "clearly indicated in every case where perforation of the abdominal cavity is proven." Otis affirms that of the sixty-four cases of gunshot wounds of the stomach which came under surgical observation during the war of the rebellion, there was only one unequivocal instance of recovery; he doubts the existence of a single incontestable instance of recovery from gunshot wound of the small intestine, and adds: "I am free to assert that, when there is evidence that internal

hemorrhage or fæcal extravasation is going on, what may be termed the ‘ostrich plan’ should be abandoned, and I believe that prejudices, similar to those that ovariotomy has successfully overcome in the last quarter of a century, will be dispelled by the results of explorative incision of gunshot wounds of the abdomen, before many years have elapsed.”

In Greig Smith’s recent and most excellent work on abdominal surgery, we find the following: “Under the best palliative treatment death almost inevitably takes place; if a desperate remedy is ever admissible in a desperate disease, it certainly is so in gunshot wounds of the abdominal viscera.” Not long since this subject was under discussion at a meeting of the New York Academy of Medicine, prominent members took part and left the matter *sub judice*.

At the last meeting of the International Medical Congress, the first speaker on this subject stated, “that no operation should be performed until such time as fæcal matter appeared at the external wound.”

It is recorded that Abernethy was wont to say, “Nature will have nothing to do with wounds of the small intestines.” Bell says: “We announce them as fatal.” In searching the surgical literature accessible to me, I have been unable to find the records of more than five undoubted cases of recovery from gunshot wounds of the stomach, either with or without fistula, under palliative treatment, viz, the cases of Maillot reported by Baron Percy in 1794, Alexis St. Martin by Beaumont in 1822, the Prussian grenadier by Boudens in 1833, the case of Speed Culbertson in 1859, and that of private Bowers reported by Dr. Peters in 1864.

The only case of recovery from gunshot wound of the small intestine without laparotomy, of which I have any knowledge, is that of Foreman, reported by myself at our Alexandria meeting in 1887. This showing is not calculated to inspire faith in the efficacy of the expectant plan of treating gunshot wounds of the abdominal viscera, and I must confess that Kocher’s success in 1883 of suturing a

gunshot wound of the stomach in a boy, three hours after the receipt of the injury; the remarkable and successful laparotomies for gunshot wounds of the intestines by Dr. Bull, of New York City, one in 1883, the other in 1885; the equally remarkable one by Dr. Hamilton, of Washington City, for the relief of as many as thirteen perforations of the intestines, and the successes of Drs. Briddy, of Key-ville, Va., and Kollock, of Cheraw, S. C., both achieved in negro cabins with all their unhygienic environment, have impressed me with the necessity of something more than the usual opium euthanasia treatment. Should surgical interference be determined upon, it is claimed by the most experienced laparotomists that section in the median line will give greater range and freedom for observation and operation, than the mere enlargement of the wound could afford; and, in my judgment, the site of the wound will determine choice of procedure.

The wound of the viscera discovered, whether its bruised, contused or lacerated edges be removed, involves another question upon which authorities are arrayed pro and con: Otis expresses the views of many when he writes, "I regard the refreshing of the bruised edges in gastrorrhaphy and enterorrhaphy as unnecessary. In the modern method of applying sutures to the alimentary canal, inversion and approximation of the serous surfaces is universally sought. In all gunshot wounds of the digestive tube which I have examined, the loss of substance is mainly confined to the muscular, connective and mucous tissues, the serous membrane remaining sufficiently organized to hold stitches. It will be sufficient to unite these surfaces, and what sloughing of the inner tunics there may be can discharge into the digestive cavity." On the other hand, Greig Smith speaks, perhaps, for an equal number, in asserting that, "In every case of greatly contused or lacerated bullet wound of hollow viscera, it is wise to excise the bruised or lacerated edges; left behind, they will almost certainly suppurate or even slough."

Next, we encounter a like disagreement as to the num-

ber of tunics to be included in the suture, Otis believing with some that "sutures which perforate the mucous coat seem to have an incontestable value over those which do not," while others, with Dr. Howes as chief, claim "that the fact of entrance of the needle into the cavity of the tube carrying the thread with it, makes the difference between success and failure," cases dying from peritonitis and extravasation when the entry occurred, and recovery following when the thread only included the peritoneal and muscular coat.

My success in the case of Welsh, reported at our last meeting, in which all the tunics were included, seems to be confirmatory of Otis's view, and surely discredits the too absolute statement of Dr. Howes.

Of modes of suturing, there is no lack of variety. Bishop, in his paper on enterorrhaphy, mentions no less than thirty-three distinct methods, about one-half dozen of which are stamped with the imprimatur of success. The simple Czerny, or Czerny-Lembert suture, will usually satisfy all requirements. Catgut seems preferable to silk, owing to the fact that it is less likely to act as a seton, especially if the mucous coat be included; its comparative want of durability and its ready solubility is not objectionable here, since only a few hours suffice for sealing up by plastic exudation.

Now, that the competency of sutures in wounds of the hollow viscera to prevent escape of their contents is established, the practice of fixing the wounded organs to the abdominal parietes should be abandoned; properly sutured and cleansed they may be confidently returned to the cavity as offering the best possible condition for their repair.

While I would advise the adoption of strict antiseptic measures in abdominal surgery, I confess that my faith in their absolute necessity is somewhat disturbed by a comparison of the results obtained in the services of Drs. Thornton and Bantock, acknowledged leaders in these two systems, now the subject of such bitter discussion in the land of Lister. Dr. Thornton, an orthodox antiseptician,

even insisting on the use of the spray, regarded as unnecessary by many, and denounced as harmful by Tait and Keith; Dr. Bantock using no antiseptics whatever, boasting that when occasion presents he flushes out the peritoneal cavity with pure, but unmedicated water, with all its live stock. Both being on the staff of the Samaritan Free Hospital, their labors lying side by side, the results can be conveniently compared, and if there is any advantage in the difference it is in favor of Bantock and his disregard for antiseptics.

All however agree that bodies which come in contact with the wound or peritoneum should be made thoroughly clean; that the doctrine of cleanliness be rigidly enforced in every particular. After operation has been decided upon, the least possible delay should be indulged, and it should be performed as near the place where the injury was inflicted as practicable; procrastination and transportation being potent factors in augmenting danger from the two principal sources, hemorrhage and fæcal extravasation.

Should undue peritoneal secretion be apprehended (exudation usually being proportioned to amount of traumatism)—drainage should be employed, and in case of doubt were always the wiser plan.

Should resection be required no part of the intestine should be left without mesenteric attachment.

In closing the abdominal wound some surgeons do not include the peritoneum in the sutures; notably among them is Kœberle who passes his sutures down to, but not through the membrane, claiming that by such a procedure he avoids the formation of parietal abscesses; others use two sets of sutures for the purpose, one to maintain in apposition the peritoneum, the other the remaining tissues; while still another class are content with one set, including the entire number of tissues.

In conclusion, I repeat that I have reported this case and made these remarks with the view of provoking discussion in order that this Society might contribute its share in the solution of this problem in abdominal surgery.

There exists such a diversity of opinion as regards the proper indications for surgical interference in penetrating wounds of the abdomen as to render the surgeon's treatment open to the charge of malpractice. A large majority of shot wounds with which he has to deal are the result of violence exposing the attacking party to the grave charge of murder. Under existing laws on civil malpractice, the shrewd, intelligent, and persuasive advocate, crammed with medical and surgical superficialities for the occasion, privileged to exact such statements as will best suit his purpose, and that too from a partisan expert, under the law any practitioner of medicine, (that is, any man who dubs himself doctor), adjudged as competent to furnish justice with the "best attainable evidence," will encounter but little difficulty in convincing a jury of men unable to estimate the weight and value of the evidence procured by virtue of their utter ignorance of the whole subject, that death resulted from the surgeon's wound and manipulation rather than from that of the bullet.

When that consensus of medical opinion necessary to protect the surgeon against the charge of malpractice shall have been attained, now that the ghosts of peritoneal terror no longer haunt the abdominal cavity, having disappeared under the revelations of the gospel of cleanliness as interpreted by Lister and his disciples, fewer persons will be allowed to die without surgical effort to save them. The Fabian policy, as the best possible treatment, will then be a thing of the past, and death rendered doubly horrible by agonizing pain, harassing dyspnoea from extreme tympanites, intolerable nausea and disgust from fæcal emanations, as evidenced by that peculiar physiognomy which can only be appreciated by seeing, will at least be robbed of these harrowing complications.

The only contra-indication for operation will be the almost inevitable death during the performance, and the surgeon will risk the condemnation of the profession for non-interference, rather than the penalty of the law for interference.

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**Corrosive Sublimate in Surgery with Special Reference
to Some of the Measures Suggested for Rendering
it More Efficient.**

By F. W. PARHAM, M. D., New Orleans, La.

Corrosive sublimate, introduced as a surgical antiseptic by Bergmann in 1878, is now without a peer. Efficient in exceedingly weak solutions against all the germs met with in surgery it can be safely used, if properly used, in all wounds where an antiseptic irrigation may be required. In my own hands it has been exclusively employed; carbolic acid solution being used only for the immersion of instruments, which the sublimate would damage. All dressings, whether dry or moist, are also prepared with the sublimate solution.

The standard strength of the irrigating solution is one grain of sublimate in 2000 minims of water. Our sponges, drainage-tubes and other materials have heretofore been kept in carbolic solution 3 per cent., because, for reasons about to be mentioned, the sublimate solutions did not prove efficient for the purpose.

Notwithstanding the demonstrated preëminence of the sublimate as a surgical antiseptic, it could not be regarded as a perfect antiseptic, powerful and safe as it is, on account of certain serious objections to be urged against it.

Corrosive sublimate in watery solution decomposes by the following agencies :*

Simple keeping under exposure to light, calomel and hydrochloric acid separating from it; or the addition of alkalis or their carbonates, the alkaline earths, soap, tartar emetic, silver nitrate, lead acetates, potassic or sodic sulphides, sulphhydrates, soluble iodides and many animal and vegetable substances.

This proneness to decompose in solution is well marked, but the same objection obtains, though in a lesser degree, to its use in dry dressings.

*Edward Curtis in Wood's Handbook, vol. iv.

Dr. R. F. Weir, of New York, has shown * that when sublimate dressings stand for a long time the sublimate may become decomposed, losing a part of its chlorine and becoming calomel, and, therefore, inert. It is thoroughly well known that sublimate in watery solution will become decomposed and form an albuminate of mercury whenever it becomes mixed with an albuminous fluid. This we have very frequently observed during the irrigation of an operation-wound, the whole surface whitening from the deposition of the albuminate of mercury. Dr. Laplace, of this city, has especially called attention to this coagulation property of the mercuric salt,† whether in solution or as a dry impregnation of dressing materials. That the antiseptic efficiency of such solutions and such dressings is very much lessened by this unfortunate propensity of the sublimate has been so well recognized that various suggestions have been made to overcome it. Advantage has in the first place been taken by its well-known reactions with sodic and ammoniac chlorides, forming double salts of the same physiological potency, but very much greater solubility.

Fürbringer‡ found that 80 per cent. of the bichloride was thus separated in the water of Jena. At Munich it amounts to 50 per cent., the variation depending, therefore, on certain substances in the water, carbonates, etc. Schillinger, of Munich, found that common salt, and Lister, ammoniac chloride, added in equal quantity with the sublimate, would prevent the precipitation, and Emmerich has experimentally determined that such double salt solutions are equally efficient antiseptically as the bichloride. Much stronger solutions can be made and they are permanent. Mr. Lister thinks very highly of the solution of sal alembroth (the double chloride of mercury and ammonium), and we have used it with considerable satisfaction here in the hospital as put up by Wyeth Bros., in the tablet form. These solutions, for the reasons given, are un-

* Handbook Vol. I, Art. Antiseptics.

† See a translation by myself in the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL* for February, 1888.

‡ *Annals of Surgery*, vol. V, 1887, p. 419.

doubtedly much superior to those of the bichloride alone, and form an excellent impregnation for antiseptic dressings, far better than the original carbolic, paraffin and resin dressing of Mr. Lister and the simple bichloride impregnation. Here was taken a distinct step forward, but there remained yet an important advance to be made. The double salt solution did not entirely overcome the objections urged against the sublimate.

Schlange, in a communication to the German Surgical Congress, called attention to the occasional failure of the strong sublimate dressings in use, however carefully made. Laplace in 1887, working in Koch's laboratory, repeated the experiments of Schlange, and confirmed his observations, the general conclusion being that, though these dressing materials were most usually aseptic, they were not efficiently antiseptic. The experiments it is unnecessary here to describe, since they will be found elsewhere detailed.*

These dressings lost their antiseptic power when in contact with albuminous fluids, on account of the formation of the albuminate of mercury. We are fully aware of the fact that Mr. Lister, recognizing the irritating properties of corrosive sublimate, took advantage of its coagulating power and proposed (October, 1884) to impregnate dressings with a combination of sublimate and blood-serum. The albuminate formed becomes dissolved in excess of serum. Lister asserted† that such a solution is absolutely non-irritating and possesses all the germicidal properties of sublimate. Dressing materials he saturated with one per cent. solution and applied directly to the skin. The sublimate being all retained in the albuminate combination, perspiration could not dissolve it out, and thus cause irritation of the skin. Such a dressing would, indeed, be admirable, if it did possess the virtues claimed for it, maximum germicidal power with minimum irritation. The latter it certainly can rightfully claim, but the former the

*See translation of Laplace's article, p. 652, this journal

†Wood's Handbook, vol. 1, p. 263.

experiments of Laplace demonstrate conclusively to my mind it does not possess.

Ascertaining, then, the fact and its cause, Laplace experimented to overcome it. The conclusion was, that the addition of an acid to the sublimate solution prevented the formation of albuminate and maintained the effectiveness of the antiseptic, whether the fluid experimented with contained albumen or not.

We believe the credit of this discovery belongs to Laplace. It is true that Fürbringer first demonstrated* that the addition of acids to fluids containing carbonates prevented the decomposition and precipitation of the sublimate by breaking up the carbonates, and we are also aware that R. Lépine has shown (in *Revue de Médecine*, No. 10, 1886 †) that the combination of mercuric chloride with various substances, as carbolic acid, salicylic acid, benzoic acid, calcium chloride, chloroform, etc., enabled a much smaller quantity of the antiseptic than when alone to prevent the development of the bacillus subtilis in beef-broth; but the formal experiments of Laplace have for the first time properly explained the cause of failure with simple sublimate on albuminous surfaces, and furnished a rational means of overcoming the difficulty.

That the addition of an acid will prevent the coagulation of albumen by the mercurial I have entirely satisfied myself by trying it in a number of cases, and I have also noticed that the albuminous film did not form during the irrigation of the field of operation as it does almost invariably without the acid. Almost any acid, hydrochloric, tartaric, acetic, oxalic, will prevent the coagulation of albumen, but does not retard the formation of fibrin in freshly drawn blood, indeed, seems to hasten and make the clot firmer than normal. Hydrochloric, I believe to be the most effective acid addition, not only by most effectually controlling the albuminous coagulation, but also by increasing the antiseptic power of the mercuric salt.

*Annals of Surgery, vol. V., p. 419.

†N. Y. Medical Record, January 29th, 1887.

Tartaric acid, according to Laplace's experiments, seems to have equal power and to possess the further advantages of being non-volatile, less irritating and not acting injuriously on the dressing material. But the experiments of Vignal, of Paris, in the June number of the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL* would seem to show that so far as the *bacillus mesentericus vulgaris* of *Plügge* (identical with *Koch's potato bacillus*) is concerned the tartaric addition is much less valuable than the hydrochloric, as follows: Bichloride alone prevents in a solution of 1 to 25,000; delays considerably, 1 to 33,333; bichloride 1, and hydrochloric acid 5, 1 to 33,333 and 1 to 41,000; bichloride 1, and tartaric acid 5, 1 to 20,000 and 1 to 27,000. The tartaric acid would seem, indeed, to diminish the antiseptic power of the sublimate, though, of course, for more prolonged contact it possesses the advantage of maintaining the solution of the antiseptic by preventing albuminous coagulation.

Fürbringer recommends* acetic acid in the following formula for making a permanent sublimate solution:

℞ Alcoholic sol. of sublimate (20 per cent.) . . 10 c. cm.
 Acetic acid (Ph. G.) 1 gramme.
 Water 2 litres.

Or 1 of sublimate and 5 of acid to 1000. —,

Krönlein, of Zürich, recommends the following:

℞ Hydrarg. bichloridi 500 or $\mathfrak{V}ij_{\text{I}\overline{\text{V}}}$.
 Sodii chloridi 250 or $\mathfrak{V}j_{\text{I}\overline{\text{V}}}$.
 Acid. acetic. *dil.* (20.4 per cent) . . 250 or $\mathfrak{V}j_{\text{I}\overline{\text{V}}}$.
 Aquæ 4000 or $\mathfrak{V}xxv_{\text{I}\overline{\text{V}}}$.

This makes a 10 per cent. solution of bichloride and a 1 per cent. solution of strong acetic acid, or only 1-10 as much acid as bichloride, which would be too weak in acid, if Laplace's observations are correct. Laplace recommends as the best proportions one of bichloride and five of the strong acid (hydrochloric or tartaric) for irrigating solutions and five of bichloride and twenty of acid to 1000 for impregnating dressing materials. Patients

*Annals of Surgery, February, 1888, p. 156.

complain of the solution and I have myself experienced quite a painful stinging when the solution has come into contact with a fresh cut on my hand. I think, therefore, the proportion of acid (for comfort at least) too strong and irritating and still I am unwilling, as yet, to recommend weaker solutions, because I have used so far only the proportions recommended by Dr. Laplace, that is, one of sublimate and five of hydrochloric acid in 2000 parts of water. So far the only bad effect of wet dressings made with this solution has been a pustulation or a severe eczema, which were controlled by weakening the solution used. I believe a good plan to follow would be to use the strong solution for a few minutes and then continue with a much weaker solution and soak the compresses in the weaker. In this way the antiseptic effect would be obtained without so much pain and irritation. The character of the wound would have to determine largely what solution should be used, infected wounds requiring the strongest solution that could be safely used, fresh wounds much weaker, particularly so since it is now demonstrated that the acid renders a weaker solution of the mercurial more antiseptic.

Dr. Laplace, myself and others have obtained some exceedingly gratifying results with this solution in the hospital. Old ulcers brighten up wonderfully under its influence, and heal more promptly and with much less trouble than by older methods. There is one disagreeable effect of the solutions noticed by all in the hospital. We have all noticed the very black color produced by the mixture of blood and the acid solution. Experiments which I have carried on indicate that the dark color is due to the acid and not to the sublimate, and it appears to result from the action of the acid on the coloring matter of the blood; at any rate it produces an indelible stain which no amount of scrubbing will remove from the nails. It penetrates the whole thickness of the nail, but only back about half-way to the lunula. My observation is that the staining will not occur unless there is contact with blood. The normal skin

is not stained, but raw or rough places are affected though not so deeply as the nails. The staining occurs with both hydrochloric and tartaric acid. I have not used acetic acid, but some bottle-experiments seem to me to promise a less disagreeable staining where this acid is used, since the time required for blackening blood was extremely short with the hydrochloric, tartaric and oxalic acids, but several hours with the acetic. The blackening occurs somewhat more quickly with the acid sublimate than with the acid alone, but the difference is not marked.

As to the dressing, I have one caution to give. Dr. Laplace recommends the solution made with 5 sublimate, 20 tartaric acid and water 1000. This makes a very strong solution of the sublimate, that used in the German army calling for only 4 to 1000 of the sublimate. It is calculated by Mr. Am Ende, of Weehawken, New Jersey, who has made our dressings for us for the last two months according to this formula, that one part absorbent cotton will take up about $3\frac{1}{2}$ parts of the solution. When the water has evaporated, all the solids of $3\frac{1}{2}$ parts of the solution would remain in the cotton. Consequently we would have a dry impregnation of the cotton of 1 sublimate and 4 tartaric acid to 55 parts of the cotton. Now, when this is put next the skin the sweat glands pour out their fluid; this coming in contact with the dressing makes a solution much stronger than the original solution.

It is so strong that several of my cases have been badly blistered, and a few have shown superficial sloughs of the skin. It seems as effective for blistering as cantharides, and if not changed in time, the action extends more deeply and sloughing results. Others, including Dr. Laplace, have noticed the same irritating effects. The remedy is, either to use a weaker dressing made with one sublimate and five tartaric acid to the 1000, or place a half-dozen layers of iodoform gauze between the skin and the stronger dressing. I believe the caustic effect chiefly due to the acid, but partly to the sublimate. So far, I have not observed systemic poisoning. A good plan would be to place

a weak acid sublimate, say one and five to 1500, or 2000 next the skin, and place over this a quantity of the strong dressing. There it could do no harm, and we would obtain the maximum security against germs, and an insignificant amount of irritation. I believe the ideal dressing would be such a combination. Where perfect asepsis of the environment cannot be obtained, an antiseptic dressing *must* be used, and, of course, the more powerful this dressing is *within* the limits of freedom from irritation of the wound or skin the better the result may be expected to be. Any protective, which is simply *aseptic*, will, therefore, not secure the greatest safety against germs, because these may get between the wound and the protective at the last moment before application of the dressing and work their will without hindrance. The protective then *protects them* from the antiseptic.

Cases in our hospital practice well illustrate the points mentioned above, but the length of this communication makes it necessary to delay their report until some future day.

HOSPITAL REPORTS AND CLINICAL NOTES.

A CASE OF IMPREGNATION AFTER AN OPERATION FOR VESICO-VAGINAL FISTULA IN WHICH THE CERVIX WAS TURNED INTO THE BLADDER.*

By THOS. J. ALLEN, Shreveport, La.

About two years ago I was consulted by Mrs. F. E., aged about 43 years; weight about 175 pounds; general health good and the mother of thirteen children. She informed me she had easy and natural labors with all her children, except the last one some two months previously; in this confinement she was in labor for three days, had to be delivered by a physician and the child was dead. After this labor she informed me she had been unable to retain her urine and that it dribbled from her constantly.

*Read before the State Medical Society, at Monroe, April 25, 1888.

Upon examination I found an extensive vesico-vaginal fistula, it was over two and a half inches in length by one and a half in width, of irregular shape; but with the length running antero-posterior to the axis of the vagina, the opening extended well up to the posterior utero-vaginal attachment and the small remnant of the *cervix uteri* pointed well into the bladder; nor did it seem practical to pull it down, so firmly was it tied down by adhesive inflammation. After thorough examination and consultation with Dr. T.G. Ford and my son, Dr. J. W. Allen, we concluded in consideration of the age, the number of children she had borne, the probable near approach to the menopause, the seeming impracticability of drawing down the womb, from a position nature seemed to take to help repair the injury, to perform the operation by turning the womb in the bladder. On the 20th of May, 1886, aided by the above named physicians, I pared the edges of the fistula and after more than ordinary difficulty, owing to inflammatory adhesions, shortening of the broad ligaments or both, I performed the usual operation, using the wire suture and carrying out the technique as laid down by Gaillard Thomas.

The first operation was followed by union of perhaps eight-tenths of the fistula, but there remained about one and a half inches from the meatus urinarius, a minute fistula too small to admit the smallest size probe, and another that would perhaps admit the index finger at the upper or distal extremity, where the tissue to close the fistula was somewhat cicatricial. Upon these two fistulas I operated three or four times during the summer and fall of 1886 without perfect success, yet the patient informed me she went as long as three weeks at a time without any dribbling of urine, and when they were last examined the smaller one could not be traced to any communication either with urethra or bladder, the other could by the introduction of a flexible bougie through the urethra and bladder be made to emerge into the vaginal attachment.

In this condition, one of comparative comfort, she continued in good health and menstruated regularly (through

the bladder, of course,) until the latter part of July, 1887, the date of her last visit and examination; the only treatment given these fistulas at this time was the introduction of a red hot wire.

I heard nothing of my patient until about the 1st of February last, when I was informed by her husband that she had seen no appearance of her menses since the latter part of July, that her abdomen was enlarged and that she feared she was enceinte. As I considered such a result next to impossible, I merely advised him as soon as convenient, to bring the patient up to see me. She lived about twenty miles distant. March 7th, she came to my infirmary; imagine my surprise on examination to find her in her ninth month of utero-gestation.

On the following day, I invited several medical men to see the case and advise with me as to the best course to pursue; among those who came and examined her were Drs. Clay, Egan, Gray, Hilliard, Ford, Dickson and Coty.

It was decided to operate at once in the median line of the operation previously performed and to endeavor to keep the incision open if possible until the approaching labor, which they thought might be expected in two or three weeks.

The operation —It was decided not to use ether or chloroform, but to freely apply cocaine to the vagina for half an hour before operating. When this had been done, the patient was put upon the table and in the knee elbow position. A large Sims speculum was introduced into the vagina. A Gouley's dilating urethrotome was passed into the urethra, the bladder and up along the fistulous track out into the vagina, then with a long-handle scalpel an incision was made from the fistula to the bas fond of the bladder; there was but little pain evinced and not much hemorrhage. After the operation, three fingers could be easily introduced into the opening and the child's head was plainly felt. The abnormal condition of the os uteri called forth the remark from one of the physicians examining, that it reminded him of a jug with the neck broken

off—the injury sustained by the womb during the labor that produced the fistula. The patient was put to bed and kept in my infirmary for several days; the wound showed great disposition to close and it was necessary to break up daily adhesions thrown out. She continued to do well and on the 5th day left the infirmary for the place secured for her confinement. I visited her occasionally to see that the incision did not unite. On the 29th of March I was called at 3 o'clock, A. M. to see her; the message brought was that she thought she was in labor. Not knowing but that I might require some assistance, I was kindly accompanied by my friends, Drs. Ford and Hilliard; upon examination we found the membranes had already ruptured and the head fairly entered the incision. The labor progressed slowly in consequence of the abnormal state of the parts, but it was not thought expedient to interfere. The labor lasted about six hours and she was safely delivered of a healthy child weighing about eight pounds.

On the 21st inst. I called to see her and made an examination by the touch. I found the fistula or opening had contracted to less than one inch in diameter. She was doing well and thought of returning home in a few days. Whether she will consent to undergo another operation before her menopause I know not. Certainly this case will lead us to conclude that pregnancy may occur wherever there is a fistulous opening communicating with the vagina and womb, even though that be ever so small and tortuous, and pass through the bladder in its course. The writer feels no little relief at the result thus far obtained in this case and hopes the Society will be interested in the report of it. I do not feel like closing without mentioning the kindness of Dr. W. Gill Wylee, of New York. When I found myself in the dilemma of having placed a patient where it seemed impossible for her to extricate herself without operative interference, I wrote to him the facts in the case and asked his advice. He very kindly and promptly answered me, but before his letter reached me I had operated.

AN UNUSUAL CASE IN OBSTETRICS—A WOMAN WHO HAS
HAD EIGHT CHILDREN COMPLETES HER FULL TERM
OF UTERO-GESTATION WITHOUT BEING AWARE
THAT SHE IS PREGNANT.*

By D. R. Fox, M. D., Jesuits Bend.

Mrs. S., wife of a baker, a native of New Orleans, of German parents, aged about 35 years, sent for me, to treat her for an abdominal tumor.

She stated that she had, what she thought to be, at first, a return of her monthly periods, but that two days before my visit she had a severe hemorrhage, losing nearly a gallon of blood, and that for the past eight or nine hours she had severe abdominal pains.

On questioning her she told me that her infant was about nine months and a half old; that it had "weaned itself" about a month previous; but that she had never experienced any of the symptoms of pregnancy that she usually had—no nausea, no quickening, and no foetal motion whatever, and was positive that she was *not* pregnant.

On examination I found that the uterus was low in the pelvis, the os dilated to the size of a fifty cent piece, the parts well relaxed; the foetal head could be distinctly felt, and the bag of waters had begun to form. I observed that she had regular "bearing down" pains at short intervals.

I told her husband that his wife was not only pregnant, but was in the last stage of labor; he was incredulous; so was the wife, remarking "that her baby was but little more than nine months old, and she was quite unprepared for such an unexpected event; she still believed that she had ovarian tumor."

Being positive that she was in active labor, I waited about six hours, but no progress having been made, I ruptured the membranes, and on further examination felt a fleshy tumor about three inches long and one in diameter, which seemed to be attached to the cervix, near the os.

As there was no advance made for four hours after the

*Read before the La. State Medical Society at Monroe, April 25, 1888.

rupture of the membranes, I administered chloroform, applied the forceps, and after using the greatest force succeeded in bringing the head to the outlet.

I then ascertained that this was a face presentation, the forehead being under the arch of the pubis, the occiput in perineum.

After much exertion, I succeeded in completing the delivery.

The child was apparently still-born, but resuscitated by the usual methods; it weighed twelve pounds. The woman made a rapid recovery.

Remarks.—This is the first case of *face* presentation in my practice of forty years. It is an interesting one, from the fact that the woman had no suspicion of pregnancy and was so convinced that she had a tumor that she was incredulous, even after she was shown the child.

Her reasons for not thinking herself pregnant were plausible; no nausea, and no quickening, and no movement whatever; which is remarkable, considering that the child was a male of unusual weight and vigor.

LAPLACE'S ACID-SUBLIMATE DRESSINGS IN FRESH WOUNDS.

By W. LOCKE CHEW, Birmingham, Ala.

Case I.—*Scirrhus of Breast—Gross' Removal.*—A. C., æt. 44; octeroon; mother living; father unknown. Small movable lump appeared in upper and outer quadrant of right breast. Was termed benign by an Atlanta physician. Growth remained stationary for one year, when it was found to be fixed to chest walls. Here electric, shooting pains began and growth made steady advance.

When seen first by Dr. Chas. Whelan, who diagnosed scirrhus, the body was well nourished. Right breast hard, shrivelled, nodular and bound to thoracic wall. Cuticle involved over upper and outer quadrant. Nipple retracted and scale-covered. Axillary glands enlarged and indurated.

Was put on iron, quinine, arsenic and the bitter tonics till the fifth day, when scrubbing with acid sublimate solu-

tion—1-2500—and evaporating chloroform over the site of the operation a modified circular incision (nearly elliptical) was practised, with a straight incision carried into the axilla. The entire gland, adjacent adipose tissue, superficial fibres of pectoral muscle, the axillary, supra- and infra-clavicular glands were removed. Two physicians, lookers-on, made digital examinations of the wound with soiled hands, but immediately it was douched with acid bichloride wash—1-2500. Edges were dissected up and these as flaps were approximated by seventeen aseptic sutures; tubes of twisted boric linen were stuffed into axilla; surface snowed with boric acid. Sterilized adhesive straps aided in fixation and approximation. Sublimated tartaric gauze and cotton over chest and shoulder constituted the dressing. Wound dressed on fifth day—aseptic. Union by adhesions; drains removed; antiseptic dressing reapplied. Highest temperature was on third day, 100 1-5°; pulse, 90. At subsequent dressing wound was found without pus. Discharged; wound cured on thirteenth day.

Case 2.—*Epilepsy—Bromism—Tait's Removal—Recovery.*—March 10, 1888, I saw with Dr. R. D. Webb, at Coatapa, Ala., Miss ———, æt. 19 years, a large, tall brunette, who, at the age of 16, developed near the menstrual epoch seizures of petit mal. At 17 years she was sent to Dr. Batty, of Rome, Ga., for treatment, and it is thought that applications to the uterus excited pelvic inflammation, after which she returned home unbenefited. The petit mal gradually aggravated and for two years 90 grains of potass. bromide were taken daily. As many as fifteen seizures would occur in a day while menstruating. She suffered greatly of bromide eruptions and staggered badly when she walked. Examination showed, per vaginam, left postero-lateral flexion with adherent tube on same side. Right ovarian hyperæsthesia and tenderness. Flexion due to old pelvic inflammation. With instruments and hand properly prepared, and the abdomen shaven, scrubbed and chloroformed, a short median incision was made and the

operation rendered as nearly subcutaneous as possible. The right ovary and tube grasped—ovary contained cysts as large as Keat's egg; tube normal; both removed. Left ovary small and sclerotic; tube adherent, soft and occluded. Both removed. Abdomen dried. Peritoneal surface of incision united by continuous suture of juniper catgut. Deep silk aseptic sutures were placed through muscles and cuticle. Aseptic straps, boric acid, tartaric-sublimite gauze overlaid with cotton formed the dressing. For 56 hours the temperature stood at 98°, at which time there occurred a slight spasm and rigor, temperature ran to 100½° and pulse to 105°. Bowel moved on sixth day. Primary union of incision; sutures removed on eighth day. Discharged on fifteenth day "recovered from operation." Another convulsion occurred in about twenty days, and this is the last she had. I learn from Drs. S. D. Brockway and S. P. Hand that she died of an obscure condition attended with great pain and bloody discharges from the bowel on the sixtieth day, apparently wholly unconnected with the operation.

Case 3.—*Cancer of the Pancreas—Exploratory Abdominal Section—Fatal Opium Narcosis.*—With Drs. Lodge and Brockway, of Livingston, I saw an eighteen-month old negro child who for six months had been treated for an enlargement of the abdomen, which was thought to have been "dropsy" by its former physician. Examination showed fluctuating cyst in epigastric and both hypochondriac regions. Child emaciated and weak. With every antiseptic precaution the abdomen was explored by a short median incision above the umbilicus, which showed extensive malignant growth of the pancreas and nodules covering the liver. Incision closed as in case 2. I returned that afternoon to Birmingham, but the doctors wrote me that the patient did excellently for three days. "On the evening of the third day everything well." At 6 P. M., child was bright. No abdominal pain or tenderness; pulse good and temperature normal. Death at 11 P. M., with all the symptoms of opium poisoning. No history except

that paregoric had been given by the mother to make the child sleep. The incision had healed kindly.

Case 4.—*Cyst of Breast—Removal of Cyst.*—Small cystic tumor of left breast was removed with same precautions. Wound healed primarily without pus.

Case 5.—*Railroad Crush of Leg—Amputation of Thigh.*—J. S., injured on railroad, required amputation of thigh. The acid sublimate was used very strong, 1-1000, and dressed with strongly soaked gauze of same. Exudate and serum caused considerable slough, which was judged due to this, as the flaps were cut through healthy tissue. It is well, too, to note that only the outer surface sloughed and that the union between the deeper structures was complete and thorough. Dr. Bryce Hughes did this operation, and it was only after the second dressing, upon which the dressing dried, that the slough was caused. After the first it looked as if primary union had taken place throughout.

Out of hospital wards then with the acid sublimate dressings we not only have but little fear of surgical wounds, but do not look for pus with much concern,

CORRESPONDENCE.

LONDON LETTER.

[Our Regular Correspondent.]

Nothing has been as much talked about in London during the last month as the serious turn which the illness of the German Emperor has taken; it is very difficult to get at the truth of what is really going on, the mischief appears to have begun with an attack of what was supposed to be bronchitis or broncho-pneumonia, complicated by some obstruction of the trachea. This came on at night, and the following day Sir Morell Mackenzie invited Prof. Bergmann to adjust a new tube. For some reason Bergmann appears to have found great difficulty in doing this and to have ultimately resigned the task in despair to his

assistant Dr. Bramann, who succeeded. Bergmann, however, had made a false passage, and this was followed by copious hemorrhage; then the temperature went up and became fluctuating, so that Sir Morell Mackenzie made the diagnosis of pyemia, to which, according to latest advices he adhered; but the Emperor is, according to the telegraphic reports, again improving, and it seems not impossible that the fluctuating temperature was really due to an abscess in connection with the trachea; however this may be, it seems to be uncertain whether the diagnosis of cancer is correct or not. Mackenzie still claims that it is not proved, and so far as can be ascertained his doubts are shared by Professor Krause, the only German specialist, be it remembered, who has seen the case for nearly a year, for Bergmann is a general surgeon and not a laryngologist, although he has performed the operation of excision of the larynx twelve times. If von Bergmann had to found his claims to surgical eminence on the result of these twelve operations his position would be unfortunate, for not one of the twelve patients is now alive.

I have noticed in some of the American medical papers a paragraph copied, I think, from the London correspondence of a New York daily, containing a somewhat ill-natured and extremely inaccurate account of the ailments and physical defects of the Hohenzollern family; it was probably written by one of the penny-a-liner Irishmen, whom to the amazement of ordinary folk some of the American papers employ. I forget all the pretty stories told by this veracious scribe, but I think he said that owing to the effects of scrofula the right hand of the present Crown Prince was a shapeless lump of flesh; the truth, I believe, is that the Prince had infantile paralysis affecting that member, and that the hand is so much atrophied that he habitually keeps it in the breast of his tunic. I understand that the Empress attributed the great amount of deformity to the failure of treatment and attributes this unfortunate condition to an error of diagnosis on the part of her then physician, and this fact has had

not a little to do with her marked preference for an English physician when this fresh misfortune of her husband's illness befell her.

Dr. Apostoli came over to attend a meeting of the Brighton and Sussex Medico-Chirurgical Society, at which the electrolytic treatment of fibroid tumors of the uterus was discussed. The subject was introduced by Sir Spencer Wells, who spoke strongly in its favor, though dwelling at some length on the precautions which must be observed. Dr. Playfair also spoke in terms of commendation and made the important statement that in 75 per cent. of the cases in which he had used the electrolytic method for bleeding fibroid, the hæmostatic results had been good. The absence of nearly all the most prominent ovariologists has excited a good deal of comment, as it was understood that they were to be present by special invitation, but they all, with one accord, have agreed to ignore Apostoli and his supporters and all their works. It is hardly likely that this attitude can be successfully maintained for long. Sir Spencer Wells and Dr. Thomas Keith having both adopted the method, patients suffering from bleeding fibroids are certain to gravitate to one or the other, especially now that Dr. Keith has removed to London. Dr. Lawson Tait, it may be remembered, has had a tussle with Dr. Apostoli, out of which the Frenchman certainly came triumphant.

Dr. Theodore Williams, the son of the well-known Professor C. J. B. Williams, once of University College, but now retired, and Dr. Herman Weber, a German by birth, are the two physicians in London who know most about the watering places and health resorts of Europe. The former recently gave the results of his experience of high altitudes in the Rockies and the South African highlands in the treatment of phthisis. His results were extremely good; in 41 per cent. complete recovery; and in 41 per cent. improvement. His paper was unfavorably criticised by Dr. J. E. Pollock, who has written the best work extant in any language on the prognosis of phthisis, and by

Dr. Quain, who has had an immense experience. The ground taken by both critics was that the cases were carefully selected and were of the class which would do well in England or almost anywhere. Dr. Weber, however, supported Dr. Williams, although he stated that his results were not quite so satisfactory. On the whole, there is a very general belief among physicians who see many cases of phthisis among the wealthier classes, that residence in well-chosen sanatoria at high altitudes does make a good deal of difference, although few are prepared to believe Dr. Williams' sanguine estimate of over 40 per cent. of cures.

Abdominal section, not only for the treatment of traumatic peritonitis and hemorrhagic effusions, but also in mere chronic forms of peritonitis with effusion, in which the cause is obscure, appears to be more extensively practised every year. I have recently heard of some strikingly successful cases treated in London. In one nearly a pint of pus was let out of the peritoneal cavity, which was then washed out, and the patient was never subsequently for a moment in danger. The operation when successful changes the whole aspect of the case in a few days in the most remarkable manner.

A Royal Commission consisting chiefly of lawyers and masters of colleges and schools has been appointed to take evidence as to the position of the higher education in London. It is generally believed by persons in relation with the leaders on such questions that the crude proposal of the two colleges (of Physicians and Surgeons) to grant to their Conjoint Board the power to grant degrees will no more be heard of. The power to grant university degrees has always been jealously guarded in this country, and there is consequently no country except perhaps Germany where they are so highly prized; it would have been well for the universities of the United States and their alumni if equal care had been taken to maintain the value of American degrees; every class university, for instance the Christian Science College, which gets a charter, depresses the

value of the degrees of genuine universities in the eyes of foreigners, who, as a rule, will not take the trouble, even if they have the means, of distinguishing between the genuine and bogus.

It has been shown that the chief dangers connected with vaccination arise from the contamination of the lymph by blood or pus; Dr. W. C. Grigg has described an ingenious method of obtaining lymph without puncture by putting a drop of glycerine on the pock and rubbing gently with a smooth body, such as the glass head of a steel shawl pin; the drop of glycerine, after being left in contact with the pock for a short time, is used for vaccinating, and gives a very low percentage of failures; whether the glycerine becomes vaccinal simply owing to its great attraction for water, causing rapid osmosis, or whether the rubbing really causes minute ruptures of the vesicles has not been proved, but in either case the method appears to possess a distinct value, and will be certain to commend itself to the mothers of the vaccinifers. The anti-vaccinationists have always cast much ridicule on the practice of making five insertions, but this method, founded on careful statistical observations, is now receiving remarkable confirmation from experimental enquiries, as is often the case when the empirical method of investigation is applied to problems of this nature with due care. Recent researches have shown that the dose of the virus in various diseases has an important influence on the development and severity of the disease.

The number of actions for libel recently heard, now pending or threatened, is quite out of the common; no profession appears exempt, and the medical has its full share. Mr. C. E. Jenning is bringing an action against Dr. H. Snow; these gentlemen were colleagues at the Cancer Hospital until the dismissal of the former for alleged breach of regulations; the Messrs. Mercier (treasurer and secretary), of the St. John's Hospital for Skin Diseases, have at length been driven into bringing actions against the journals which have been spreading stories of a nature most injurious to the honor of the man-

agement of the hospital; W. Lowe, the *Times* correspondent in Berlin, is bringing an action against Sir Morell Mackenzie; Sir Morell Mackenzie is threatening an action against the *Times*, and he and Mr. Mark Hovell are bringing an action against the *Cologne Gazette* and the *Kreuz-Zeitung*, and the *Times* has actually apologized to Mr. Hovell under the threat of legal proceedings, which is as much as to say that there was no case for resistance, as "The Thunderer" rather likes an action for libel, and generally has two or three on hand; in early days the *Times* made its reputation very largely by exposing abuses and swindles, and standing to its statements when challenged in the law courts. It was an expensive form of advertisement, but highly successful.

THE JUNE LEADER VS. THE STATE MEDICAL SOCIETY.

Editors of New Orleans Medical and Surgical Journal.—Gentlemen:—I regret to note the unjust and unbecoming criticism contained in your June number, of the gentlemen who composed the State Medical Society at the late Monroe meeting.

The writer of the said leader declares that the State Medical Society is "a disgrace insted of an honor to the profession of the State."

He further classes the medical gentlemen who composed the society as "languid, inconstant, unprepared medical men."

Not content with this scathing criticism of the Society as a body, he further points out Dr. Newton as a particular mark of his displeasure. Evidently the gentleman is sorely greived and is overflowing with bile which must be spilled.

So far as Dr. Newton is concerned we will say "he is of age, hear him."

But as to some of the charges of school-boy simplicity in manner of doing business, we must beg to be heard.

In regard to the selection of a library building, the facts are these: Dr. Jones, on behalf of the Board of Administrators of Charity Hospital, New Orleans, offered a room in the hospital building for Societies library. Dr. Duprée, on behalf of the State University offered a room for library and also a hall for Society use when needed, in the city of Baton Rouge. On motion the matter was referred to a special committee of seven, who, at the evening session reported in favor of Baton Rouge. This report was adopted.

While it is true that the Societies meeting was small, yet we find that fourteen parishes was represented and that many of the papers presented was of more than ordinary interest. The articles presented should be the test of ability of the members, and we must say it looks strange to see the JOURNAL filled with matter that these "unprepared, inconsequential" doctors brought forth.

It would seem much better to use the editorial department in building up the only head of organized medicine in the State, instead of throwing cold water on the little flame that in the future may kindle into a bonfire, that will warm up every cold doctor in the commonwealth. I trust at the next state meeting the full editorial staff of eight will not be required in the Herculean task of bringing forth the JOURNAL, but that at least one of the number may be present to keep things straight. I am, gentlemen,

Yours truly, "UNPREPARED."

A REPLY.

I find myself the subject of a severe criticism in an editorial article in the June number of the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, under the heading of "The Tenth Annual Meeting of the State Medical Society." I could well afford to leave unanswered attacks of such character on my own name, but in the article alluded to, the State Medical Society has been assailed in such terms as to make some reply expedient if not necessary.

A sense of duty to the State Medical Society in particular, and to myself individually, leads me to answer the charges made in said JOURNAL, which I shall endeavor to do in plain words, because I realize the importance of the subject, in courteous words, because I realize my own position. The first attack in the article already referred to is on the State Medical Society as follows:

“A meeting of the Louisiana Medical Society is the straggling together, in some locality, of a dozen or so of languid, inconsequent, unprepared medical men, bent for the most part upon a few days of rest, cigar-smoking and story-telling.”

This sweeping charge not only takes in the tenth, but all other meetings heretofore held, of the State Medical Society. It would be unfair to truth if I permitted this ungenerous and uncalled for attack to go unquestioned. I believe the charge will be sufficiently refuted by naming some of the regular members who are almost constant in their attendance at the meetings of the State Medical Society, viz.:

From New Orleans:—Drs. Joseph Jones, S. E. Chaillé, J. P. Davidson, and *usually* one or more from the editorial staff of the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

From Baton Rouge:—Drs. R. H. Day and J. W. Dupré.

From Shreveport:—Drs. T. J. and J. W. Allen, T. G. Ford and W. L. Dickson.

From the State at large:—Drs. D. R. Fox, Thos. Hebert, F. M. Thornhill, C. D. Owens, C. J. Ducoté, R. W. Seay, H. D. White and others whose names I here omit.

The above named members are, I believe, of such high professional character as to require no defense here to exclude them from the sobriquet of “languid, inconsequent, unprepared medical men.”

It is, unfortunately, true that the State Society as at present constituted *does not* represent the entire profession of the State. The same is also true within the bounds of many, if not all, of our State Societies.

While it is just, as well as a duty, to advocate further improvement in our Society, yet an undue depreciation of it should be avoided. The Society has obstacles; it must remove them.

Does any one who believes in the greatness of this profession doubt that it is able to overcome the serious dangers now before it? If so, he does his profession the grossest injustice.

The editor of the JOURNAL in his attack upon myself, as chairman of the Committee on Scientific Reports and Essays, forgets that, on my removal from the State during last winter, Dr. Bruns, a member of the JOURNAL'S editorial staff, was appointed chairman in lieu of myself, resigned. Therefore on my return to the State, I could not have been expected to resume chairmanship of said committee and had no right, otherwise than as a member of the Society, to acquaint myself of the work done by the new chairman.

I here admit that up to the time of my resignation, I had not pushed the committee work as it should have been done, but circumstances, and not indifference towards the interests of the Society, brought about the neglect of duties. However, this does not justify the attack made upon myself as chairman *pro tem.*, at the Monroe meeting of the Society. Appointed by the president *to act* in Dr. Bruns' absence, I offered as a report the *very same* in substance as was offered by Dr. Bruns at Alexandria, who there was appointed to act as chairman *pro tem.*

In reply to comments upon the reports of the Committees on State Medical Library and State Medicine, will say, in behalf of the former, that a clerical error makes the apparent redundancy in their report and the subsequent action of the Society! The intention of the phrase *as a meeting place* was intended of course to imply the time when the Society in its wisdom should see proper to meet at Baton Rouge. The latter committee, through its chairman, contemplates an address, by open letter, to the physicians of the State, and as this will, no doubt, be at an early date, comment is here unnecessary.

I plead guilty to the "soft impeachment" contained in the last paragraph of this remarkable article, which calls attention to the extreme youth of the new president. The many imperfections of inexperienced youth still cling to me, but I need no admonition from any source to make me realize and fully appreciate the importance of the duties connected with the position.

The new president fully understands his duties, and hopes that he has the energy and the determination to overcome all difficulties, notwithstanding the carpings and the comments of self-constituted critics, whose sole intention seems to be to bring the Society into ridicule and contempt.

Respectfully,

I. J. NEWTON, JR., M. D.,

President of the Louisiana State Medical Society.

BASTROP, LA., June 10, 1888.

A CORRECTION.

Editors of the New Orleans Medical and Surgical Journal.—I see a case in the May number (1888) of your valuable JOURNAL, headed "A Case of Corrosive Sublimate Poisoning." The inference to be drawn from said article is that the sublimate irrigations caused the death of Mrs. X., or materially assisted in doing so. As I happen to be the "friend called in consultation," and as I have never heard of such a thing being intimated before I saw it in print, I deem it incumbent upon me to reply. At the risk of being a little tedious I will give you an abridged history of the case so far as my memory serves me, which I think can be relied on, for it has only been six weeks since our patient was buried, and I see that the reporter of said case has drawn upon his memory also. The case was about this, viz.: Mrs. X. was delivered on the evening of March 13, of a fœtus of about four and a half months, but with "no indications of putrefaction." The placenta was adherent and had to be dissected away with my hand. I staid with the family till next morning and left the patient cheerful with no fever or hemorrhage. The next

time I saw her was on the 16th (Friday). She then had considerable fever, and had had from the evening of the 14th, with a foul smelling lochial discharge. I found they were using vaginal injections of carbolic acid—twenty drops to the pint in accordance with the instructions of the physician who had been to see her the day before. The next morning she still had fever. About 12 o'clock (Saturday, the 17th) she had a very severe chill with high fever following. I then washed out the cavity of the uterus with a 3 per cent. solution of carbolic acid, washing away a quantity of foul smelling debris. The introduction of the nozzle of the syringe into the cavity of the uterus gave her a great deal of pain on account of the inflamed, œdematous and sensitive condition of the organs of generation. The next morning I tried to repeat the intra-uterine irrigation, but was compelled to desist from the pain it gave, but I succeeded that evening and with the same solution washed away a quantity of the same stinking stuff. By this time the odor was very bad, for we had to use disinfectants freely about the room. On Monday morning Dr. — came and at my suggestion the uterus was injected with 1 to 1000 sublimate solution, the first time it was used and the only time of this strength.

In the meantime the fever had continued, with a chill occasionally, and severe nausea, vomiting, and diarrhœa had set in, with frequent involuntary discharges from the bowels. The diarrhœa was held moderately in check with opium for about a week or ten days, when it ceased, and never troubled her any more to amount to anything, indeed her bowels became constipated in the latter days of her illness, for we had to move them with enemata. The intra-uterine injections were kept up throughout, from two to six times daily, corrosive sublimate 1 to 2000—8 grs. to quart, carbolic acid 3 per cent., and *boiled water*, alternately, being the substances used. The internal treatment consisted in the administration of tr. iodine and carbolic acid every 3 or 4 hours, as an antiseptic, and veratrum, aconite and quinine, to keep the temperature down. About ten days

after the first chill the skin became of a deep bronze color, and afterwards she began to have a little cough, which increased, as the disease advanced; an evidence to my mind that the lungs were being filled with pyæmic infiltrations, which surmise was verified a few days before her death by her coughing up a thick cord-like substance, surrounded by gangrenous lung tissue. The liver became enlarged by these metastatic abscesses throughout its substance. About a week or ten days before her death I noticed her gums were a little sore, swollen and ulcerated. From this time on the irrigations of sublimate were stopped, and permanganate of potass substituted for it; and with a mouth wash of tr. myrrh her gums had nearly healed before her death. The fever and chills increased in severity as the disease advanced, until about forty-eight or seventy-two hours before her death she sank off into a semi-collapsed state, with a thread-like pulse, and a haggard, death-like expression of countenance, could speak only in whispers, and in monosyllables. While in this condition the "enlargement" of the "maxillary tuberosity" of "enormous proportions" occurred, and at the same time the abdomen was noticed to be distended, caused, I think, by the semi-paralyzed condition of the bowels filled with gas, which our friend calls "Peritonitis."

I was told by Dr. — one morning, about ten days after she was first taken sick, that there was a deposit of "diphtheritic membrane" on the external organs of generation. At my visit that evening I found no diphtheritic deposit, nor the next morning either, neither did I find the "vaginal walls tightly contracted, forming great folds." I found no more difficulty in irrigating the uterus than I did on any former occasion. I heard no more of this "diphtheritic membrane" until I saw it in print, although I was in constant daily attendance upon her until her death, which occurred on the 6th day of April. But granting that it was present, it is nothing more than what frequently takes place, not only on the external organs but on the interior of the uterus, on the peritoneum when peritonitis exists, or

on the mucus membrane of the alimentary tract. I see no evidence whatever in this case which would lead me to believe the sublimate irrigations were the cause of this diphtheritic deposit, if any existed. If "her digestive functions" were "seriously impaired," except during the first days of her illness as stated above, I did not see it. She took her nourishment regularly and would frequently ask for it. I know not what the "enlargement" of the "maxillary tuberosity" was, coming at the time it did, and the patient in such a condition; she did not live long enough after it made its appearance for it to develop itself.

The presumption that it was caused from the mercury hangs on very flimsy evidence. For two or three days before her death, after each chill, we did not think she would live three hours; she would partially rally, but in a more collapsed condition. With putrid blood (so to speak) coursing through her veins for twenty-six long days, with her lungs and liver filled throughout their substances with metastatic abscesses, we are taunted with the insinuation that we killed her! This patient would not have been salivated if she had not been so severely salivated in her girl-hood, and during her whole life she never could take the slightest quantity of mercury. We knew this, and consequently used the mercurial irrigations very cautiously, watching for the slightest indication of mercurialization, when it was stopped.

I submit that although this patient was slightly ptyalized, the mercurialization had nothing to do with her death, or in any manner contributed to it. CONSULTANT.

PARIS LETTER.

[Our Regular Correspondent.]

M. Oeschner de Coninck continues his researches on pyridine. He has shown that pyridine and other pyridic alkaloids, combined with mineral acids pass through the organism. Placing himself in exceptional conditions, by remaining for a considerable time in an atmosphere saturated with vapors of pyridine, M. Oeschner de Coninck

found pyridine in his saliva, after the termination of the experiment. He likewise found this alkaloid in the vapor of water proceeding from the lungs, easily recognizable by its odor and peculiar taste, by its entire solubility in water, by the coloured reactions of the iodomethylate of pyridine in presence of salts of potash, and by the preparation and analysis of its modified platinum salt. The urine also contained minute quantities of pyridine. The above effects were also observed in two asthmatic patients who consented to submit to the necessary experiment.

M. E. Louise has been making a series of researches to determine the action of oxypropylendiisoamylamine on the circulation and respiration. From a considerable number of experiments on dogs that had undergone tracheotomy it appeared that the inhibitory action is destroyed by the influence of the poison, and the heart's action becomes violent and disorderly; the pressure increases in the arterial branches, and the vessels of the nervous centres receive a rush of blood, causing disturbance. At the moment of the fits the heart is tetanized; this causes a general congestion of the veins, which no doubt contributes to prolong the epileptiform attack. The animals during the minor attack express terror or fury, which is naturally, as in the convulsive fits, the result of the anatomic relations connecting the brain and the heart, and which render constant the exchanges and reciprocity of action between the two organs. At the same time that the heart is affected there is considerable diminution in the number of inspirations and increase of their amplitude.

M. L. Dor has noticed a similar case to those described to the Academy by Messrs. Charrin and Roger, in the meeting which took place on the 19th of last March, and it was in consequence of this case, which occurred between the months of April and July, 1887, that he undertook the researches, the result of which he now publishes.

This malady is infectious and resembles tuberculosis. The symptoms are: 1. A tumor, often of the abscess

species; when it appears spontaneously it is found in the tongue or in the inner walls of the mouth. 2. A thickening of the ganglia in the groin when the inoculation has taken place in a posterior part; cerebral, when the original abscess is in the mouth. 3. The formation of numerous suppurating pustules. Microscopic examination has shown that the malady is not tuberculous, nor is it leucoma nor pyæmia generalised, nor sarcoma, the pustules being composed of a peculiar species of leucocytes.

M. Lépine has already proved that under certain circumstances aniline helps the dispersion of nitrogenous substances, and decreases the production of heat. One naturally enquires whether pyretics might not therefore retard the formation of hepatic glycogen. To elucidate this point, experiments have been made on Guinea pigs.

It has first been ascertained that the ordinary quantity of glycogen contained in their liver, varies not only with their size and nourishment, but is also unequal in the case of animals subject to the same circumstances. A number of Guinea pigs having been placed under the influence of pyretics, MM. Lépine and Porteret found at least one-fifth more hepatic glycogen and a slight diminution of hepatic sugar. Another experiment showed that the suspension of the transformation of glycogen into sugar, is in part the result of a direct action upon the hepatic cells.

M. Worms by a series of researches, has shown that saccharine or coal sugar, discovered by Falberg in 1879, possesses a sweetening power 280 times greater than that of cane sugar, one grain of it being sufficient to sweeten 70 litres of distilled water. He administered doses in varied forms to four persons suffering from diabetes. One patient after a course of two months still suffered no inconvenience therefrom; but the other three at the end of a fortnight complained of loss of appetite, indigestion and weight in the stomach, which symptoms continued for eight days after leaving off the saccharine. The doses were resumed in the case of one of the patients and a return of the symptoms took place at the end of ten days.

This proved that it was a risk to put saccharine into the food of any one suffering from diabetes, and that as it was moreover an indigestible substance, the general introduction of it might result in serious consequences to the public health. This fact is at present worth knowing, as it is proposed to substitute saccharine for cane sugar in many ways, such as in sweetening acid wines and in the manufacture of syrups, its price being half that of sugar and its sweetening properties so much greater. The question is therefore whether or not it is digestible. M. Worms declares that it is not so, and it will therefore have to be considered how far the public health is menaced by the proposed use of this product.

According to Dr. Reusse, carbolic acid prepared especially for hypodermic injections is easily injected without pain, swelling or lesion, even in a high dose of 1 in 5. However, some phthisical patients have been known to abandon this treatment on account of the pain it causes. In one case Dr. Reusse saw a woman into whose breasts phenicated vaseline had been injected; six months afterwards her breasts still appeared like bags full of nuts, and the pulmonary condition had not been ameliorated, because the antiseptic, enveloped in the vaseline and encysted in the tissue of the gland, had not penetrated into the blood. MM. Arnoyan, Pitres &c, have described cases of gangrene, neuritis and paralysis caused by the destruction of the nervous filaments after injections of chloroform and of ether; the latter method imagined by M. Verneuil to take the place of transfusion of blood, and which may sometimes revive a dying person from syncope, the result of the fearful pain caused. It cannot, however, supply the blood wanting. Chloroform and ether thus employed are but instruments of torture.

Dr. Reusse has proposed *paraldehyde*, which prepared at 20 per cent. is a useful antispasmodic, and an energetic antisyncopal, giving but slight pain, and causing no lesions. *Eucalyptol* has been employed combined with petroleum vaseline, and the result has been far from satisfactory. In

fact the vaseline smothers the medicinal agent, and almost prevents it from acting at all; for this substance does not saponify in our organism and therefore cannot be assimilated even by the stomach. Besides it may become toxic; composed of variable hydrocarburets, its chemical formula is $C_n H_n$, and it requires only one equivalent of the nitrogen of our tissues to combine with it and form nascent hydrocyanic acid NC_2H . This may have been the cause of some cardiac and pulmonary accidents recently observed. However, many antiseptics may be mixed with vegetable oils and administered in injections. *Eucalyptol* is in this manner, mixed with fine olive oil, injected into phthisical patients at the *Hopital Laennec* with much success.

M. Moyet has observed that the white globules in the blood of spleno-leucocythæmic subjects present some peculiarities of form and construction which have not been noticed.

The first type, hyaline globules, are so transparent that they are almost invisible in microscopic preparations not colored by reagents. Their form changes on the least mechanical action, or when they are pressed against each other. Their Brownian movements are very weak when they are observed between 37° and 40° . They represent seven or eight-tenths of the total number of leucocytes.

Those of the second type are granulated, small in bulk, and exhibit energetic Brownian movements. The third type, elements with fatty granulations, predominate in the blood. They are blackened by osmic acid and have lost their vitality and present retrogression. Numerous intermediate types exist between these. The nucleoid hemoglobinous elements are simply united leucocytes. The disease is essentially characterized by hyper-production in the lymphatic organs of the spleen of embryo leucocytes, of which only a small number can arrive at a normal condition. Small spherical elements also exist in the blood, less transparent than hæmatoblastes, which are either microorganisms or spores.

LEADING ARTICLES.

SOCIETY PRACTICE.

Our remarks on "Society Practice" seem to have been read sufficiently to cause considerable comment. About all that is said in favor of the custom is that others do this kind of work and some of them are men of more than local reputation, and men, too, who hold high positions in various departments.

That others take societies is all too true, but that should be no *argument* why the individual should degrade himself. It may perhaps be an *excuse* for the newly-fledged graduate, who knows that all the poor and middle classes are banded together in societies, and that it is to the poor and middle classes that he would naturally look for his first cases.

It is also true, and to their shame be it said, that men, physicians in this city, enjoying positions which should cause them to uphold the dignity of the profession, and set good examples to the younger members, so far forget themselves and their high calling as to engage in society practice. But more, they not only take societies when unconditionally offered to them, but they enter into active competition for them with any and all bidders, and take their shares of defeats and successes. In all conscience let this feature of the nefarious practice be stopped at once.

We contend that if the practice was abandoned there would be work for all at living prices, and we contend further that the people themselves would profit the more, not only in better attention, but financially. For instance, here is a physician paying twenty-five visits in one day, for which he is doing well to receive three dollars. If these visits were divided among say five physicians at the low rate of two dollars a visit, all of the doctors would be doing handsomely. If we grant that the number of visits would fall off one-half, because they would have to be

paid for, there would still remain an average of five dollars a day for each physician, and even this is good pay for a young doctor.

Again it has been shown by actual figures that a member averages in dues to his society over *one-third* more than his medical bill would amount to if the visits paid by the society physician were charged for at the rate of two dollars per visit, and this omits all consideration of the fact that many of the society physicians' visits are unnecessary.

No one, not even the society physicians themselves, pretend to deny that the service rendered is of the poorest kind, and it is therefore hardly necessary to cite reasons or illustrations, but they are both easily furnished if asked for.

Now the only way in which the evil can be eradicated is in combined action on the part of the whole profession in the city. Any movement towards this end by two or three would be of no avail except in so far as it raised the self-respect of the individuals so acting. Moreover, we know what a divided and immiscible profession we have in New Orleans, and how often projects for mutual improvement or for the benefit of the laity have fallen through, simply because of the jealousy and selfishness of the doctors. But we propose to make the effort and we believe we shall succeed with the reputable men of the city, leaving it to the people themselves to deal with the others as they will most certainly do when they come to understand the motives and purposes which prompt the dissenters to continue society practice.

HYPNOTISM AND THE ACTION OF MEDICINAL SUBSTANCES AT A DISTANCE ON HYPNO- TIZED SUBJECTS.

For a number of years past hypnotism has occupied a prominent position in medical literature especially in France. This subject, which is only a revival on a scien-

tific basis of what in the last century and the beginning of this was generally known as mesmerism, magnetism, or animal magnetism, is being now extensively studied from experimental, therapeutical and medico-legal standpoints. A variety of descriptions of this condition have been given by different writers, but until Charcot and his school undertook to verify these phenomena and place them on scientific grounds, this condition remained wrapped in no small amount of mystery and charlatanry. All authorities now, with the exception of the Nancy school with Prof. Bernheim as a leader, are agreed upon the fact that this condition, as well as that known as suggestion, necessitates for its production the consent of the subject operated on, and also that hypnotism is an attribute belonging to a limited class composed almost exclusively of hysterics and other neurotics, or of people with a well-marked tendency to nervous instability. Charcot, in his clinical lectures, has described as a type of this affection that he calls the greater hypnotism, a peculiar neurotic condition found especially in hysterical patients, and which at all times presents distinctive characteristics and symptoms, which are easily analyzed on account of their regularity. In the lesser hypnotism, which, according to Prof. Bernheim, is met with in five-sixths of subjects taken at hap-hazard, the manifestations are not so distinctive and more difficult of study.

The condition of greater hypnotism is characterized by three stages differing very much from each other, any one of which in a susceptible subject can be brought on at once, or one stage may be successively converted into the other by certain manœuvres. These three stages are that of lethargy, that of catalepsy, and that of somnambulism.

The lethargic stage is obtained in different ways, either by means of a bright light or object directed towards the patient's eyes, or by intensely gazing into his eyes, or again by more or less firm pressure over his closed eyeballs. In the first sittings the time necessary to obtain the desired results may be as long as ten or fifteen minutes, but this time, in the great majority of cases, gradu

ally decreases at each successive sitting, and after awhile lethargy is easily brought on. The signs of this lethargy are: The appearance of a deep slumber, flaccidity of the muscular system, complete insensibility of the skin and mucous membranes, total suspension of intellectual life, no answer to suggestion, and sudden development of neuro-muscular hyper-excitability, so much so that contraction can be induced in a muscle by mechanically stimulating the skin over it, either by gentle pressure or friction. This muscular contraction continues after the removal of the stimulus, and easily passes off into a permanent contraction in the muscles of the extremities; the muscles of the face can also be made to contract, but they never become contracted. This neuro-muscular hyper-excitability is a complete refutation of simulation, for single muscles, which normally never contract isolatedly, can be made to contract by gentle stimulation with the blunt end of a pencil.

When a subject is in the state of lethargy, that of catalepsy can easily be brought on by opening the eyelids in a lighted place. The transition is instantaneous and, should one eye only be opened, the corresponding lateral half of the body passes into the cataleptic stage, whilst the other half remains in the lethargic stage with the characteristics just described. The subject in catalepsy has the immobility of a statue; it remains for a long time and with no apparent fatigue in the positions in which it is placed, even when they are the most strained; the neuro-muscular hyper-excitability which is found in the lethargic stage has not only disappeared, but on the contrary repeated stimulations instead of bringing on contractures give rise to paralysis of the limbs. It is in this stage that are evidenced the suggestions through the muscular sense. Thus, the motions given to various parts of the body to bring on different expressive attitudes are almost necessarily followed by spontaneous secondary motions, destined to complete the expressive pose first begun by the operator. For instance, should the open hand of the subject be brought to its mouth, as if to send a kiss, the face spontaneously assumes

a smiling expression; should the hands be folded as in prayer, the face immediately becomes serious and the subject kneels down of itself, etc. Conversely when, with special faradic applications, the muscles of the face are separately electrified, not only does the whole face assume an expression in harmony with the stimulated muscle, but the rest of the body assumes the position which is usually assumed under those circumstances. Besides these attitudinal suggestions, if I am allowed to use the expression, others can be produced in catalepsy; for instance, when a brush, or a broom, or a piece of soap is placed in the subject's hands it immediately and automatically performs the acts of brushing, sweeping and washing, until stopped.

As the cataleptic stage can be induced from the lethargic by opening of the eyes, so can this one be induced from the other by closing of the eyes. Catalepsy can also be brought on spontaneously in proper subjects by the sudden phases of a very bright light or a violent noise.

Somnambulistic Stage.—Somnambulism can be induced in a cataleptic or lethargic patient in a variety of ways; the most usual is by gentle and repeated rubbing on the vertex of the head. The subjects then assume one of two aspects; they are either calm with half-closed eyes, or they are excited and walk and move like a perfectly wide awake person. The neuro-muscular hyper-excitability in this state varies a great deal from that found in the lethargic stage; for whereas in the latter it requires repeated stimulation to produce contractures, in this stage the merest touch of the skin can cause contracture in a whole set of muscles, which alone is evidence enough against simulation. This contracture only gives way to friction and massage of the excited muscles. The skin and mucous membranes are anæsthetic, but the special senses are hyperacutely excitable. This is the period when suggestions are most eminently active. Thus it is extremely easy to convince the subject that it sees, feels, or hears things of different nature and it then acts as if it readily saw, felt, or heard such

things. Again, tell it authoritatively that it is paralyzed in such and such a region and in a short while the mentioned region becomes paralyzed; the paralysis assumes a form analogous to that known as hysterical paralysis with special characteristics and anæsthesia and vaso-motor changes; it is called psychical paralysis and can always be removed by suggestion. As a rule on awakening the memory of the acts performed during this stage is lost. The usual mode of awakening the subject is by blowing in its face over its eyes.

The above, as demonstrated by Charcot, is admitted by all authorities to occur in all suitable subjects, but what is of more importance to us as physicians and therapists is the importance to be attached to the claims of those who pretend that during the hypnotic stage suggestions may be made, which are followed unconsciously for hours, days and weeks after the return to the normal. On this hinge two points, the therapeutical value of hypnotism and the legal responsibility of hypnotics. There are a number of authenticated cases on record where cure has been obtained in hysteric and other neurotic patients by suggestions made during the hypnotic stage; permanent cures of what seemed permanent affections, such as contracture of the limbs, etc. But these may be due to the moral effect exercised by the operator over his patient, and are not more astonishing than cures effected during the waking hours by other means, such as a single application of the faradic battery, etc., under convenient circumstances for the proper exercise of the moral effect. We must consider the medico-legal aspect of the question as yet *sub judice* and avoid extremes for the present, as there seems to be a number of well-observed cases which appear to prove that the question is still doubtful.

With regard to Dr. Luys' claim, set forth in a paper read before the French Academy of Medicine, of being able during the hypnotic stage to induce well-marked therapeutical and dynamic effects by means of certain drugs applied either directly to such subjects or even at a distance,

the conclusions of the Commission of the Academy, appointed to investigate this claim, I give below, so that you may see that they totally refute all such claims. The commission composed of such illustrious men as Herard, Bergeron, Brouardel, Garieau and Dujardin-Beaumetz concludes as follows:

The commission appointed to examine the facts advanced by M. Luys with regard to the action of medicinal substances at a distance in hypnotic subjects, whilst recognizing the extreme good faith of M. Luys', have demonstrated that the effects produced by medicines at a distance on hypnotic subjects seem to depend more on the caprice, fancy and memory of the patients than on the medicines themselves; they are, therefore, of the opinion that nothing proves, from a scientific standpoint, the action of medicines at a distance and that neither in therapeutics nor in legal medicine should account be taken of any such pretended effects.

IN RE: THE LOUISIANA STATE MEDICAL SOCIETY.

Elsewhere in our columns will be found a letter from Dr. I. J. Newton, Jr., in which he takes exception to the criticism on the State Society published in our last number. The futility of this effort to support an unsupportable cause will be at once apparent, we think, to every member of the State Society who can view the matter with an unjaundiced eye. Individual taste might, of course, object to an adjective or to the turn of a phrase here and there, but the truth of the general sense and spirit of our criticism is unanswerable. Because fourteen out of a membership of 176 are "almost constant in their attendance" and endeavour to perform their duties, cannot by any possible misuse of language make it "ungenerous and uncalled for" to draw attention to the fact that the other 162 are rarely present at meetings and when present contribute little or nothing else toward the usefulness and

interest of these gatherings. Had Dr. Newton read with greater care and coolness he would have observed that we were careful to do justice and accord all praise to those "few members who are never derelict in their duty;" the "few exceptions" to our general proposition. But earnest as they are, these gentlemen can scarcely have failed to experience with ourselves—for Dr. Newton is good enough to include us in his list of "almost constant" attendants—the sad self-consciousness of that too early swallow who awoke to the stern realisation of his entire failure to constitute a spring.

It is a simple error due, we presume, to lack of information, when Dr. Newton says that many if not all of our State Societies do not represent the profession of their respective States. Perhaps according to Dr. Newton's use of the word, no society could represent the "entire" profession unless comprising or composed of all the physicians within the limits of a State; but in the ordinary acceptation it is not to be denied that the State Societies of Maryland, Virginia, North Carolina, Alabama, Georgia and Texas are representative in the highest sense.

Our correspondent asks if any one doubts that this profession (presumably of this State) is able to overcome the the serious dangers now before it. If by the phrase "serious dangers," is meant the difficulties attendant upon establishing a great and useful State Medical Society, we reply emphatically, we do; and it is but another example of abuse of terms to characterise as the grossest injustice an opinion founded upon our observation and experience of the wretched character of the meetings and the utter indifference and neglect of duty manifested by a majority of the members, a knowledge of a like opinion in others, and a study of the official minutes of the past five years. Having watched in vain for this length of time for the slightest sign of progress towards the removal of "these serious dangers," we must continue to consider our doubts fully justified.

That Dr. Newton should feel personally aggrieved, we

regret; our remarks were confined strictly within the legitimate field of criticism—his actions as an official of the Society; and he himself admits the entire truth of both of our charges; first that up to the time of his departure from the State he had utterly neglected his duties as chairman of the most important of the committees, and secondly, that on his return he did not manifest interest enough to enquire as to what had been done during his absence. We of all men could least afford to point to the youth of our President-elect as a defect or disadvantage. Indeed, we distinctly referred to it as furnishing a probability that he would bring to the administration of his office a high sense of its importance, energy and determination.

It is the function of all critics to carp; to take up that which they think demands correction and point out its faults; and all critics save those of the literary societies of our “salad days” are self-constituted—for obvious reasons—but in no worse sense than other men are self-constituted doctors, lawyers, preachers, or whatever the calling may be. As editors of a medical journal we would be derelict in our duty if we failed to criticise those things medical which we honestly deemed in need of correction, and that the Louisiana State Medical Society is of this class, we have given our reasons for believing—most unambiguously. It was an unpleasant task, and a long series of editorials in which we spoke restrainedly of this same subject will show how greatly we desired to escape it. But every physician should know that when mild measures bring no relief we must have recourse to the heroic. Year after year saw no symptoms of improvement, and the time to speak the truth had come. That we are not unfriendly or prejudiced critics, the facts that all of us are members of the Society and almost constant attendants upon its meetings, that many have been officers, and that most have contributed freely of their time and energy to further its objects, are sufficient evidence. If our new President bends to the discharge of the duties he so fully appreciates, all the energies and ability and enthusiasm of

his youth, he will find no more whole-hearted allies than the editors of the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

But let us not deceive ourselves; a cool and just appreciation of ourselves, not false and fatuous self-laudation, is wisdom's root—the root from which springs the slow growth of all things permanent and good:

“Self-reverence, SELF-KNOWLEDGE, self-control,
These three alone lead life to sovereign power.”

The ink was hardly dry on the above lines when we received the intemperate and hasty letter of our correspondent, “Unprepared.” This gentleman seems to share the error of Dr. Newton, that because we criticised a majority of the members our criticism must apply to all; a fallacious argument, that to be refuted needs only to be indicated.

We rejoice that our editorial has aroused a warmth of interest that may result in making the next meeting of the Society the most notable in all its annals. It is better to be irritated than indifferent—an irritable body responds vigorously upon the application of a stimulus, but no response can be obtained from an indifferent one.

GALILEO AND JASPER.

In concluding a leading article in our April number, defending an editorial utterance in a previous issue of our conviction that the Charity Hospital of New Orleans is the best teaching hospital in the country, we expressed the hope that our contemporary *The Doctor*, which had given expression to a sneering comment upon our assertion, would do us the justice to give space at least to the most important points in the statement of facts upon which we grounded the proposition. This the editor of the *Journal* in question makes pretense of doing on page 4 of his May number, but in a manner so contrary to that which we had a right to expect from a physician, a journalist, and a fair-minded man, as to demand instant condemnation at our hands. Nor shall we measure terms, or confine ourselves within strictly parliamentary bounds in so doing, as would

have been our pleasure had the editor given a fair abstract of our article and pressed with ordinary courtesy such arguments as he possessed to indicate our error. He has done neither the one nor the other; with an ingenuity worthy of a weakly cause, he has artfully avoided both in his quotations from our leader and in his own comments upon it all approach to our actual assertion, and has dressed out his wide-flown simulation of an argument in a style so sublimely supercilious as to be obsolete happily even in modern theological controversy. Nor is this all: Not content with this disingenuous treatment of our proposition and the peculiarly offensive manner in which he has chosen to bring it forth, our lofty friend informs us that "we must recognize the fact that local pride and editorial enthusiasm may err, and that the bounds of discretion may sometimes be overstepped in the interest of an advertiser," and sweetly suggests that it would have been wiser had we remained quiet when we found that our "original incorrect statements" had not been received with unqualified approval. May we in turn intimate to our Pecksniffian counsellor, that "it would have been wiser" before indulging in such insufferable impertinence to have made quite sure that the person addressed had been reared in the same school of manhood as himself; a school which, we may naturally presume, would brook an insult with the same lightness that it misrepresents an argument.

Turning with these preliminary remarks to the reply of our medical Cato, what evidence do we find adduced to prove the untenable nature of our assertion, that neither the hospitals of New York nor Philadelphia offer such advantages for clinical study as the Charity Hospital of New Orleans; *i. e.*, that the Charity Hospital is the best teaching hospital in the country? Why, that our assertion bears about it "a cheerful and comprehensive sort of magnificence" * * * ' that is startling, producing much the same effect upon the Bostonian, or the Philadelphian, or the Chicagoan, or the New Yorker, that the assertion would have that New Orleans has a greater number of in-

habitants than either of these cities; or that its limits contain more houses; or that its position in the world's affairs is one of greater importance." To all of which a sufficiently legitimate reply would be that it breathes a free and self-confident spirit of assumption not to be found outside of Gotham; is redolent of that metropolitan narrow-mindedness which leads the perpetual dweller therein to imagine his own Philadelphia, Boston, Chicago or New York the world. But let us give the argument due weight: All the greatest institutions of the country are to be found in New York, Philadelphia, etc.; the Charity Hospital of New Orleans is not in New York; therefore the Charity Hospital of New Orleans must be inferior to the hospitals of New York. By a very similar train of reasoning the absurdity of the supposition that the Mississippi is a greater stream than the Hudson or the Delaware can be readily demonstrated. Yet, in the teeth of such an overwhelming syllogism, we venture to remind our omniscient *Doctor* that the illustrious Newton declared it inconceivable that any man who had a competent faculty of thinking could believe matter—brute matter—able to operate upon and affect other matter without mutual contact; a dictum which, notwithstanding the eminence of its author, has failed to convince "mere plain, unimaginative scientific men" of the impossibility of the phenomenon.

Proceeding to his next head, our logician passes over the statement that the New Orleans Charity Hospital stands in the gateway of the tropics, "which does not appear to have any bearing upon the question at issue." Accustomed as we are to addressing ourselves to our malarious and uncultivated neighbours, we forgot for the moment that our words were to be weighed by the keen and analytical mind of a metropolitan critic and omitted to amplify and exemplify our suggestion. *We did indeed indicate upon the next page of our article that owing to its peculiar situation the variety of disease to be observed in our hospital was unusually great, and we doubted—as we have still the temerity to doubt—if the most prolonged search through

the wards of any New York hospital could discover alongside of the commoner forms of disease, cases of leprosy, yaws, ainhum, snake-bite, charbon or the algid forms of malarial fever. Now indeed we realise, and we deeply regret it, how loose and careless our method must have appeared to so exact a thinker.

Our friend with characteristic affability passes over all this however, and takes up what he is pleased to call our "first reason advanced to show that New Orleans offers greater advantages for clinical study than any city"—pray note the change—"in the country," and proceeds to demolish it with all the delightful vigour of a man attacking an argument that he himself and not his opponent has advanced. He proudly places "the host of patients treated each year *by our one hundred and fifty or more* hospitals, homes, asylums and dispensaries as an offset against" the twenty thousand patients *treated in the Charity Hospital* annually. (Italics ours.) Now this would have been absolutely crushing if we had made the point that there are more patients treated annually in the Charity Hospital than in all the eleemosynary institutions of New York; but the unfortunate circumstance is that we did not; and we politely and firmly, and perhaps a little cruelly, decline to be committed to any such position. We might, were we so inclined, enumerate quite a number of such institutions to be found in this outermost corner of heathendom, and produce a handsome sum total of the number of patients annually treated; but again we decline to waste time in the task, for we are well aware of how infinitely the metropolis surpasses all other cities of the Union in such provision for her pauper hordes. But the availability to the individual student for purposes of study of all this material is quite a different question. Were one possessed of the magical carpet of the Arabian Nights, he might succeed in making the rounds of the charitable institutions of New York in the twenty-four hours, but we fear that even the modern substitute of an elevated railroad would prove inadequate to accomplish

the task. What we did say—and it was doubtless some dim apprehension of this that lurking in the comprehensive intellect of our critic impelled him along the above mentioned line of argument—what we did say was that we doubted, incorrigible skeptics that we are, if anywhere within our country could be found a *single* institution which treats in a twelve month twenty thousand patients comprising every variety of disease. Can the editor of *The Doctor* point us to a single New York institution with an attendance of 20,000 patients annually, including under its “roof medical, surgical, obstetrical, gynæcological, pediatric, ophthalmological, otological, laryngological, neurological, dermatological and odontological departments, well officered and equipped?” Does he know of one where during the past year a student could have seen besides every variety of medical and surgical cases, 53 extractions of cataract and 160 cases of parturition?

Is it necessary to remind our sage that though Paris contains many hospitals, Vienna only one, the majority of students who go abroad are induced by this very fact to seek the latter city?

The Doctor does come somewhat nearer the point than usual when he states that the Post Graduate Medical School and Hospital alone treats “some thirty thousand” a year, and the Polyclinic School of Medicine and Surgery treats about fifteen thousand patients annually. But he says not a word about the varieties of disease to be found among the thirty thousand patients of the former institution, and as those of the latter comprise “only ambulant cases,” even an Irishman need not be told that they cannot include *lying in*.

But even if it could be proven that New York possesses a hospital with a yearly attendance of more than 20,000 patients representing a greater variety of disease than is to be found in our Charity Hospital, it would not affect one iota the truth of the position we laid down in our February number, repeated, interpreted and exemplified in April, and reiterate here: The Charity Hospital of New Orleans

is the best teaching hospital in the country. It will be scarcely credible to those who have read only the leader in *The Doctor* that we distinctly stated: It is not however the presence of this great field for observation which led us to write the words that have called forth our contemporary's exclamation, but the absolute freedom accorded to all medical men, practitioners or students, to till it. We proceeded to point out that there were no restrictions laid upon visitors to the wards, that the resident and visiting staff were always glad to accord to any student of medicine every advantage for observation, that a large part of the routine practice is done by the corps of resident students, and we indicated the happy effect upon other and non-resident students of this arrangement.

We might have added that the number of wards and patients is so great that it is a matter of no difficulty for any well educated physician to obtain an appointment as visiting physician; that the opportunities for *post mortem* examinations are unlimited, and that any student has merely to present himself and express an earnest desire to learn to obtain command of a most excellent field for the practice of minor surgery and the application of apparatus.

During the winter season students of the Medical Department of Tulane University, in the summer those in attendance on the Polyclinic must each day follow their professors through the wards; take upon them the study and care of the cases in the beds assigned them; make examinations; indicate lines of treatment; and, in a word, become by direct, constant personal contact familiar, not only with disease in all its forms, but with sick people.

It is very difficult to make plain by words a matter of spirit, but as an evidence that we knew whereof we spoke, we stated that we had seen all the great hospitals of New York and Philadelphia, having ourselves graduated from a Northern medical college. But with characteristic lack of comprehension, our critic fails to see the bearing of this fact and lapses again into unmeaning im-

pertinence. To him it is only an "attempt to bolster up a statement which has no foundation in fact;" an example of the "inability of a man to make a wise selection from the very many Northern colleges" and "should not be used as an argument in favor of the superior advantages to be had in New Orleans institutions for medical instruction." Now this would be quite true could there be found in actual life a man so doubly foolish as the person bodied forth by the active imagination of *The Doctor*; one so insane as first to select a second class medical school and then to use the fact as an argument for any purpose whatsoever. But the fact that one had sat upon the benches of one of the oldest and most famous of Northern "institutions for medical instruction" in a class of over 600, had graduated with a class of more than 200, and, we might add, had afterwards spent more than a year in the study of medicine in other Northern cities, would to ordinary minds at least confer upon such a person the right to express an opinion upon the advantages to be obtained in such institutions; unless it could be proven that he had shamefully wasted his time or neglected his opportunities. We say to ordinary minds, for we are aware that there are superior intelligences to whom an actual knowledge of any subject under discussion is not a necessity. An individual so gifted may sit upon his editorial tripod in Gotham and evolve, as the contemplative Teuton his camel, the Charity Hospital at New Orleans from the depths of his inner consciousness, and thus afford himself an unrestricted opportunity of becoming thoroughly acquainted with all its details and peculiarities.

The Doctor paternally bids us remember that "Galileo, forced by priests to recant, made himself famous for ages by the remark; 'The earth does move, notwithstanding'; but the Rev. Mr. Jasper's assertion, that 'De sun do move around de earth,' has never raised that eminent colored divine to Galileo's level".

It had never before occurred to us that any portion of Galileo's title to fame might be grounded upon this evidence

of his weakness; we had always imagined his great disciple Giordani Bruno, who unterrified by priestly power went to the stake for his belief, to have been the true hero of this "conflict of science;" but be this as it may, *The Doctor's* figure is unhappily chosen. We it is who have followed the true Galileoan method of observation and comparison; he, doubly entrenched within the lines of a preconceived opinion, absolutely ignorant of the facts upon any but one side of the case, yet blatantly proclaiming that what appears inconceivable to *his* mind must be false, finds in the benighted negro his own most perfect prototype.

Either *The Doctor* must prove that he has a thorough acquaintance with the Charity Hospital of New Orleans and be able to point to particular hospitals in New York or other cities which surpass it in all advantages for clinical study, or he must bow his crest and in the words of his own litany cry *peccavi*:

"We are all fallible, and should not be ashamed or afraid to acknowledge our mistakes. Mere repetition of assertions to the contrary do not neutralize facts * * "

DR. SENN'S INSUFFLATION OF HYDROGEN AS A DIAGNOSTIC TEST.

Before the Surgical Section of the last meeting of the American Medical Association, Dr. Senn read a paper that deserves the careful consideration of all wide-awake surgeons. This paper proposes an infallible means of determining *without laparotomy*, whether in a case of abdominal wound there is perforation of the hollow viscera. Dr. Senn acknowledges that well authenticated cases with actual involvement of the hollow viscera have recovered without surgical intervention, but these cases are so few as compared with those that have died for the lack of this surgical interference that no conscientious surgeon can yet feel satisfied to stand by and let alone a human being with abdominal wound and probable intestinal per-

foration. On the other hand, few surgeons are willing, like Tait, to regard the peritoneal cavity as one that can be entered with the impunity with which one thrusts his hand into his pocket.

Few as may be the cases that have recovered without interference after visceral injury, still this number is sufficiently great to make one feel better satisfied if he could by any means determine outside the cavity the necessity for opening it. With such a means of demonstrating beforehand the existence of wounds of the viscera, the responsibility, both personal and medico-legal, would be very much diminished, and less aggressive operators would be encouraged to perform operations that may save lives now sacrificed by the do-nothing policy. As regards one of the hollow viscera, the bladder, such a means has already been proposed and successfully put into practice. We refer to the method of Dr. Weir for determining rupture of the bladder by injecting fluids and comparing the quantity drawn off with that injected, and noting before and after the area of supra-pubic dullness (see editorial in this *JOURNAL*, March, 1887, p. 708). This test seems to us satisfactory for all those ruptures permitting extravasation. Our diagnostic ability has now been still further increased by the very interesting and remarkable series of experiments by which Dr. Senn has been able to furnish us an infallible test for stomach and intestinal perforation. He conceived the idea that we should hunt for such holes much as the plumber hunts for leaks in a gas-pipe. But the impermeability of the ileo-cæcal valve to liquids made it necessary to find something else that might get by. His first experiments showed conclusively that gases introduced into the rectum could be made to distend the whole alimentary canal; the second series proved that hydrogen gas was entirely innocuous to the tissues, and its inflammability furnished a means of recognizing its exit much more delicate than sound or resistance. He next showed the safety of the procedure as a diagnostic and therapeutic measure by demonstrating that

the resistance of the wall at any point was considerably greater than the force sufficient to carry the gas from the lower end to the upper. The doctor then settled the matter to his entire satisfaction by distending his own bowel and eructating the gas from the mouth. Finally, he applied the test diagnostically to a dog which he had stabbed. The gas was injected and perforation of the intestine was proved by lighting the gas as it escaped from a tube introduced through the opening in the abdominal wall. Two successful tests have recently been made on human beings. A further use for the method is indicated in the observation that as the gas passes through the valve, a peculiar gurgling is produced. In a recent case reported in the *Medical News*, of June 9, by Dr. W. J. Taylor, Dr. W. W. Keen, of Philadelphia, took advantage, successfully, of this phenomenon to determine the portion of intestine involved in a fæcal fistula. The gas escaped very soon after injection and before the occurrence of the gurgling. It was therefore in the large intestine. An exploratory incision showed that the fistula was due to advanced carcinoma of the large bowel.

In the report just referred to, it is stated that a lighted candle was brought near the fistula and that the gas took fire "with a slight explosive snap," and in the article by Dr. William Mackie*, of the Milwaukee Hospital, it is stated that the attempt to ignite the gas at the opening was unsuccessfully made, though gas and blood bubbled through the wound in the abdominal wall.

Our friend, Dr. Rudolph Matas, Demonstrator of Anatomy in Tulane University, informs us that, in a recent successful application on the cadaver of Dr. Senn's test, the silver tube through which the gas escaped became extremely hot very quickly when the gas ignited. It is well known that the combustion of hydrogen gives rise to an intense heat, and it would seem rather a risky procedure to apply a flame directly to the abdominal wound from which the hydrogen is escaping, or even to the end of

* *Medical News*, June 9.

a very short tube. We have not been fortunate enough to see the full paper of Dr. Senn; we shall await with interest its publication. But until it is published it can only do good to call attention to this objectionable manipulation. It seems to us that advantage might be taken of the bubbling of the gas through water to determine the escape of the gas. A bottle with two tubes passing through a cork might be employed. The bottle being completely filled with water and one tube introduced through the abdominal wall, a very small quantity of gas might be detected by the bubble, or, if this did not appear, by the rise of fluid in the second tube, especially if the bottle contained a colored fluid.

The objection to this might be urged that under the pressure of the distending bowel (without escape of gas from the bowel), some *fluid* in the peritoneal cavity might be forced through into the bottle and give rise to the erroneous belief that *gas* was escaping. Whether it was fluid or gas might be determined by *catching* the escaping fluid and then noting the amount left after the overflow. If the fluid lost proved thus to be *excess* of fluid, *not that forced out by gas pressure*, it would indicate peritoneal fluid either serum or blood, or intestinal contents. By allowing the distention to proceed a little longer, still noting the behavior of the fluid in the bottle, the escape of gas could be easily determined. Furthermore, this apparatus would permit of one's safely lighting the gas as it escaped from the end of the second glass tube. The flame of burning hydrogen being so indistinct in ordinary light, we believe this water test would detect a slower escape of gas and therefore a smaller perforation. It might, if the second tube were graduated, the amount of gas injected noted and the time of rise of water in the tube observed, be possible to get some idea of several points of importance; first, whether the perforation was single or not, the location of a single perforation and its size, whether large or small. If the rise of the water in the tubes were early and rapid and due to gas pressure,

and especially if *before* the ileo-cæcal gurgling was perceived, then there would be either *one large* or *several small* perforations in the *large* intestine. If there was a rise of fluid at first, the ileo-cæcal gurgling and afterwards again a rise of the fluid, the diagnosis would be, perforation of both large and small intestines, some idea as to number or size in each case being obtained by watching the behavior of the fluid in the apparatus. These suggestions seem to us worthy of trial.

Limit of space forbids a more extended notice of this valuable contribution of Dr. Senn, but we desire to call attention to one or two other objections to the method as proposed.

A perforation might be valvular in character, the valve being within the intestine and its base above. When the gas first reached the opening some would escape and the perforation be diagnosed. Afterwards, the insufflation continuing, the valve would close and distention increase. If the base of the valve were below, the diagnosis might be made *only* by insufflation from above, since the ascending gas would tend to close the valve at the start. But the diagnosis being made, laparotomy would be performed. The cavity being opened, some gas would escape and a very much distended intestine would be seen. Now, the objections become apparent. The perforation being closed, in order to find it, the chances are the intestine must be passed along the hands. This exposure and manipulation would seriously damage the chances of recovery, Tait's enormous success being largely due to his avoidance of these objections. Then, again, the intestine being out, the difficulty would be to get it back. This *might* necessitate puncture to let gas escape. One just here would say that the previous puncture and collapsing of the intestine, by revealing the escape of fecal matter, would do away with the necessity of pulling out the intestine. True, it might; but then it might not occur to one to resort to this plan until in a case great trouble had attended the attempt to replace a very much distended

intestine. Another objection would seem to us to be, that the distention might convert an incomplete intestinal wound into a perforation. This objection has been partly answered by Dr. Senn, but, we believe, not satisfactorily. We think, however, that if the gas be injected *slowly*, as strongly urged by Dr. Senn, it can scarcely do more harm than opening a wound that might at any time be opened by the pressure of decomposition-gas or even an active peristalsis.

Such objections as we have urged are, as is evident, not insuperable and do not militate against the adoption of the method. They call for precautions, which make the method safer and still more valuable.

Thanks to Drs. Weir and Senn, we are now able to diagnosticate perforation of two important abdominal viscera without splitting a man wide open. Who now shall tell us how we may say when the liver or spleen is wounded?

DEATHS.

DR. J. W. HOUCK died at his residence, 1005 East Baltimore street, on Tuesday, May 22, 1888, at 4 a. m. Death was caused by heart disease.

MARRIAGES.

On Sunday, June 10, 1888, at the home of the bride's parents in Noonday, Texas, DR. ALFRED R. SWANN, of Mt. Sylvan, to MISS HOPE SMITH.

THE chair of surgery in the Medical College of the State of South Carolina has been divided to enable Professor R. A. Kinloch to devote his entire attention to Clinical Surgery. Dr. Manning Simons has been appointed to the chair of Didactic Surgery. Dr. P. Gourdin De Saussure has been appointed to fill the chair of Obstetrics and Gynecology, made vacant by the death of Dr. J. Ford Prioleau, whose position as dean has been filled by the appointment of Dr. Kinloch.—*Maryland Medical Journal*.

MEDICAL NEWS AND MISCELLANY.

DR. JOS. HOLT has returned from Oregon and will resume the practice of medicine in this city.

THE President of the Board of Health and the Commissioner of Improvements ask for \$40,000 from the people with which thoroughly to clean the city.

DIPHTHERIA, which had nearly died out, took a fresh start some three weeks ago, and quite a number of deaths have occurred from it.

THE thirty-third annual meeting of the Kentucky State Medical Society will be held at Crab Orchard Springs, commencing Wednesday, July 11.

IT looks as if the protests of the Florida press have effectively quieted the M. H. S. We hear nothing of the progress of yellow fever in the localities declared infected by the agents of the service.

THE USUAL WAY.—“I hear that the purser is quite sick this morning.” “Sorry to hear that. Followed the usual nautical course, I presume?” “What is that?” “Gone to the Doc. for repairs.”—*Ocean*.

AN ENGLISH physician recommends in the *British Medical Journal*, ol. menth. pip., one drachm, and olive oil, twelve ounces, as an excellent germicidal inunction in scarlet fever.

DR. T. A. MILLER, of Waxahatchie, Tex., who was in New Orleans this Spring attending the Polyclinic, has been elected resident physician to the Hospital in charge of the University of Tennessee at Nashville.

THE Tri-State Medical Association of Mississippi, Arkansas and Tennessee will meet in Memphis, November 13th, the second Tuesday in the month.—*Maryland Medical Journal*.

The Medical Bulletin, of Philadelphia, prints in its June number *verbatim et literatim*, a paper on The Effects of Present Educational Methods on the Health of Women, by C. A. L. Reed, of Cincinnati, Ohio, which had already appeared in our May number, without giving credit for the same. How does this come about?

Dr. M. T. HARRIS, of Agnes, Texas, reports to the *Southern Practitioner* the following: Last spring a friend told him that a mare of his had given birth to two colts, one being a mule, the other a horse. He had stunted his mare to a jack, and on the fourth day she got out of the stable and had communication with a stallion, the result being a double birth.—*Va. Medical Monthly.*

THE *Cincinnati Medical News* for May, 1888, contains the paper by Dr. Thos. J. Woolf, of New Iberia, La., which was published in this JOURNAL *last summer* and in The Transactions of the Louisiana State Medical Society for 1887 a month or so later, without accrediting it to either source. This is the way *some* medical journals are made up. Queer how they obtain sufficient patronage to support them!

THE *British Medical Journal* mentions, as an instance of the devotion of medical men to humanity, the case of Dr. Landon, a surgeon in the British army. Mortally wounded himself, and with the agonies of death closing in, he heard a wounded soldier shrieking from suffering. Forgetful of self, he crept to where the man lay and gave him a hypodermic injection of morphine to relieve his distress, and, giving it, died.

Daniel's Texas Medical Journal says: The Texas Medical College at Galveston is an assured fact. Among the professors thus far appointed we note the name of Dr. J. F. Y. Paine, as Professor of Obstetrics. Dr. Paine filled the chair of Materia Medica and Therapeutics in the Medical Department Tulane University of Louisiana, for the year ending March, 1886. Dr. Paine is now President of the Texas State Medical Association.

A WOMAN, aged 38 years, the wife of the Communal President of Castagnola, near Lugano, Switzerland, gave birth at full term to *six* living children, every one of which, however, died in the course of a few hours. The same correspondent says that many years ago, at a village near Olten, a woman gave birth to seven tiny living children. In carrying them to church for baptism one was lost, but was found after the father had vowed to build a chapel to the Virgin if the search was successful. In the church so erected are the records of this woman's wonderful feat.—*British Med. Journal.*

THE first annual meeting of the Lincoln Parish Medical Society was held in the Baptist Church at Ruston, La., May 31st, 1888. The address of welcome was delivered by Fred. W. Price, Esq., and the following papers were read: Medical Ethics, by Dr. Reid, of Hico, La.; Some Remarks on Typho-Malarial Fever, by N. B. Null, M. D.; Psychological Phenomena, by A. de Seay, M. D.; Burial Reform, by A. de Seay, M. D.; Essay, by S. A. Pool, M. D., Simsboro, La.; Address by the President, W. S. Kendall, M. D., and the Annual Oration, by W. T. Smith, M. D., Choudrant, La.

AT the thirteenth annual meeting of the State Medical Society of Arkansas, resolutions strongly condemnatory of the practice of a majority of "religious newspapers," of publishing advertisements of quack remedies were adopted. The secretary was instructed to furnish copies of the resolutions to the religious and medical press of the United States, to the American Medical Association, and to the State Medical Societies. We hope that the efforts of the Society may be able to accomplish something towards the suppression of this "damnable practice."

AT the last meeting of the Ophthalmological and Otological Section of the New York Academy of Medicine, the following motion was made and carried: "That a committee be appointed, of which the chairman of the section, Dr. David Webster be a member, whose duty it shall be to obtain a good photograph of the late Dr. Cornelius R. Agnew, for the purpose of having engravings suitable for framing made from it. The right of issue and sale of such engravings shall be given to some first-class publisher, if practicable; if not, the committee shall offer them to the profession, at cost." In accordance with the above, a committee has been appointed. Members of the profession who desire such an engraving accompanied by an autograph signature, should send their names and addresses to the Secretary of the Committee, Dr. Charles H. May, 640 Madison Avenue, New York City, at once. When all such names shall have been recorded, those who have requested a copy of the engraving will be notified of the cost of the same, either by the publisher, or by the committee having the matter in charge.

MORTUARY REPORT OF NEW ORLEANS

FOR MAY, 1888.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, yellow.....							
“ Malarial, unclassified	1	3	3	1	1	3	4
“ Congestive.....	10	3	8	5	5	8	13
“ Continued.....	1			1		1	1
“ Intermittent.....							
“ Remittent.....	2	1	2	1	3		3
“ Catarrhal.....							
“ Typhoid.....	1	2	3		3		3
“ Puerperal.....							
Scarlatina.....							
Small-Pox.....							
Measles.....	1			1		1	1
Diphtheria.....	18	4	9	13		22	22
Whooping cough.....	1	4	4	1		5	5
Meningitis.....	10	4	8	6	1	13	14
Pneumonia.....	19	10	21	8	9	20	29
Bronchitis.....	4	6	5	5	3	7	10
Consumption.....	28	30	33	25	54	4	58
Congestion of brain.....	12	2	7	7	5	9	14
Diarrhœa.....	13	9	8	14	12	10	22
Cholera infantum.....	42	12	29	25		54	54
Dysentery.....	4	5	7	2	5	4	9
Debility, General.....	2		1	1	2		2
“ Senile.....	13	11	7	17	24		24
“ Infantile.....	12	11	12	11		23	23
All other causes.....	187	105	155	137	147	145	292
Total.....	381	222	322	281	274	329	603

Still-born children—White, 27; colored, 19; total, 46.

Population of city—White, 180,000; colored, 68,000; total, 248,000.

Death rate per 1000 per annum for month—White, 25.40; colored, 39.17; total, 29.17.

Respectfully,

HENRY WM. BLANC, M. D.,

Chief Sanitary Inspector.

METEOROLOGICAL SUMMARY—MAY.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in inches and hund.	GENERAL ITEMS.					
		Mean	Max	Min							
1	29.98	67.0	72.5	60.0	.00	Mean barometer, 29.892.					
2	29.93	69.3	80.0	60.9	.00	Highest barometer, 30.06, 15th.					
3	29.92	71.0	80.5	62.0	T	Lowest barometer, 29.67, 24th.					
4	29.94	69.7	80.0	66.5	.40	Monthly range of barometer, 0.39.					
5	29.99	67.0	76.5	63.8	1.14	Mean temperature, 72.8.					
6	29.98	70.0	78.8	65.1	.20	Highest temperature, 88.5, 27th.					
7	29.98	68.0	79.7	64.8	1.97	Lowest temperature, 60.0, 1st.					
8	29.96	74.0	85.0	64.0	.00	Monthly range of temperature, 28.5.					
9	29.83	74.7	83.0	65.7	.00	Greatest daily range of temp., 22.0, 26th.					
10	29.71	71.7	83.3	65.0	.00	Least daily range of temp., 12.5, 1st.					
11	29.74	74.0	83.2	66.4	.00	Mean daily range of temperature, 17.3.					
12	29.87	76.3	86.5	68.6	.00	Mean daily dew-point, 64.4.					
13	29.98	71.7	80.0	64.2	.00	Mean daily relative humidity, 76.8.					
14	29.99	75.0	85.8	64.0	.00	Prevailing direction of wind, s. e.					
15	30.02	70.7	83.6	64.0	.00	Highest velocity of wind and direction, 48 miles, north-west, on 24th.					
16	29.98	74.7	84.6	66.0	.00	Total movement of wind, 5179 miles.					
17	29.97	74.7	84.5	67.0	.00	Total precipitation, 9.75 inches.					
18	29.93	76.0	86.7	68.2	.00	Number of days on which .01 inch or more of precipitation fell, 12.					
19	29.92	69.3	79.5	66.0	1.57	No. of clear days, 15. No. of fair days, 11. No. of cloudy days, 5.					
20	29.85	73.3	82.0	64.0	.07	MEAN TEMPERATURE FOR THIS MONTH IN					
21	29.80	74.0	82.2	63.3	1.40	1874...	75.4	1879...	76.5	1884...	76.4
22	29.82	75.7	84.0	66.0	.00	1875...	76.0	1880...	76.3	1885...	73.9
23	29.81	76.3	85.9	69.8	.00	1876...	74.6	1881...	76.8	1886...	72.6
24	29.75	72.3	85.7	65.0	1.57	1877...	72.5	1882...	74.4	1887...	75.2
25	29.86	69.3	86.1	67.0	.98	1878...	75.9	1883...	74.3	1888...	72.8
26	29.89	75.3	88.0	66.0	.00	TOTAL PRECIPITATION (IN INCHES AND HUNDREDTHS) FOR THIS MONTH IN					
27	29.83	76.3	88.5	70.4	.00						
28	29.82	78.3	88.0	71.0	.00	1874...	.22	1879...	4.63	1884...	4.33
29	29.88	73.3	86.2	70.0	.10	1875...	2.53	1880...	6.58	1885...	5.77
30	29.87	74.3	84.9	68.2	.34	1876...	7.10	1881...	3.20	1886...	3.07
31	29.86	75.7	82.5	69.0	.01	1877...	1.48	1882...	6.83	1887...	3.99
Sums	9.75	1878...	8.11	1883...	5.41	1888...	9.75
Means	29.892	72.8	83.2	65.9	Dates of frosts: { Light, none. Killing, none.					

Thunder storms on 5, 6, 7, 19, 20, 24, 25, 29—
Lunar halo on 24th.

Actual Barometer is given in table.

The mark T indicates precipitation inappreciable.

R. E. KERKAM, *Signal Corps Director.*

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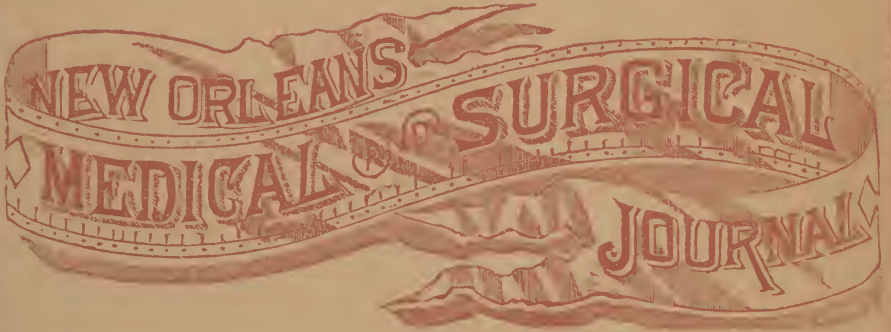
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AUGUST, 1888.

WHOLE No. 284.
No. 2.

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*Paullum sepultæ distat inertia
Celata virtus.*—HORACE

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AUGUST, 1888.

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Life and Death Rates.—New Orleans and Other Cities Compared. ✓

BY STANFORD E. CHAILLE, A. M.; M. D., MEDICAL DEPARTMENT TULANE UNIVERSITY OF LOUISIANA.

The publication recently (April, 1888), of Vol. XII., United States Census, 1880, completes the two volumes of "Mortality and Vital Statistics," prepared by Dr. J. S. Billings, Surgeon United States Army. Never before has our government published a report on this subject comparable in value to these two huge volumes, which give ample evidence of the industry, sound judgment, expert skill in vital statistics and conspicuous ability of the author.

For the first time reliable tables are presented of the "expectation of life" in the United States, or rather in the twelve cities and two States which furnished data sufficiently full and accurate for this purpose. The first object of this article was such a compilation as might render these life-tables more accessible and readily comprehensible, but I have been tempted by the favorable opportunity presented by these tables to extend my research somewhat farther, and to renew an investigation, published by me in the January number, 1870, of the *New Orleans Medical and Surgical Journal*, upon the healthfulness of New Orleans, as compared with other cities—a question about

which there is much misapprehension at home as well as abroad. As usual, I have prosecuted my research, regardless of the exaggerated views of the optimistic friends or the pessimistic enemies of New Orleans, and have sought simply the truth, infinitely preferring this, however disagreeable, to an agreeable falsehood, and firmly convinced that full recognition of the truth must precede the amendment of every evil. The chief results of my research are appended in four tables, two on the "expectation of life" and two more on annual death-rates. For their easier and better comprehension these tables require some explanations and comments.

Table I.—Tables of the expectation of life are "the most satisfactory method of comparing the mortality of different localities," more instructive and thorough than the usual method, by annual death-rates. But life-tables cannot be absolutely correct until population and deaths *at different ages*, and especially under one year of age, are much more accurately reported than now, and until the irregular migrations to and from every locality are carefully recorded. For such reasons life-tables present only probabilities, only approximations to the truth; but, for purposes of comparison, life-tables can be used with much confidence, in as much as the inaccuracies to which they are all liable exist to probably about equal extent in all the places compared.

Table I gives the expectation of life in New Orleans, for the year 1880 only, of the males and of the females of both the white and the colored population, and also of the total whites and of the total colored population, that is, of the males and females of each race added together, and these totals are indicated by the heading, "Persons."

The superior expectation of life of the white over the colored population, and of the females of both races over the males is very notable. However, white "persons" enjoy this superiority only to the thirty-fifth year, after which age a colored has nearly as good a chance to live as a white person. Further, if white males be compared with colored

females it will be found that, if a colored female can manage to live until two years old then her chance of living, while inferior to a white female's, becomes and remains superior to a white male's.

This Life-Table I therefore confirms and illustrates in another and more instructive form the facts long since taught by our death-rates, viz.: That in New Orleans, *as everywhere else*, the colored mortality exceeds the white, and the male mortality the female. Why?

The excess of colored mortality is largely due to the much greater mortality under five years of age, the age most sensitive to such unsanitary conditions as over-crowding in houses, impure milk and other improper food, and parental negligence and filth. Further, the colored population is, compared with the white, the more ignorant and poorer, and, therefore, the more subjected to unsanitary conditions. These causes probably suffice to explain the higher death-rate of the colored population; however, it is possible, though yet unproved, that the inherent vitality of the white race may exceed that of the colored and be an additional cause.

Why is the expectation of life and the death-rate of females better than of males? Females are, in less number, guilty of vicious and hurtful excesses; they are more confined in the house and engaged in less hazardous occupations, and thereby they are less exposed to communicable diseases, to inclemencies of weather and to dangerous accidents. But these obvious causes, while explaining in part, fail to do so in whole. For, at no time is the superiority of females as great as under five years of age and such females are no more exposed than males to the above causes. For such reasons, vital statisticians have claimed that nature endowed the female with a stronger vitality, with greater vital endurance, and if there be better explanation I do not know it.

The most important question concerning Table I, which is based on the statistics for 1880 only, is whether it represents fairly the expectation of life in New Orleans. since

1880. To solve this question reference is made to Table IV, where it will be found that 1880 was an unusually favorable year in as much as the death-rate for 1880 was only 26.02, while the average annual death-rate for the eight years 1880-7 was 28.36. Therefore, the expectation of life in New Orleans is, in fact, less than represented in the life-tables. This conclusion is unquestionable unless our Board of Health has overestimated our death-rate by underestimating our increase of population.

Has the Board of Health underestimated our population? In 1870 New Orleans had a population of 191,418, and Carrollton (annexed in 1874) had 6,495; therefore, the New Orleans of 1880, and of the present day, had in 1870 a population of 197,913, which numbered in 1880 216,090, an increase of only 18,177; less than 10 per cent for the ten years and considerably less than one per cent per annum. Our Board of Health has, year by year, increased its estimate of our population from 216,090 in 1880 to 242,750 in 1887, and to 248,000 now, in 1888, an increase of nearly two per cent per annum. It is not questioned that the increase has been greater since 1880 than from 1870 to 1880, but it is doubted whether this increase has been more than twice as much. None the less, it is claimed by some that the City Directory and the official registration, both of voters and of school children, unite to prove that our present population is some 265,000 instead of the 248,000 estimated by the Board of Health. Considerable study and experience have taught me to be exceedingly incredulous of estimates based on such data as the above, and to feel confident that when the Census is taken, all such estimates will prove to be deceptive exaggerations. Three very serious evils result: a popular expectation is cultivated which the Census disappoints, and this disappointment induces many to discredit the Census; further, an overestimated population necessitates an underestimated death-rate, and thereby, inadequate appreciation of insanitary conditions; and still further, an overestimated population implies more voters than there are, and thus "ballot-box stuffing" is encouraged.

My opinion is that our population is at the very least 235,000, and that if the 248,000 of the Board of Health be an overestimate, this is not at all likely to prove in 1890, when the next Census will be taken, any greater than is habitually made by other cities; and therefore that the death-rates given by our Board of Health are at least relatively correct and can be justly compared with the death-rates of other cities, as is done in Table III.

Table II.—This Table has been compiled to show the expectation of life exclusively of the white population, in thirteen localities besides New Orleans, and to enable a comparison between them. For brevity and simplicity, the comparison is limited to white “*persons*,” that is, to white males and females added together. Therefore Table II repeats for New Orleans the fourth column of Table I, and the column corresponding thereto in other localities is given for comparison.

The order of arrangement adopted for this, as also for Table III, is from the least to the most favorable, and it will be found that New Orleans unfortunately occupies in both Tables the first and therefore the worst place. Charleston would have occupied the worst place had the total white and colored population been compared, but, while Charleston presented a worse record for the colored population, its record for the whites was a little better. It must not be forgotten that Table II as well as Table I are based on data solely for 1880, and that this was an exceptionally favorable year for New Orleans, as is proved by Table III.

However, Table III, which includes nine of the fourteen localities given in Table II, proves that 1880 was also a favorable year for all of these nine places, except Boston, and therefore that Boston is the only one of these places entitled to a more favorable place than given in Table II. Farther, it is well known that generally throughout the United States, 1880 was a very favorable year, free from the exceptional prevalence of any epidemic disease. Hence the conclusion is unavoidable, that the expectation of life is, in truth, less than recorded in Table II, except for Boston.

The greatest expectation of life is found in New Jersey and Massachusetts, greater even than is given in English life-tables for England and Wales. That the expectation of life in these two States, which represent a large rural as well as urban population, should exceed the expectation of life in the twelve urban localities, accords with the well established fact that life is longer in the country than in cities. This greater healthfulness of the country is indicated by the comparison of Boston with Massachusetts, and yet not fully indicated, since Massachusetts, in addition to its rural population, includes not only Boston, but also other urban populations. The inferiority of cities to the country is chiefly due to the much greater mortality of children under five years of age, and to the greater mortality by consumption, diarrhœal diseases and diseases of the nervous system.

Inasmuch as the ordinary reader is apt to fail to appreciate the difference of a few years in the expectation of life at various ages in different localities, an illustration will be given to show the very grave significance due to these apparently slight differences. In New Orleans the expectation of life of a white person 20 years old is 35.80 years (i. e. to live until nearly 56 years old), and in New Jersey this expectation is 43.90 years, a difference of 8.10 years in favor of New Jersey. As great a difference as this is very appreciable even to the individual, but what is its significance for the community? In 1880 New Orleans had 3665 whites (about one-sixtieth of the total population) 20 years of age, and these 3665 whites would have lived in New Jersey 29,686 more years than in New Orleans; years enough to have given to 594 additional whites fifty years of life each. The years lost by New Orleans are those characterized by greater wisdom, efficiency, and capacity to save and accumulate property for the benefit of descendants. But this loss of 29,686 years, most valuable to the community, indicates the loss incurred by only about one-sixtieth of the whole community. If as small a fraction thus suffers, how enormous must be the loss to the whole community? These facts indicate, in some measure,

the vast extent to which a healthy community is essentially stronger than one less healthy; they concur with numerous other facts to explain why "public health is public wealth"; and they furnish abundant reason for a crusade in favor of public health, one more enthusiastic and self-sacrificing than was waged to take Jerusalem.

Table II gives the expectation of life for white "persons" only, but the Census furnishes the expectation of life, in four localities, of colored as well as of white persons, and in all fourteen localities, of both males and females. Some of these data, not recorded in Table II, deserve consideration.

The expectation of life of colored persons is less than of white persons in every reported locality, but to varying extent. This expectation was least in Charleston, next in New Orleans, better in Baltimore and best in the District of Columbia. In Massachusetts and in New York City the colored expectation of life is also considerably less than of the whites.

The expectation of life for females is in every locality better than of males, but the difference in favor of females varies greatly, and to an extent inexplicable by me. The superiority of white females over males is greatest, and very great, in New Orleans and Charleston; it is little in Boston, Brooklyn and New York, and it is very slight and least in New Jersey and Massachusetts. The fourteen localities take, in reference to this superiority of females over males, the following order: New Orleans, Charleston, Cincinnati, San Francisco, St. Louis, Chicago, Philadelphia, District of Columbia, Baltimore, New York, Brooklyn, Boston, Massachusetts, New Jersey.

The like superiority and difference exists in reference to colored females and males. The localities reported, only four, take the following order: New Orleans, again first, and the difference is very great, though not as great as between white females and males; next, Baltimore, then the District of Columbia, and last, Charleston. And it is very singular that in Charleston, where the superiority of the

white female is very great, the superiority of the colored female over the colored male is very little.

Another singular fact is that, while there is a slight superiority in Massachusetts of the females over the males, yet the males have the superiority from two to ten years of age, and that this male superiority is found in no other locality.

A third singular fact, and one encouraging specially to New Orleans, is that the expectation of life of its white females is superior to that of the white females of Charleston, Brooklyn, New York and Boston; but the expectation of life of the white males of New Orleans is less than in said places.

In explanation of these singular lessons taught by the Census, the following quotation from Dr. Billings is pertinent: "The figures given in these volumes are more valuable for suggesting inquiries than for answering them."

Table III.—Years vary in mortality, therefore any one year may misrepresent the average annual mortality; and as Table I and II are based on one year only, 1880, it is important to test whether this year fairly represented the average annual mortality. For this purpose Table III, which compares the death-rate of 1880 with that of the ten years, 1875 to 1885, is presented; it is regretted that the report from which it was compiled includes only nine of the fourteen localities given in Table II, and that I have not at hand the data to supply the omissions. However, Table III serves its purpose as already stated, to prove conclusively the well-known fact that 1880 was an exceptionally favorable year, for all places (Boston excepted), as well as for New Orleans, and therefore, that Table II represents the expectation of life too favorably in other places as well as in New Orleans.

While New Orleans occupies the worst place of the nine localities in the United States, it, none the less, outranked in health (during the last eight years, with an average death-rate of 28.36 as shown in Table IV) ten of the twenty-one foreign localities. The evidence is good that the death-rate of New Orleans, including its large negro pop-

ulation, is as good or better than that of any of the cities of southern and of some few of the cities even of northern Europe.

The Census presents the following data for comparison, and these deserve consideration in connection with Table III. In 1880 there were thirty-one so-called "registered cities," because they register their deaths and therefore give reliable reports of these. The average death-rate for 1880 of these thirty-one registered cities was 22.28; Cambridge, Mass., presenting the minimum, 17.46, and Charleston, S. C., with its large negro population, the maximum, 35.37. The Census presents another list of fifty cities, adding nineteen unregistered to the thirty-one registered cities; twenty-five of these fifty cities had a lower death-rate than 20., but eighteen of these twenty-five were unregistered and, therefore, questionable. Of the twenty-five cities reporting a death-rate less than 20, ten had less than 50,000 population and not one exceeded 155,000. From these facts the conclusion is drawn that, for large cities in favorable non-epidemic years, a death-rate of from 20. to 22.28 should be deemed good evidence of comparatively favorable sanitary conditions; but that a death-rate exceeding, say, 22.5, is an unfavorable indication. As is well known, some of these large cities habitually exceed others by even more than 5., which excess signifies in every 200,000 population one thousand more deaths annually.

Table IV.—Possibly the U. S. Census to which Tables I and II are due, and the Michigan State Board of Health, to which Table III is due, may have done injustice to New Orleans. Therefore Table IV was compiled from the annual reports of the Louisiana State Board of Health, a Board composed exclusively of the citizens of New Orleans. Comparison will prove that the data of our own official reports have been used by those to whom the other tables are due, and therefore that these do not misrepresent New Orleans,

Table IV also enables a comparison between different periods in the history of New Orleans, and between its white and colored population. It will be found that,

during the last eight years, the high death-rate of the total population, exceptionally high in comparison with other cities in this country, is due chiefly to the very high colored death-rate, which is surpassed only by Charleston; and that if the white death-rate alone be considered, then New Orleans presents a comparison with other large cities somewhat, but by no means very, unfavorable. In truth the comparison is much more favorable to New Orleans, than its semi-tropical location, its environment by swamps, its very deficient drainage and its discreditable scavenging would lead the sanitarian to expect; and he is, therefore, surprised that the death-rate is not much more unfavorable.

But the very high colored death-rate mars, to great extent, this favorable view. For it should not be forgotten, that an exceptionally large proportion of the manual laborers of New Orleans are colored; that such laborers in most other large cities are white; that such laborers, whether colored or white, are for the most part poor, ignorant, ill housed, clothed and fed, and exposed to the worst insanitary conditions, and therefore have the highest death-rate. The death-rate of the *white* population of New Orleans has frequently been compared favorably with the death-rate of the *total* population of New York and some other cities, and yet it is manifest that such a comparison is not fair, unless the same proportion of manual laborers, including the 20,000 colored population of New York City, be excluded from the calculation of the death-rate of New York. New Orleans is no exception to the invariable rule, that the death-rate of the total population is very unfavorably increased by the high death-rate of the large number of persons, manual laborers, etc., who in every place are exposed to the worst insanitary conditions.

Table IV proves conclusively a vast improvement since 1830 in the death-rate of New Orleans. It here deserves notice that our mortuary records are not fully trustworthy until 1846, yet we have data, prior to this, as reliable as are

those for most other cities; and the earliest estimate thus made gives the average annual death-rate of 69.5 to the ten years, 1787 to 1797. Since 1830 our death-rate has been, decenniad by decenniad, gradually lowered from 63.55 to 28.36. No other fact presented as to New Orleans is as encouraging and hopeful as this. The "Remarks" in Table IV indicate the severe prevalence of yellow fever and of cholera as the chief causes for the higher death-rates of preceding decenniards; but these diseases, though the chief, were by no means the only causes, for, if all deaths from yellow fever and cholera be excluded, the death-rate of New Orleans is still found to have greatly improved. As proof of this the death-rate of New Orleans, excluding yellow fever and cholera, was, for the sixteen years, 1846 to 1861, 44; while for the eight years, 1880 to 1887, it was only 28.36. The sanitary repute of New Orleans was, in the past, and deserved to be, very bad, and it takes long to outlive a bad name, as is shown by the lack of proper and wider recognition of the great improvement in the death-rate of New Orleans.

There is another set of facts which furnish a favorable comparison for New Orleans in 1880, and they probably hold good for subsequent years. The death-rate of children under 5 years of age is regarded by sanitarians as a most sensitive and reliable test of the sanitary condition of a place. This death-rate averaged for the thirty-one registered cities, 88.4 per 1000 population under 5 years of age, but was in New Orleans 86.4 for both white and colored children, being only 71. for the white and 130. for the colored. The list of fifty cities, already referred to, assigns to St. Paul (unregistered) the lowest death-rate, only 31., and to the colored children of Charleston the highest rate, 205. This list shows further that the following thirteen cities, and only these, had a higher death-rate of children under 5 years than New Orleans had, viz.: Baltimore, Boston, Brooklyn, Charleston, Chicago, Fall River, Indianapolis, Lawrence, Louisville, New York, Richmond, St. Louis and Washington.

SUMMARY OF CONCLUSIONS FAVORABLE TO NEW ORLEANS.

During the past fifty years and more the death-rate of New Orleans has enormously improved, owing greatly, but by no means wholly, to the decline of yellow fever, of which there have been only two severe epidemics since 1858, viz., in 1867 and 1878, and from which New Orleans has been virtually exempt for the past nine years.

Other things being equal, the greater the density of population the higher the death-rate. New Orleans is the only large city, therefore has the greatest density of population, in the southern United States, and its death-rate compares favorably with the death-rate of the large cities of southern Europe.

The death-rate of children under five years of age, a so-called "barometer of public health," is somewhat less than the average for thirty-one registered cities, and compares very favorably with other large cities of the United States.

The exceptionally high death-rate of New Orleans is due chiefly to the excessive mortality of its disproportionately large colored population.

In most northern cities the death-rate by diphtheria, croup, scarlet and typhoid fevers, is much higher than in New Orleans. But this advantage is, unfortunately, more than compensated for by the following losses: The death-rate by consumption, which, everywhere in the United States, destroys many more lives than any other single disease, was, in 1880 and probably since, higher in New Orleans than in any of the fifty cities, except Charleston, Richmond and Washington; malarial fever was much more fatal in New Orleans and cities of the Gulf coast than in any other cities, except Kansas City; and dysentery was more fatal than in any of the fifty cities, except Nashville, Paterson and Washington.

Considering the unfavorable sanitary conditions and surroundings of New Orleans, there is just cause for surprise and for great thankfulness that its death-rate is no worse. High as this is, it, none the less, justifies the conviction that New Orleans can be rendered as healthful a home as

any other large city. But, to accomplish this, the swamps of New Orleans, from river to lake, must be rescued from the domain of malaria, mosquitoes and snakes and be converted into healthy homes and gardens; it must be thoroughly drained, and this is impossible unless streets and gutters be greatly improved; and it must be efficiently scavenged. Without these essentials a most unhealthy contamination of air, soil and water by malaria and by putrefying decompositions cannot be avoided. Since these unhealthful things are greatly promoted by protracted heat and moisture, and since New Orleans surpasses all other large cities of the United States in these two conditions, there is no other large city where it is as needful that swamps should be converted into habitable land, and drainage and scavenging should be perfected. The greatest ill-fortune of New Orleans is that it still has so small a proportion of citizens who adequately estimate the value of life, health and the dependence on these of both private and public prosperity, or the means indispensable to secure these inseparable blessings.

TABLE I.

EXPECTATION OF LIFE IN NEW ORLEANS, FROM DATA FOR THE YEAR 1880 ONLY. SEE p. 783, VOL. XII UNITED STATES CENSUS, 1880.

AGES.	WHITE.			COLORED.		
	Male.	Female.	Persons.	Male.	Female.	Persons.
0	33.87	42.33	38.10	22.78	28.35	25.56
1	41.98	50.22	46.10	33.33	39.83	36.58
2	44.04	52.42	48.23	35.67	44.55	40.11
3	44.34	52.73	48.54	36.74	45.76	41.25
4	44.18	52.68	48.43	36.38	45.77	41.08
5	43.68	52.09	47.88	36.26	45.27	40.76
10	40.09	48.23	44.16	33.02	41.98	37.50
15	36.06	43.81	39.94	29.09	38.41	33.75
20	31.99	39.60	35.80	26.01	35.25	30.63
25	28.50	36.19	32.34	24.98	33.07	29.02
30	25.62	33.08	29.35	23.44	30.53	26.98
35	22.75	29.98	26.36	21.91	27.99	24.95
40	20.46	27.11	23.78	19.58	25.40	22.49
45	18.18	24.24	21.21	17.25	22.82	20.04
50	16.00	21.24	18.62	15.82	19.74	17.78
55	13.83	18.25	16.04	14.39	16.65	15.52
60	11.52	15.64	13.58	12.10	14.33	13.22
65	9.21	13.03	11.12	9.80	12.01	10.90
70	8.00	10.86	9.43	8.10	9.87	8.98
75	6.78	8.70	7.74	6.41	7.73	7.07
80	6.02	7.44	6.73	6.16	6.76	6.46
85	5.25	6.18	5.72	5.92	5.78	5.85

TABLE II

EXPECTATION OF LIFE OF THE WHITE POPULATION ALONE OF FOURTEEN LOCALITIES IN THE UNITED STATES FOR 1880 ONLY.
THE DATA DERIVED FROM UNITED STATES CENSUS FOR POPULATION AND FROM LOCAL BOARDS OF HEALTH FOR DEATHS.
COMPILED FROM PP. 773-788 OF "PART II, MORTALITY AND VITAL STATISTICS," OR VOL. XII, U. S. CENSUS, 1880.

AGES,	New Orleans,	Charleston	New York,	San Francisco,	Brooklyn,	Boston,	Cincinnati,	Baltimore,	*District Columbia,	Philadelphia,	St. Louis,	Chicago	Massachusetts,	New Jersey,	Ages.
0	38.10	38.34	35.02	41.32	38.61	38.08	40.44	38.18	42.36	41.93	38.96	39.70	44.64	46.82	0
1	46.10	45.30	43.70	48.68	45.94	46.65	48.44	46.04	49.34	49.54	51.29	47.30	51.19	53.44	1
2	48.23	48.84	47.94	49.94	49.66	49.84	51.26	49.80	51.81	51.56	54.32	50.96	53.18	55.05	2
3	48.54	48.54	48.90	50.16	50.66	50.52	52.16	51.05	52.21	52.24	54.40	52.00	53.74	55.54	3
4	48.43	48.22	49.20	50.03	50.97	50.90	52.32	51.58	52.20	52.30	54.15	52.74	53.90	55.48	4
5	47.88	48.10	49.14	49.54	51.02	50.86	52.06	51.72	51.85	52.02	53.70	52.90	53.80	55.18	5
10	44.16	44.24	45.91	45.76	48.62	47.96	49.11	49.66	48.71	48.56	50.04	51.12	50.97	52.04	10
15	39.94	40.18	41.62	41.38	44.42	43.68	44.78	45.46	44.38	44.30	46.76	47.10	46.86	47.88	15
20	35.80	36.24	37.64	37.42	40.36	40.14	40.76	41.50	40.42	40.37	41.73	43.20	43.29	43.90	20
25	32.34	32.72	34.20	34.00	36.94	36.99	37.20	38.06	36.72	37.01	37.97	39.52	40.12	40.48	25
30	29.35	30.08	31.11	30.88	33.70	33.84	33.81	34.74	33.64	33.84	34.65	36.02	36.88	37.01	30
35	26.36	27.46	28.02	27.78	30.45	30.68	30.41	31.42	30.54	30.68	31.34	32.53	33.54	33.54	35
40	23.78	24.60	25.08	24.85	27.23	27.36	27.18	28.05	27.36	27.46	28.08	29.05	30.13	30.00	40
45	21.21	21.75	22.14	21.92	24.01	24.04	23.96	24.67	24.19	24.24	24.82	25.58	26.72	26.47	45
50	18.62	18.80	19.24	19.20	20.86	20.90	20.77	21.27	21.06	21.12	21.79	22.14	23.22	23.02	50
55	16.04	15.84	16.34	16.50	17.71	17.76	17.58	17.86	17.92	17.98	18.76	18.70	19.72	19.56	55
60	13.58	13.14	13.76	13.93	14.96	14.98	14.66	15.01	15.01	15.12	16.12	16.12	16.62	16.50	60
65	11.12	10.44	11.19	11.36	12.21	12.22	11.75	12.17	12.10	12.26	13.50	12.68	13.52	13.44	65
70	9.43	8.81	9.44	9.44	10.16	10.08	9.76	10.24	9.98	10.19	11.86	10.50	11.12	11.01	70
75	7.74	7.18	7.70	7.51	8.20	7.94	7.77	8.32	7.86	8.12	10.23	8.31	8.72	8.57	75
80	6.73	6.59	6.25	7.24	6.90	7.14	6.74	7.14	6.70	6.90	9.31	7.29	7.34	7.38	80
85	5.72	6.00	5.60	6.96	5.69	6.33	5.71	5.98	5.54	5.68	8.40	6.28	5.97	6.20	85

*The District of Columbia had in 1880 a population of 177,624, but since Washington and Georgetown contained 159,871 of this population, the District represents essentially an urban rather than a rural population.

TABLE III.

DEATH-RATES PER 1000 POPULATION IN THIRTY LOCALITIES, VIZ.: 9 IN THE UNITED STATES AND 21 IN FOREIGN COUNTRIES. COMPILED FROM AN OFFICIAL REPORT (1886) OF THE MICHIGAN STATE BOARD OF HEALTH, "PROCEEDINGS OF THE YPSILANTI SANITARY CONVENTION."

9 U. S. LOCALITIES.	5 Years- 1875-9.	5 Years- 1880-4.	1 Year- 1880.	REMARKS.
New Orleans.....	33.04	29.11	*25.98	*26.02 by La. State Board of Health.
New York.....	26.47	27.76	26.47	
Baltimore.....	24.36	25.03	24.20	
Brooklyn.....	23.01	23.39	23.33	
Boston.....	21.98	22.67	23.53	
Cincinnati.....	21.10	22.52	20.29	
Chicago.....	18.51	21.83	20.79	
St. Louis.....	20.21	20.56	18.93	
Massachusetts.....	19.49	20.54	19.79	
21 FOREIGN LOCALITIES.				
St. Petersburg.....		*41.40	46.10	*4 years, 1878-1883.
Budapesth.....	39.25	32.24	33.60	
Munich.....	35.82	31.67	34.74	
Naples.....		32.84		7 years, 1878-84.
Breslau.....	31.54	31.86	32.60	
Marseilles.....		31.05		
Berlin.....	29.87	27.75	29.67	
Vienna.....	30.29	28.26	28.22	
13 Italian cities.....		29.16		7 years, 1878-84.
Rome.....		29.02		7 years, 1878-84.
Brussels.....	27.34	25.22	25.10	
Stockholm.....	27.05	24.89	28.79	
Hamburg.....	25.25	24.79	24.95	
173 German cities.....		26.47		5 years, 1878-82.
Turin.....	24.27	27.99	23.99	
Dresden.....	24.58	25.35	24.81	
Leipsic.....	23.56	25.21	26.24	
Paris.....	23.39	23.49	24.27	
London.....	22.50	21.20	21.70	
Frankfort am Main.....	20.40	20.04	20.50	
England.....	21.20	19.60	20.50	

TABLE IV.

DEATH-RATES OF NEW ORLEANS PER 1000 POPULATION, 1830-1887. FROM OFFICIAL REPORTS OF THE LOUISIANA STATE BOARD OF HEALTH

Years.	Totals.	White.	Colored.
Ten years, 1830-9.....	63.55		
“ “ 1840-9.....	54.77		
“ “ 1850-9.....	59.13		
“ “ 1860-9.....	40.22		
“ “ 1870-9.....	35.04		
Eight “ 1880-7.....	28.36		
1880, Population 216,090 by U. S. Census.....	26.02	22.96	34.40
1881.....	29.26	25.74	38.92
1882.....	26.71	22.06	39.40
1883.....	33.50	27.70	49.32
1884.....	31.43	26.24	45.56
1885.....	28.50	25.29	37.27
1886.....	26.43	23.59	34.09
1887, Population 242,750, estimated by B. of H.	25.02	22.36	32.12
1880-7, eight years.....	28.36	24.49	38.88

REMARKS:

1830-9.—Yellow fever every year and six epidemics; cholera very severe, 1832-3-4-5.

1840-9.—Yellow fever every year and four epidemics; cholera 1848-9, with 4209 deaths.

1850-9.—Yellow fever every year, with 18,744 deaths and four severe epidemics; cholera every year, with 6426 deaths.

1860-9.—Yellow fever every year, except 1860, with 3318 deaths and severe epidemic of 1867 with 3107 of these deaths; cholera 1866-7-8, with 2004 deaths.

1870-9.—Yellow fever every year, with 5096 deaths; one severe epidemic of 1878 caused 4046 of these deaths.

1880-7, eight years.—Yellow fever every year, except 1881-6-7, causing a total of *only* 9 deaths.

1880.—State Board of Health gives, by erroneous arithmetical calculation, white death-rate “21.00” and colored death-rate, “30.45.”

1883.—Small-pox caused 1266 deaths.

1884.—Small-pox caused 292 deaths.

1885.—Diphtheria caused 148 deaths.

1886.— “ “ 95 “

1887.— “ “ 185 “

The Board of Health of the District of Columbia shows, for the years 1880-7, the following annual average death-rates: for the total population, 23.36; whites, 18.5; colored, 32.56; a much better record than that of New Orleans, and yet the colored death-rate, relatively to the white death-rate, is as bad.

The Factor of Atmospheric Influences in the Prognosis of Iritis, etc., in Warm, Moist Climates.

By WILLIAM C. AYRES, C. E., M. E., M. D., of New Orleans, La.

My experience in the treatment of eye diseases having been gained almost exclusively from several years' observation in the southern parts of Germany and in New York, both of which have somewhat similar climates, I had been accustomed to see all cases of iritis go through about the same course and terminate in virtually the same way. That is, unless a case of iritis was "aborted" before we could really call it an *inflammation* of the iris, we could usually count on a duration of the disease of from four to six weeks, and then expect a restoration to about the normal condition of the eye.

But on taking up practice in the city of New Orleans, I have observed conditions so markedly different from what obtain in the above localities, that I believe an inquiry into the causes which are, or may be, conducive to such differences, at least of great interest, if not of great importance. That such a difference in the prognosis of iritis exists, there can be but little doubt, as will be seen from a narration of the following cases which I have selected from my private practice, and also from a large number which my friend, Dr. Bruns, has reported from the eye-clinic of the Charity Hospital of this city.

I have selected my own cases because each one has some peculiarity of its own, and have taken them so that they might cover a variety of forms of iritis, while those from the hospital practice of Dr. Bruns* were compiled by him for an entirely different purpose.

Therefore, if I may be allowed, I will narrate my own selected cases, which I wish to call special attention to, the main features in each being the rapidity of improvement under the treatment instituted.

CASE I.—Miss C., æt. 30, a native of New Orleans, of French parents, came under my treatment for acute plastic iritis. May 10th, 1887, S = $\frac{2}{7}$; she stated that her eye

*Transactions of the Louisiana State Medical Society, 1884, page 62.

had been red and painful for three days. There were three synechiæ plainly visible under atropine, but pupil did not dilate fully even in its free portions. Second night leeches to temple. Third day pupil regular and dilated, almost *ad max.* Fourth day pupil dilated *ad max.*, and congestion diminished. Fifth day congestion much less, with no pain. Sixth day only slight congestion. Tenth day eye perfectly white; pupil round; dilated *ad max.*, with $V = \frac{2}{3}$. Discharged. She had atropiæ sulph. 0.10, aquæ dest. 10.00 every two hours, with no other medication, except three leeches, and remaining in bed for four days. Light of room moderately subdued.

CASE II.—Mrs. B., æt. 60, native of New Orleans, healthy, called June 10th, 1887. Acute plastic iritis, with synechiæ, $V = \frac{2}{3}$. Eye very red and exquisitely painful at night for eleven days (had been on sugar plantation belonging to her husband).

She had put a fly-blister on her temple the day before I saw her. Gave atropiæ sulph. 0.10, aquæ dest. 10.00 every two hours. The same night no pain and rested well. Second day pupil moderately dilated, but regular. Third day pupil dilated *ad max.*, with eye less congested. Fifth day eye white, pupil dilated *ad max.* Came to office on sixth day. $S = \frac{2}{3}$. Discharged.

She had no medication besides blister on temple; atropine 1 per cent. every two hours; rest on sofa in room, with moderately subdued light.

CASE III.—Dr. G., æt. 48; native of Louisiana. Lues. Had been treated by an oculist for fourteen days. Violent pain constant. Pupil not dilated. Anterior chamber dirty, with gummatous infiltration of minor iris zone downward and inward for about four m. m. $S = \frac{2}{10}$.

Patient placed in bed. Three leeches on temple, with hot water applications to eye for ten minutes every three hours. Hypodermic injections of bichloride of Hg. Mercurial inunctions, and calomel and opium internally, to the very verge of salivation. Room darkened. Atropia 1 per cent. in eye every hour. Second day no pain, but eye ap-

parently in same condition. Third day anterior chamber and pupil clear, with the latter dilated, except at area of gumma. Fourth and fifth day, same. Sixth day, same, with injection less. Eighth day, rosy injection around cornea, more in band leading up to gumma. Tenth day, eye almost white; no infiltration of minor iris zone visible. Anterior chamber clear, but synechiæ remaining. Eleventh day, eye white, pupil clear, with synechiæ remaining. $S = \frac{3}{10}$. Left for his home on twelfth day, with eye in apparently normal condition, except synechiæ.

On sixth day his other eye was injected, but atropia cut off what would evidently have been an attack of gummatous iritis. In this eye $S = \frac{3}{10}$ also.

CASE IV.—Mr. R., æt. 37, native of Louisiana. Had had an attack of iritis before, and “been cured.” Eye very much injected. $S = \frac{2}{4}$. Atropia 1 per cent. every two hours. Second day three synechiæ, which, he said, had existed before. Anterior chamber clear. Third day pinkish injection of circumcorneal tissue. Fourth day, eye white, with synechiæ still existing. $S = \frac{3}{10}$. Patient did not return, although I wished to use leeches and hot water to try and break up his synechiæ.

CASE V.—Mr. E., æt. 26, native of Louisiana. Lues. Had neuro-retinitis specifica ($S = \frac{2}{10}$), for which he was treated by me with but little result for twenty-three days. Went to his home in the country. Returned to me with a gumma of his iris with its concomitant symptoms. Energetic anti-specific treatment immediately commenced. Eye gradually worse for three days. Atropine 1 per cent. every two hours. On the third day synechia same way, with hemorrhage into the interior chamber. Whole ant. chamber full of blood. Condition remained the same for four days, at which time the chamber was one-fourth full of blood. The blood changed to purulent mass. Hypopyon remained until the fifteenth day, when it began to disappear and was gone on the twentieth day of iritic attack. On the twenty-sixth day the iris was dull, anterior

chamber cloudy. Synechia at site of gumma, but the eye was free from injection with $S = \frac{1}{\infty}$.

His treatment had consisted in the mean time of bichloride hypodermically, mercurial inunctions, calomel and opium internally. Atropia 1 per cent. Leeches to the temple. Remaining in bed and light of room was subdued.

Iritis lasted for twenty-six days and eye lost after that time. The case is one which will be seen is not very flattering when considered in connection with the subject of this paper, but it will be conceded that it was one of the most unfavorable conditions in which an eye can be placed. However, on the whole, its length of treatment, twenty-six days, was short.

CASE VI.—Mr. M., æt. 61, a native of Texas, had had iritis plastica for one month and had been treated by one oculist with no improvement. When he was first seen by me, he presented a picture of acute iritis plastica. The pupil was dull and iris sluggish; great pain, especially at night and profuse lachrymation. The previous treatment had not had the slightest effect on his disease as far as could be seen. He was given atropine 1 per cent. when four or five synechiæ were demonstrated, but still the free part of the iris did not show much tendency to dilate.

Ordered leeches to the temple, hot water applications, and atropine one per cent. every hour, patient to remain in bed. Second day of treatment, synechiæ; third day, pupil dilated *ad max.*, no pain, no lachrymation; fourth day, injection of eye diminished; eighth day, eye almost white, slight rosy circumcorneal ciliary injection; tenth day, eye white, pupil dilated *ad max.* with + 3.00 D. V. = $\frac{20}{\infty}$.

CASE VII.—Mr. H., æt. 53, native of New Orleans, presented himself with what turned out to be spongy iritis. Three days before, while walking into his parlor in the dark, and attempting to pick up some object which had fallen on the floor, he struck his eye against a chair, break-

ing his glasses. When first seen, there was a clean cut wound in his cornea with some blood in his anterior chamber. Evidently the iris had been cut also, but the cut was not visible. Eye red, ant. chamber hyphæmic. Pain, lachrymation, photophobia.

Atropine one per cent., dark room, patient put to bed. At end of third day iris dilated, anterior chamber clear, but with a spongy exudation into the pupil, much resembling a small dislocated lens. At tenth day exudation absorbed, anterior chamber clear, pupil dilated *ad max.*, eye still congested.

End of 15th day, eye white, pupil dilated *ad max.*, with ant. chamber clear, S = $\frac{20}{30}$. Slight linear cicatrix in cornea, none visible in iris.

CASE VIII.—Mr. W., æt. 10, a native of the State, had had wound in the ciliary region of right eye two months before. Indrawn scar, with slight pthisis bulbi. S = $\frac{2}{3}$. Left eye iritis sero-plastica sympathetica, of five days' standing, with chamber cloudy.

Placed patient in bed, enucleated his right eye, dropped atropine one per cent. every hour in his left eye, hot water every three hours for ten minutes, and leeches to his temple for left eye. On second day, pupil commenced to dilate and was moderately dilated on third day. On fifth day put leeches to left temple again. Sixth day, iris moderately dilated, atropine and hot water same. Ninth day, pupil dilated, ant. chamber much clearer, with but few deposits on posterior surface of cornea. Fifteenth day, pupil dilated *ad max.*, anterior chamber and cornea clear, small deposits of pigment on anterior capsule of lens. Eighteenth day, eye white, S = $\frac{20}{30}$. Kept in city for one month and discharged.

Remarks.—These cases I have selected not on account of their rapidity of cure, but as showing all the forms of iritis that I have come in contact with in New Orleans. It will be seen that they include: 1 simple plastic iritis, 2 specific iritis, 3 spongy iritis, 4 sympathetic iritis. I have never seen a case of purulent iritis here, just as I have

never seen a case of suppuration after an eye operation of any kind. Indeed, after extraction of cataract, I have not only never seen a case of suppuration, but I have never had a real case of iritis, nor irido-cyclitis, although I only bandage up the eye for 2-3 days, and keep the patient in bed for the same length of time.

We will see that in one case a well-defined iritis was cured in four days, and one of a very bad specific nature lasted 26 days.

But the average of these cases in the length of time that it took to subdue all symptoms of inflammation, amounts to 12.6 days.

No case was considered cured unless the eye was free from pain, photophobia, lachrymation and all ciliary injection.

It is true that some were discharged which still had synechiæ, but in these there were no signs of inflammation nor irritation.

Then, again, the eyes were never bandaged, and the patient seldom required to go to bed. They were never put in a dark room.

If we examine the record of Dr. Bruns' cases from his practice in the eye department of the Charity Hospital of this city, we will see that even in hospital practice, where the patient is never required to go to bed, the average duration of cases properly treated was 20 days.

And among those which it was impossible to treat properly it was 26 days.

Therefore, taking the average of those treated in practice as 12 days, and combining this with the average of all cases in hospital practice, we find a grand average of all cases of iritis as we find them in Louisiana last 19 days.

Or if we exclude those cases which could not be treated adequately in hospital practice, we find the average of those which could be treated properly as lasting but 16 days.

That our cases should be cured in say sixteen days, while those in climates like South Germany, New York

City etc., showed an average, say twice that long (if I be correct) when treated in the same way, or even under more rigorous treatment, seems to be a condition of affairs which would be well worthy of investigation.

And considering that the treatment is the same or approximately so in both localities, the most probable cause of the tremendous difference in our favor would seem to lie in some climatic influence, and if this be true the point to be determined would be in what particular does the general condition of the atmosphere in Southern Louisiana differ from that of other climes.

If we examine into the climatic conditions of this particular portion of the South, we of course would first be struck with the remarkable fact that the temperature here is much higher in the winter, and much lower in the summer than in other portions of the United States of which we have official records.

But when we consider that the prognosis of iritis, etc., is about the same here, no matter what the actual temperature is, and considering this to be the case in other localities also, we are not justified in assuming that the degree of heat is a very important factor as regards the subject under consideration. That is, since in other localities the same temperature will obtain in one season that we experience here in another, and in each place the temperature not influencing prognosis to any observable degree, we are compelled to throw temperature out of consideration and seek other conditions to account for the difference of prognosis in our favor.

In examining the official weather reports as compiled by the United States Weather Station here, and also by the Chief Sanitary Inspector of the City of New Orleans, we find one striking feature; one indeed which is very remarkable. It is what is termed the *relative humidity* of the atmosphere. And for fear the term relative humidity may be unfamiliar to some of us, it would be well to explain exactly what is meant by relative humidity. It is this:

The relative humidity of the atmosphere at any given

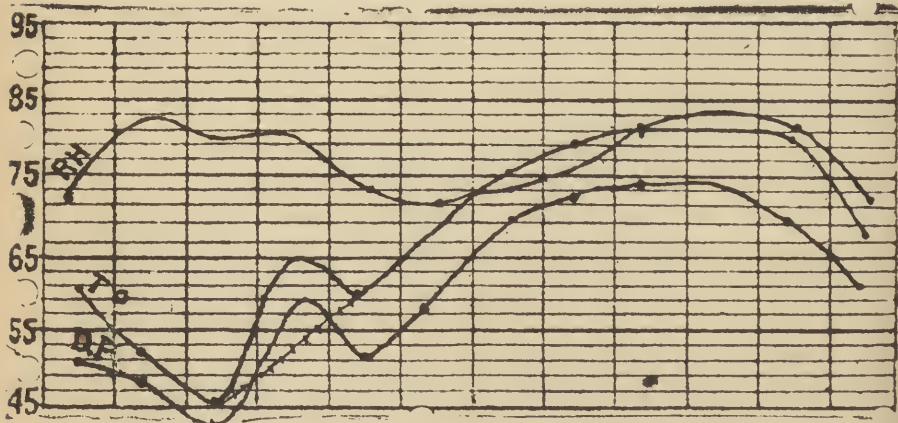
temperature is the actual percentage of humidity present of what would be the point of saturation at that temperature.

In other words, if at a certain temperature, say 75°F., the dew-point or point at which moisture would begin to be deposited be considered as 100, then the relative humidity would be the real humidity percentage of the 100, or saturation which is present in the atmosphere at that time.

If this relative humidity was found to be say 85, then if 15 per cent. more moisture were added by some means, dew would begin to be deposited or the atmosphere saturated with moisture.

In comparing the atmospheric statistics of this place for some time past, I have found that, no matter what the season of year or the actual temperature at the time, there remains the remarkable fact that the relative humidity of the atmosphere always remains about the same. And if we take the mean relative humidity month by month, it only varies during the whole year by about 10 per cent. That is, the relative humidity has never gone below 70 per cent., nor has the mean relative humidity gone above 82 per cent. of saturation in any month or any year I have tabulated.

CHART SHOWING THE RELATIVE HUMIDITY, TEMPERATURE AND DEW POINT AT NEW ORLEANS DURING 1887-88.



	Jan.	Feb.	Mch	Apr.	May	June	July.	Aug.	Sep.	Oct.	Nov.	Dec.
Mean Temp	61.1	52.9	45.5	65.2	60.0	67.9	75.	78.3	80.5	81.	77.3	68.1
Mean Relative Humidity	73.5	81.1	79.8	80.9	72.2	71.4	73.9	79.4	81.3	80.	76.8	74.0
Mean Dew Point	51.6	46.7	39.	58.4	50.1	57.0	62.7	70.4	73.7	73.6	68.6	58.4

As is but natural in the nature of things, the dew-point and the mean dew-point for each month will be found to vary with the temperature at any given time, but it is certainly a very remarkable condition of affairs that the atmosphere should always contain from 70 to 80 per cent. of saturation with aqueous vapor.

There are perhaps other minor peculiarities in the atmosphere of Southern Louisiana which may have some effect in determining the prognosis of eye troubles (or indeed other troubles) in the South, but I am much inclined to believe that we have pointed out the chief factor in our favorable atmospheric condition; and that factor which enables us to cure our patient in much less time than those who are acting elsewhere, do under a less favorable combination of climatic influences.

If the above conclusion be a just one, it would become very interesting and important that the statistics of iritis, etc., be compiled in other locations, and also the atmospheric conditions and a comparison made between the different results.

I would therefore invite those who are in charge of large ophthalmic institutions to collect their statistics of the prognosis of iritis, and even operations on the eye; and then to collect the statistics of relative humidity of the atmosphere at their places of residence and compare them with the results herein recorded.

It will readily be seen that results may thus be obtained which could give us very important clues to the proper surrounding of the sick-room, and indeed lead us to a knowledge of the best possible conditions of the atmosphere for obtaining the best results under all circumstances. Such an ideal atmospheric condition might even be produced artificially, and if so, we would be fully justified in

hoping that by a careful collection of such statistics as just referred to, we might be placed in the possession of knowledge which would save much time and obviate much suffering which the more unfortunate among us are now obliged to undergo, from the want of certain knowledge on the part of those of us whose mission in life is to administer to these unfortunates, and to battle with this particular species of disease.

HOSPITAL REPORTS AND CLINICAL NOTES.

A CASE OF RAPID RECOVERY FROM TOBACCO AMBLYOPIA.

Charity Hospital Eye Clinic. Service of DR. BRUNS. Reported by P. L. REISS.

F. M., a white lad of 13, had been addicted to the excessive use of tobacco, especially in the form of cigarettes. His mother stated that he smoked almost constantly. For a year he had been complaining of dizziness and unsteadiness of gait, at times staggering like a drunken man.

His eyes presented nothing abnormal on inspection, and upon ophthalmoscopic examination only paleness of the temporal halves of the discs. The case came under observation June 15th, 1888, and was diagnosticated tobacco amblyopia by Dr. Bruns. Vision R. E. = $\frac{20}{30}$; L. E. = $\frac{20}{10}$. He was ordered in the most positive manner to abandon the use of tobacco.

June 16th, a single hypodermatic injection of strychnia sulphate, gr. $\frac{1}{10}$, was administered.

June 21st, vision, each eye, was $\frac{20}{20}$, some letters.

June 29th, vision was perfectly normal, recovery having taken place in fifteen days after use of tobacco was abandoned, for it is impossible to suppose that the single small dose of strychnia was instrumental in producing the result.

TWO CURIOUS OPHTHALMIC CASES IN THE PERSONS OF NEGROES.

Charity Hospital Eye Clinic. Service of DR. BRUNS. Reported by G. S. STELL.

A Mulatto with One Brown and One Bright Blue Eye.
—A. H., a mulatto, born in Louisiana, sixteen months old, was brought to the clinic July 14th, 1888.

His general health is good. Three or four days after birth his right eye became red and discharged freely, remaining so for four or five months. At the centre of the right cornea is a light, smooth, circular macula. The pupil is contracted and occluded by a plug of lymph. The eye is prominent, with a slight divergent squint, but the anterior chamber, shape, etc., are normal. The left eye is also prominent, though apparently normal in every respect, but *the iris is of a bright china blue*, while that of the fellow eye is of the usual rich seal brown colour common to his race. Both himself and mother are *café au lait* coloured mulattoes with black, woolly hair.

A High Degree of Myopia Occurring in an Unlettered Mulatto Field-Hand.—Mrs. A. J., a *café au lait* coloured mulatto field-hand, aged thirty-five years, came to the clinic July 5th, 1888. Her general health is not good. Twenty years ago she had a child, and has not menstruated regularly since. Examination by Dr. Michinard, in charge of the negro gynecological ward, discovered an enlarged and retroflexed uterus, bound down by inflammatory adhesions. She has never been able to see well at a distance and has always had to hold her sewing close to her eyes. Vision is estimated at ability to count fingers at eight feet with the right eye, at five feet with the left eye, as the woman does not know letters and is even ignorant of the common figures—squares, triangles, crosses, etc. There is nothing abnormal in either eye on inspection. The pupils respond well to light. Both pupils being dilated with atropia, an ophthalmoscopic examination shows a total disappearance of the retinal pigmented epithelium, the choroidal circulation being perfectly visible. Each disc is surrounded by a narrow ring of choroidal atrophy. The refraction is certainly not less than — 12 D. in the right, and — 10 D. in the left, and a pair of — 10 D. improves vision greatly.

This case proves that while the use of the eyes for near work is the usual, it cannot be the sole cause of myopia. Nearsightedness is so rare among our negro labouring

class that Dr. Bruns could not recall a similar case, and does not think that the records of our service for the past five years contain one, although hundreds of negroes are treated in the clinic annually. As this mulatto must have had some white ancestor it is just possible that the defect is inherited.

CORRESPONDENCE.

VIENNA LETTER.

[Our Regular Correspondent.]

The Treatment of Syphilis With Subcutaneous Injections of the So-Called "Grey Oil." — At a recent meeting of the Imperial Royal Society of Physicians, of Vienna, Prof. Lang read a paper on a new method of treating syphilitic affections. He wished to devise a method by which metallic mercury could be used for subcutaneous injections in the same form in which it was present in the mercurial salve and the mercurial plaster. The preparation which he had adopted after repeated trials was represented by the following formula:

Hydrargyri, } (Sic) aa. three parts.
 Lanolini, }
 Oil of olives, four parts.

By means of direct experiments, he found out that small quantities of the "oleum cinereum" ("grey oil") were sufficient to cause the disappearance of syphilitic symptoms within a proportionately short course of time. In general, he injected at intervals of from 5 to 8 days, from 10 to 15 centigrammes of the mercurial oil at a time; after about three weeks, the treatment was discontinued for an interval of about 20 days, when he began with the injections anew, and so on, until he had performed subcutaneous injections of from 1½ to 2 grammes of the preparation now in question. The technique of the procedure which Prof. Lang and his pupils had described on another occasion was of great importance, and when the [technical rules and anti-

septic precautions were rigidly observed, good and satisfactory results were always obtained. Prof. Lang then compared the small quantities of metallic mercury which were contained in the "grey oil" with those which were injected when sublimate was used; he, however, insisted on the necessary precautions, and recommended that no more of the "grey oil" should be injected than mentioned above, for, should "stomatitis mercurialis" occur, the deposits of mercury would have to be removed by excisions. He had only rarely met with stomatitis in the cases which were under his care, and the preparation was quite well supported by the patients. He had met with only five cases in which he was obliged to discontinue the injections; the individuals to be treated were, in these cases, either too sensitive or possessed a certain degree of idiosyncrasy against mercury.

The advantages of the method of Prof. Lang consisted in the fact that the efficient agent, mercury, was distributed in the preparation, and the dose could be more exactly measured than in the case of treatment with inunctions. The reaction resulting from the injections was very small, and Prof. Lang, in his private practice, had not met with suppuration at the site of the injection. The use of the "grey oil" was indicated in all those cases in which treatment with mercury was necessary, and the good effects were especially manifest when there were evidences of syphilis of the nervous system, such as syphilitic affections of the brain and the spinal cord. In the severest cases of cerebral syphilis, he obtained quite satisfactory results under the administration of "grey oil." The absorption of the late products of syphilis was very greatly facilitated by the local application of the "grey oil." In cases in which gummatous infiltrations were present on any part of the body the injection of small quantities of the "grey oil" (from 0.01 to 0.05 grammes) in their neighborhood was sufficient to produce rapid absorption. When a local suppurating process was established, the dispersing power of the preparation was not allayed thereby. Syphilitic affections of

the external auditory apparatus, the membrana tympani and the middle ear could be very easily treated by means of the "mercurial oil;" in the case of aural diseases, it could be injected through the Eustachian tube. The syphilitic processes of the larynx and the interior of the nose, as well as those of the eye, were more accessible to treatment when the preparation in question was used. The reaction caused by the injections of "grey oil" was very slight; the patients, on the day following the date of injection, presented a small degree of infiltration, with some pain, but after the course of about eight days, no trace of any change at the site of the injection could be noticed.

The experiments with lanolin and calomel which Prof. Lang had recently carried out were not attended with as favourable results as those obtained by the treatment with "grey oil." The lecturer would not recommend the use of the "grey oil" in the case of hereditary syphilis in children, as it was proven that children did not bear well subcutaneous injections; the preparation would, however, be strongly indicated in hereditary syphilis of adults.

Inguinal Incarcerated Hernia; Resection of the Intestine.—Prof. Lunniczzer communicated the following case to the Royal Society of Physicians of Budapesth. The patient, 23 years old, was suddenly seized with vomiting, and at the same time he remarked that his right testicle was swollen and was very painful. When a boy of the age of ten years, he had suffered from a right inguinal hernia which had disappeared in the course of a year. On the admission of the patient into the clinic of Prof. Lunniczzer, the following conditions were found to be present:

A tumour of the size of an egg was detected in the right part of the scrotum, the surface of the tumour was smooth and very painful on pressure. A cord of the size of about three fingers square extended from the tumour upwards, the tumour quite corresponded to the testicle, and the cord which was less resistant than the tumour was painful on pressure. The inguinal region and the abdominal walls were not sensitive. The symptoms present pointed to

acute orchitis, as the testicle could not be felt and there were no symptoms of incarceration.

The above mentioned attack of vomiting could be looked upon as the result of pain in the testicle and was not attributed to the existence of incarceration. The bowels acted well on the day preceding that of the admission of the patient into the clinic. The rapid development of the disease and the fact that the patient had suffered from inguinal hernia at the age of ten years, gave them much to consider. Even when the presence of an inguinal hernia was admitted, the disease was looked upon as a primary inflammation of congenital hernial sac. The lecturer, for this reason, desisted from any surgical intervention. On the evening of the second day the patient vomited green masses; on the third day, the complex of the symptoms quite changed; repeated vomiting and singultus occurred. The masses vomited were now of a fæculent character. The abdomen was much distended, but the tenderness in the right scrotum had quite disappeared. Over the part which corresponded to the spermatic cord fluctuation was felt; the skin was reddened and the subcutaneous cellular tissue was œdematous. Operation was resorted to. A dark and fæculent liquid was discovered in the hernial sac, and above it a dark and collapsed intestinal coil was observed behind which a dark-coloured mesenteric cord led into the lower angle of the hernial sac; the atrophied testicle was also detected at the same place. After the dilatation of the inguinal canal, the lecturer endeavored to replace the intestinal coil, when a sudden rupture of the intestinal wall was noticed. The section was prolonged farther upwards, a small laparotomy was performed; now the intestinal coil could be easily drawn forwards and on the convex part of it two losses of substance, fourteen millimetres long, of the serous and the muscular layers were discovered; the floor of the affected areas was formed by the mucous membranes.

Resection of the gangrenous intestinal coil was made, and occlusion was effected by means of the "Czerny-

Lambert'' sutures. The abdominal wall was closed, and the hernial sac was radically removed. Vomiting was present for two days after operation; on the third day flatulence came on; on the sixth day, the bowels acted well. No inconvenience during the after-treatment. Complete recovery.

Xeroderma Pigmentosum.—At a recent meeting of the Imperial Royal Society of Physicians of Vienna, Docens Dr. Riehl showed a very remarkable case of "xeroderma pigmentosum". The individual affected with this disease was the oldest one on whom "xeroderma pigmentosum" had been hitherto observed. The patient, 61 years old, states that her disease had come on at the age of 18 years. Her parents were healthy, but her grandfather was affected with a very striking pigmentation. The sister of the patient enjoyed perfectly good health, and the same was true of the daughters of the patient. The patient states that, when a child, she had been affected with several patches resembling summer rash over the face and arms.

Eighteen years since the patches increased in number and became darker, and at the same time a verrucose tumour appeared on the nose and was removed by Prof. Dumreicher. The swelling recurred several times, so that the patient had to be repeatedly operated upon. About four years ago she noticed the development of warts over other parts of the face. The patient now presents the usual complex of symptoms characteristic of "xeroderma pigmentosum."

Irregular and pigmented patches, with numerous white scars, are present on the face, neck, the upper parts of the chest, as well as on the arms. The hands are only affected on the dorsal aspect, and the disease is much less developed on the feet and the thighs. Angiomata and telangiectasias, which, in many cases, are present in great numbers, are in the case under consideration only very scanty. The atrophy of the skin of the hands and of the forearms, as well as the dryness of the epidermis, are very well pronounced. The neoplasmata, which are characteristic of

this process, are sure to be present on the face, such as an ulcerating epithelioma on the nose, which has destroyed a great part of the skin and cartilage of the nose, and, moreover, several epitheliomata are present on the cheeks and the front.

The process in question, continued Dr. Riehl, began to develop at a very early date, in the first or second year of age; it set in with the development of pigmented patches, between which small angiomas were scattered. The patches gradually increased in number, whereas the angiomas rapidly disappeared, and shallow white scars remained behind.

In the infantile age (at the age of from 6 to 12 years), epitheliomata began to develop out of some pigmented patches, which increased in number and thus caused death.

The ætiology and the anatomy of the disease was not sufficiently known, though fifty cases of "xeroderma pigmentosum," reported by various authors, were already on record in literature. The clinical symptoms had scarcely been completed since the first work of Kaposi (1870) on this subject.

Kaposi emphasized the dryness and atrophy of the skin, which was very well pronounced during the first period of observation.

Geber laid much stress on the fact that the anomaly of pigmentation was of a congenital origin, and he, for this reason, used the term "nævus."

Taylor particularly emphasizes the occurrence of angioma ("angioma pigmentosum et atrophicum"). Pick lays more stress on the progressiveness of the pigmented anomaly ("melanosis lenticularis progressiva").

Neisser called the disease "liodermia cum melanosi et teleangiectesia."

Vidal uses the term "dermatose de Kaposi."

The peculiarities of the disease, and especially its occurrence in children of one and the same family, make the supposition very probable that we had to deal with a con-

genital anomaly in the structure of the skin, and that this gave origin to the severe changes referred to above. The term "xeroderma pigmentosum" referred to a symptom in the disease under consideration, which was the least important of all, and endeavors had, therefore, been made to replace it by other terms. As we, however, had no exact idea of the character of the affection, the name in question would be quite sufficient or the term of Vidal would have to be accepted.

Superior Hemianopsia.—Professor Nothnagel showed a very interesting case of superior hemianopsia. The patient, aged forty-six years, had become suddenly blind some weeks before. The intellectual faculties of the patient were impaired, and, for this reason, it could not be exactly determined in which way the sudden blindness had supervened. The ophthalmoscopic examination did not reveal any abnormalities; the size of the pupils varied from time to time, and they did not react quite promptly; the eye-balls could be moved in all directions. The patient possessed no perception of light in the upper part of the field of vision, but he had such a perception in the lower. He could neither distinguish the different colors, nor had he an exact idea of the size of the objects which were shown to him. The condition was to be considered as "hemianopsia superior," and only three similar cases were on record in literature. One of these cases had been reported by Mauthner, and two were communicated by Schweitzer. Autopsy was not performed in any one of these cases. The case of Mauthner was very likely due to compression of the "chiasma nervorum" by a tumour. The condition of the patient improved later on. In the case under consideration the lesion must be situated farther backwards, and, in all probability, the field of vision of the cortex of the occipital lobe must be affected. The sudden occurrence of the blindness and the fact that cerebral symptoms had come on afterwards, as well as the impaired intellectual faculties, first led Prof. Nothnagel to conclude that we, in this case, had to deal with a process

in the substance of the brain itself. On the other hand, the fact that all cerebral symptoms had been absent before, pointed to a lesion of the cerebral cortex.

One difficulty of this case was caused by the fact that the process had simultaneously supervened in both the hemispheres. An observation, however, which the lecturer had made some one and a half years ago, at his clinic, showed that such a condition was not opposed to the admission of the presence of a lesion of the cerebral cortex. A patient of the clinic of Prof. Nothnagel, who was affected with cardiac failure, happened to suddenly become blind during the night. The autopsy showed the presence of a bilateral malacia of the most superficial parts of the occipital lobes, and deriving its origin from a bilateral thrombosis of the cerebral blood vessels. In the case under consideration neither the presence of syphilis nor degeneration of the blood vessels could be proven. Taking, however, into account the advanced age of the patient, it was quite possible that we had to deal here with an atheromatous process of the cerebral blood vessels. The fact that the pupillary reflex was intact also pointed to a lesion in the occipital lobe. If the autopsy of this case should happen to be made, the case would be a surprising illustration of the experiments of Munk, who stated that the occipital lobe was the seat of the centre of vision.

Immediate Inversion of the Uterus after Delivery.—At a recent meeting of the “Obstetrico-Gynæcological Society” of Vienna, Prof. Breisky read a paper on a recent observation of inversion of the uterus immediately after delivery.

This patient was the day before confined in her dwelling, and the attending midwife was stated to have caused the inversion by traction upon the umbilical cord, as the after-birth was not expelled in time. The previous attempts of reposition were in vain. The inverted uterus, which was about the size of two fists of a man, was found in the dilated vagina. No hemorrhage. The patient was placed on her back and put under the influence of chloroform;

the inverted corpus of the uterus was pushed backwards by means of the fist, while the other inverted parts were fixed on the abdominal wall by means of the tips of the fingers of the other hand; reinversion except the fundus of the uterus thus resulted in about ten minutes; the reposition of the rest could then be easily effected by means of the fingers. Good contractions instantly supervened after the reduction. Prof. Breisky remarked that this was the first case of recent inversion of the uterus that he had observed, as he had hitherto only met with cases of inversion of old standing, in one of which he had succeeded in performing reposition a year after the development of the inversion and after repeated attempts and the use of the kolpeurynter. At that time he thought that the plan adopted by Kiwish and Nöggerath was the most useful, viz., by first performing the reposition of one extremity of the oviduct. In the above mentioned case of recent inversion of the uterus the reposition was easy and the lecturer chiefly made use of the procedure which had been recommended by Luzzati of Milan.

Prof. Charles Braun remarked that during his thirty years' practice he had not met with a recent case of inversion of the uterus at his clinic; the only such case which he had observed was one of his private patients. The patient was confined at 8 o'clock, and at 11 o'clock, when Prof. v. Braun saw the patient, he detected the presence of large masses of blood between the thighs, and after these had been removed the inverted uterus became visible. The lecturer detached the placenta, reduced the uterus, which could be easily performed, and allowed his fist to remain for a while in the uterine cavity for the purpose of irritating this organ to contractions and preventing further hemorrhage. All possible kinds of analeptics were given to the patient, but she nevertheless succumbed in the course of an hour.

Prof. Bandl stated that an inversion of the uterus might also occur spontaneously, and that no traction of the umbilical cord was necessary for this purpose.

LONDON LETTER.

[Our Regular Correspondent.]

The Medical Curriculum.—Since my last letter the General Medical Council has held its forty-fourth session, without, however, accomplishing any very interesting or important work. It has made a number of recommendations with regard to the medical curriculum, which the examining bodies will probably treat with but scant courtesy; their general tendency would be to lengthen the curriculum, and sooner or later it is probable that it will have to be formally fixed at five years.

As it is, most students take more than the regulation four years before obtaining a diploma.

“*Covering.*”—Another thing which the Council did was to severely admonish a registered practitioner who had acted as “cover” to an unqualified practitioner. It must be generally known that no person can practise in the United Kingdom unless he owns and has registered a diploma of a recognized college or university. An unqualified person who practises is liable to certain pains and penalties, but frequently succeeds in evading the law by entering into an arrangement with an impecunious possessor of a registered qualification, whose assistant he ostensibly becomes; the unqualified practitioner is, in medical slang, said to be covered by the qualified.

The Sympathetic Nervous System.—The way in which the physiologists are drifting away from the medical profession is very much to be regretted; both parties are to blame, but probably the physiologists are most at fault. Still I was hardly prepared to be told that many fellows of the Royal Medical and Chirurgical Society had never heard the name of Dr. W. H. Gaskell, of Cambridge, to whom the Quinquennial award of the Marshall Hall prize was recently made. A very large number of fellows assembled to hear his address, and for the first time his very important researches into the structure and relation of the sympathetic nervous system were explained by their author to a medical audience. The

most striking point is the proof that the latter system is not only intimately connected with, but is directly derived from the cerebro-spinal system. Just as the motor nerves have their centres in the anterior cornua of the cord so the visceral nerves have their centres in Clarke's columns. These columns lie just at the root of the posterior cornua on their inner side, and Lockhart Clarke himself proposed to call them the posterior vesicular columns. They are unequally developed at various levels, attaining their greatest dimensions in the cervical and lower dorsal and lumbar regions, corresponding with the areas within which Dr. Gaskell finds the main outflows of sympathetic nerves. It is impossible here to do more than direct attention to the very far-reaching results at which Dr. Gaskell arrives, and those who are inclined to prosecute the subject further will find remarkable papers by him in recent issues of the *Journal of Physiology*, that cosmopolitan periodical which is issued under the joint auspices of the professors of physiology in the Universities of Cambridge, Oxford and John Hopkins.

Large Fees.—The news from Berlin, as I write, is very gloomy, and private information leads me to believe that even the most sanguine of the Emperor's advisors do not hope that the fatal issue can be much longer postponed. Rumor says that Sir Morell Mackenzie has been receiving, since the Emperor's accession, a fee of fifty guineas a day (200 dollars), and it is even said that this has recently been doubled.

This may be compared with the fees paid by another Emperor to a French physician; it is reported that Prof. Charcot received for his two visits to Milan to consult with the physicians of Dom Pedro, of Brazil, 40,000 francs, which is about equal to \$8000. The two Italian physicians, it is said, received \$250 a day.

Scarlet Fever, Cow-Pox and the Cow.—It is probable that we shall soon hear more of the alleged connection between scarlet fever, sore throat and certain forms of cow disease. One result of the recent discussions has been to show that spontaneous cow-pox occurs with hitherto un-

suspected frequency in this Island. Further, Prof. Sims Woodhead, Director of the Laboratory of the Royal College of Physicians, of Edinburgh, seems to have established that the milk of cows suffering from cow-pox may be the cause of severe epidemic sore throat in children. It is understood that the Agricultural Department will shortly issue Prof. Crookshank's report on certain outbreaks which are believed to belong to the same epizootic as the so-called Hendon cow disease, which first gave origin to the theory that scarlet fever could be produced by cow disease. Professor Crookshank adheres to his opinion that the epizootic was really cow-pox.

Not Cruel if for Profit.—A case recently before the Justiciary Appeal Court at Edinburgh gave occasion for a very neat illustration of the state of the law with regard to experiments on animals; the question was whether it was contrary to law to dishorn cattle; it was stated that the practice had been introduced from America and consisted in sawing off the horns within an inch of the skull, the operation being extremely painful. In deciding that the operation was not illegal Lord Young quoted the opinion that, "If you opened an oyster for the purpose of eating it, that was lawful and quite right; but that if you opened it for the purpose of science it was against the statute and was a punishable offence."

The Meeting of the British Medical Association at Glasgow.—The arrangements for the fifty-sixth annual meeting of the British Medical Association in Glasgow, which commences on August the 7th, are now nearly complete. The principal addresses will be given by Dr. Clifford Allbutt of Leeds in medicine, by Dr. Macewen and Sir George Macleod in surgery, by Professor McKendrick in physiology. From the President, Professor Gairdner, a learned address may safely be anticipated. The principal topic of discussion in the medicine section will be the diagnosis and treatment of syphilitic disease of the nervous system, introduced by Professor T. McCall Anderson and continued by Dr. Buzzard, Dr. Ross and Professor Grainger

Stewart; this will probably be one of the chief features of the meeting. Mr. Pridgin Teale in the surgical section will introduce a very interesting debate on the surgical treatment of abscess of the lung and empyema, in which Sir Spencer Wells will take part. The pathological section of the Arnuld Museum promises to be very full and a special discussion in the therapeutic section on carbolic acid, antipyrin, antifebrin and their allies, especially as regards their antipyretic, analgesic and antiseptic actions, to be opened by Professor Theodore Cash of Aberdeen, will, it is anticipated, be of special value. This will be only the third time that the Association has met in Scotland, the two previous meetings having been held in Edinburgh.

Therapeutic Investigation.—The Therapeutic Committee, formed as the result of a proposal made by Dr. Whitla at the Dublin meeting of the Association last year, will make a report preliminary to commencing its work. Its chairman is Dr. Lauder Brunton; an elaborate scheme has already been drawn up; the branches of the Association will be utilized to gather experiences of new drugs and subjects for clinical investigation will be suggested; when practitioners are found to differ materially in their estimate of the value of a drug from that formed by the majority, special pains will be taken to ascertain the causes of this difference.

The Royal Society.—There were a large number of medical candidates for admission to the Royal Society this year, but though many knocked the door was opened to one only. The fortunate applicant was Mr. T. Pridgin Teale, of Leeds. Mr. Teale has won distinction as an ophthalmic surgeon, but he has also done good service in popularizing sanitary knowledge.

Density of Doctors.—A curious return has just been issued by the General Medical Council. From it I learn that in 1881 there were 15,022 medical practitioners in England, that is one doctor to every 1747 persons; in 1886 there were 16,930, or one to every 1662 persons. In Lon-

don there was one doctor to every 939 persons, but Brighton surpassed even this, for in London *super mare* there was one doctor to every 726 persons.

PARIS LETTER.

[Our Regular Correspondent.]

MM. Grancher and DeGennes have investigated the question of disinfecting sputa. They arrived at the following results:

M. Grancher and Dr. DeGennes disinfected tuberculous sputa with carbolic acid at 100° ; potassium at 100° ; sulphate of copper at 100° ; chloride of zinc at 100° ; corrosive sublimate at 100° . Guinea pigs were submitted to injections of sputa thus disinfected. The results were not encouraging, the corrosive sublimate alone appeared to kill the tuberculous bacillus. It is difficult, however, not to say dangerous, to use it at 100° .

Guinea pigs were injected with sputa that had been mixed with hot water and subjected to a temperature of 60° , 80° and 100° .

It was discovered from these experiments that the bacilli resist water at 60° , are nearly always killed at 80° , and at 90° and 100° are always killed. MM. Geneste and Herscher have constructed an apparatus to be placed near each hospital ward.

M. Lailier asked if it would not be possible to have one apparatus only for each hospital on account of the expense; and if the apparatus could not be heated by steam instead of gas.

Dr. Ollivier remarked that M. Grancher's experiments prove the insufficiency of the ordinary means of disinfection, such as chloride of zinc. Meat should be always well cooked, and when prescribing it raw, the physician should ascertain that only non-tuberculous mutton is used.

M. Grancher replied that raw meat is not dangerous. The experiments of M. Nocard prove that the bacillus of tuberculosis rarely exists in the flesh or juices of animals

which die from this disease, unless there be a tuberculous ganglion.

MM. A. Gilbert and Léon have inoculated the microbe found in a case of endocarditis into the vein of the ear of a rabbit, and observed that it may cause in that animal lesions of infectious endocarditis *without previous valvular traumatism*. A rabbit's heart, presented on the same occasion, showed extensive alterations of the auriculo-ventricular valves. In four cases of inoculation similar symptoms of valvular endocarditis were observed, in one case accompanied by an intense aortitis. These are not the only lesions produced; there are others equally important. Intra-venous injection of one cubic centimetre of a cultivation, aged less than twelve days, causes the death of the animal either rapidly or at the end of two or three days, and generally from meningitis, accompanied or not with other lesions. In other cases death supervenes only after some weeks or even months; the animal recovers its appetite and health, to all outward appearances, but finally becomes paralyzed and dies.

M. F. Curtis, in the course of his researches on the structural modification to which the arterial walls are subjected at the origin of the collateral arteries, found that these modifications were, in arteries of every part of the body, particularly marked towards the free edge of the valve, formed by the acute angle at the converging point of the two arteries. He proceeds to examine successively the conditions of the middle and interior tunics.

Middle Coat.—A longitudinal section, including the origin of an oblique collateral artery, shows on the free edge of the spur a complete interruption of the elastic muscular coat. This adventive continues between the muscular fibres until it reaches the external tunica. It seems, however, limited to the arterial spur, not extending beyond, and has been observed on the principal arteries of the body. Near the point of separation of the big arteries this interruption of the middle coat is much less marked. The muscular tissue seems dissociated by the

penetration of the laminated fascia of the adventive, which always reach to the internal coat. This dissociation no longer occupies the apex of the vascular spur, but extends laterally towards the less important artery. Another particularity worthy of remark is the presence of longitudinal muscular fibres in the walls of the principal arteries close to the bifurcation of the collaterals. This is so invariable a phenomenon that its presence in cross sections of any artery signifies the near approach to a bifurcation. The number and grouping of these fascia vary considerably. M. Curtis proposes to give to these longitudinal *muscular* fibres the name of *strengthening ostial fibres*.

Internal Coat.—The internal coat, at the origin of the collateral arteries, shows a considerable thickening, to compensate, as it were, for the absence of the middle coat. This thickening is greatest at the apex of the spur, and gradually becomes attenuated around the orifice. It occupies a larger space than that of the interruption of the muscular tissue. It appears, therefore, in general, that at the origin of a collateral artery there is an absence of middle coat towards the summit of the arterial spur, and that this void seems compensated for by a corresponding thickening of the inner coat.

M. Gréhant is continuing his researches on the products of the combustion of coal gas in the blood. M. Gréhant has previously shown that the products of the combustion of coal gas in an Argand burner contained from 5 to 6 per cent. of carbonic acid and only 10 to 12 per cent. of oxygen, so that the volume of oxygen absorbed is about double the volume of carbonic acid produced. He endeavored to study the changes caused in the composition of the blood, by the inhaling by animals of this gaseous mixture.

100 cubic centimetres of blood from the carotid artery of a dog contained:

42^{cc} .5 of carbonic acid.
17^{cc} .9 of oxygen.
1^{cc} .8 of nitrogen.

After having been made to inhale the products of the combustion of coal gas during 23 minutes, 100^{cc} of arterial blood of the animal contained:

43^{cc} of carbonic acid.

12^{cc} .6 of oxygen.

1^{cc} .8 of nitrogen.

The proportion of carbonic acid had varied but slightly, whereas the oxygen had diminished.

In another experiment there was an increase in 100 cc. of blood after inhalation, of 6cc. 3, of carbonic acid, and a diminution of 8cc. 8, of oxygen. There was *anoxhemia*, a state of blood which, according to Dr. Jourdanet, is that of the inhabitants of the highest region of the globe, or of animals subjected to the action of rarefied air. No traces of acetic acid were found in the products of the combustion of coal gas in an Argand burner, therefore this toxic element is entirely transformed into carbonic acid. From a hygienic point of view, Mr. Gréhanet concludes that it would be well to devise a means for ensuring the escape of the products of combustion so as to prevent them from vitiating the air inhaled and thus causing a certain degree of anoxhemia.

M. Terrillon has performed three successful operations of laparotomy for salpingo-ovaritis. The patients were not only relieved of the intolerable pain which tormented them, but their health, seriously compromised, was restored. These three cases presented peculiar difficulties of diagnosis. There was chronic inflammation in the Fallopian tubes and of the ovary, without retention of liquid in the tubular cavity. The Fallopian tubes, slightly increased in volume, formed a small tumor, not easily recognizable by ordinary means of investigation. The organs closely adhered to the peritoneum of the small pelvis. This rendered the diagnosis excessively difficult, and yet the gravity of the symptoms urgently demanded active intervention.

M. Blanc, in order to determine whether ergot of rye increases or decreases uterine contraction, has made the following clinical researches on a hundred women. These

he divided into three groups. To the first, composed of 40 women, he gave no ergot; to the second, composed likewise of 40 women, he gave ergot for the first five days after their confinement; to the remaining 20 women he gave ergot on the tenth day after their confinement. M. Blanc employed Yvon's solution of ergotine, which he administered in hypodermic injections. The first injection was made immediately after the confinement; it was repeated once or twice, if necessary, until the uterus was thoroughly contracted. In order to follow very exactly the modifications in the size of the uterus, whether or not under the influence of ergot, M. Blanc measured it externally every day, and twice on the fifth and tenth days he employed intra-uterine catheterism. A line drawn on a point of the abdominal wall served to determine the situation of the bottom of the organ, and the distance from this point to the pubic symphysis, taken to the utric ribbon, represented the height. To obtain the width he took the boundaries of the side of the uterus, with one or two fingers of each hand, and measured the interval. For the intra-uterine catheterism he employed a thick catheter, more bent than is usually the case. The catheterism was performed with the greatest antiseptic precautions. The following are the conclusions arrived at:

1°. Ergotine, employed during the 5 or 10 days after a confinement, exercises no favorable influence on the uterine contractions.

2°. On the contrary, numerous observations tend to prove that this substance in a certain measure is unfavorable to the regular retraction of the uterus.

3°. This fact, proved by externally measuring the organ, and intra-uterine catheterism, militates against the use of ergot of rye following a confinement.

4°. In presence of secondary hemorrhage this substance is most useful. Its action will be more marked the longer is the interval since parturition took place.

PROCEEDINGS OF SOCIETIES.

PROCEEDINGS OF THE SHREVEPORT MEDICAL SOCIETY,

Relative to the June Editorial of the New Orleans Medical and Surgical Journal, Reflecting on the Louisiana State Medical Society.

At the regular meeting of the Shreveport Medical Society, June 19, 1888, attention was called to an article that had just appeared in the June issue of the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, severely animadverting on the Louisiana State Medical Society, and especially its late meeting in Monroe. The article referred to was of such a character that the Society deemed it necessary to take some action thereon, whereupon a committee consisting of Drs. T. J. Allen, A. A. Lyon and D. M. Clay was appointed to prepare a paper expressive of the sense of the Society, with instructions to report at a subsequent meeting, as soon thereafter as practicable. * * *

Your committee appointed at the last regular meeting to consider and make a report upon a leading article (editorial) in the June number of the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, severely criticizing the Louisiana State Medical Society, and especially its late session at Monroe, would respectfully submit the following:

Resolved, That it is the sense of this Society that it does not commend either the language or the spirit of the article referred to. While we admit the ability of our critics, we cannot but regret their exalted talents and genius have not been directed to the building up rather than the pulling down of a Society of which they themselves are presumed to be prominent members, though on this particular occasion it was unhappily true that not one of the eight composing the editorial staff was present. While we are pained to note that great room for improvement does exist, and that our State Society has not yet attained the stand to which it is entitled and is capable of reaching, if only an energetic coöperation of the profession throughout the State, and especially in the great city of New Orleans, could be secured,

yet we feel, nevertheless, that the article in question is not just; it is ill-advised, ill-timed and unwise. It is calculated to lower us in the estimation of our colleagues abroad, and certainly does not tend to stimulate or unify us at home; and, coming as it does from a JOURNAL that has received many favors from the Society, appears to us especially objectionable. To the editorial staff of the JOURNAL, among whom we recognize some of the earliest and staunchest friends of the Society, we would modestly suggest that to characterize a regular annual meeting of the State Medical Society as marked by "idleness and slipshod irresponsibility, that have for years made the Medical Society of Louisiana a disgrace to the State," * * "as the straggling together in some locality of a dozen or so of languid, inconsequent medical men," etc., is not respectful, indeed is very censurable language, notwithstanding it emanates from a source so high as the JOURNAL aforesaid. Should we not rather cultivate the "things that make for peace" and be on our guard, lest our Society be "wounded in the house of its friends?"

Resolved, That a copy of these resolutions be transmitted to the various medical societies of the State, and that a copy also be sent to the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL with request to publish.

Respectfully submitted,

T. J. ALLEN, M. D.

A. A. LYON, M. D.

D. M. CLAY, M. D.

The report as presented was unanimously adopted.

J. W. ALLEN, M. D., *President*.

Attest: A. A. LYON, M. D., *Secretary*.

It was the original purpose of the Society to offer this paper for publication in the July issue of the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, but the appearance of the July number almost immediately after the adoption of the paper, explains the delay.

KENTUCKY STATE MEDICAL SOCIETY.

About last in the roll of State medical societies comes that of Kentucky, which was held at Crab Orchard Springs, July 11, 12 and 13, 1888. The meeting was called to order by the President, Dr. J. G. Brooks, of Paducah; Secretary, Dr. Steele Bailey, of Stanford.

Dr. J. A. Larrabee, of Louisville, made a report on the subject of pediatrics. He opened with Sully's exclamation on returning to Rome and seeing his mother and nurse standing together. He rushed first to embrace the latter, exclaiming: "She who nurses is greater than she who bears." Artificial foods are presented in such numbers and the bottle is so frequently seen that its use must be very general. While we all agree that the maternal breast is the proper food for the child, yet artificial feeding can be carried on so as to do very well. The mother and nurse know very well that the nursing bottle is a very good stopper, and hence the child has this crammed into his mouth to stop his crying, whether it be from hunger or pain. The gastralgia of nursing infants may be made to disappear by diminishing the frequency of nursing. In cow's milk, which he preferred, caseine is the great obstacle. He recommended the milk to be diluted with equal parts of barley water, adding a little salt. Salt is the essential of life and it is very necessary. I used to think that teething had much to do with summer complaint, but have changed my mind. He discussed the sterilization of milk and exhibited his machine for accomplishing the same. The practitioner in pediatrics must keep continually in mind the causes of summer complaint, high temperature, overfeeding and micro-organisms. Bowel complaint, known as summer complaint, is more liable during the second summer than at other times, not on account of teething, but on account of the introduction of germs to which the child is more subject than while nursing. Antiseptics internally, the chief of which is naphthaline, is the best treatment. All artificially fed babies should have food sterilized. Opiates and astringents he thought of questionable value. Should an infant be seized with cholera infantum, the doctor should be the first person consulted and not the druggist. Many cases come to the doctor in a moribund condition. The druggist, it seems, is the only person who has sufficient acumen to prescribe for the child without seeing it.

Dr. E. R. Palmer, in his report on the progress of genito-urinary surgery, related that he had accidentally come upon an antiseptic and anæsthetic oil. He had prescribed salol and carbolic acid. The salol dissolved and he had as a result an oil which made an excellent antiseptic and anæsthetic lubricant for the sound in sensitive cases. He uses two strengths. The stronger—salol 360 grains, carbolic acid 60, olive oil 6 drachms; weaker—salol 120 grains, carbolic acid 20 grains, olive oil 6 drachms. He then considered the subject of sterility in men which some writers think occurs in 33 per cent. of the sterile unions. From this he branched off into sterility in females due to gonorrhœa and the question now so much discussed, Do women ever conceive after gonorrhœa? He thought they did. He thought it excellent advice before putting a patient under treatment for syphilis to send him to the dentist and have his teeth put in order. Fewer chancres are cauterized each year. The hypodermic method of treatment he thought a valuable addition to our means of combating syphilis. The treatment of stricture of the urethra by electrolysis has failed to meet with that amount of commendation which its advocates think it deserves.

Dr. D. W. Yandell, of Louisville, in discussing this paper, said that he knew of numerous cases where women had borne children after gonorrhœa. Two of the most noted courtesans he had known suffered with gonorrhœa, afterwards married and had children. He had known at least a dozen women who had gonorrhœa and afterwards bore children. He believed with Hutchinson that syphilis could be aborted.

Dr. A. W. Johnstone, of Danville, thought that in this question of gonorrhœa and sterility, the truth, as in many other instances, lay about half way between. Those women who are sterile after gonorrhœa are those who have permanent injury to the tubes remaining after gonorrhœa. It is too strong to say that every woman who has had gonorrhœa will be sterile. Not by any means are all sterile women so from gonorrhœa.

Dr. W. E. Rodman, of Hodgenville, said that he had treated a woman for gonorrhœa, and afterwards delivered her of three children. One other woman whom he had treated for gonorrhœa had one child.

Dr. E. R. Palmer, of Louisville, thought syphilis was not that dire disease it was formerly considered to be. If I was a young man I would rather get syphilis than stricture. He related one case of sterility due to uterine obliquity throwing the os firmly against the side of the vagina, thus preventing the entrance of the semen. As to Coxe's operation, the more he sees of it the less use he has for it. He thinks a man foolhardy to try to get into the bladder without a guide.

Dr. O. B. Todd, of Eminence, read an address on the successful practitioner. Too many of our profession according to his belief spend too much time trying to advertise the abilities which they do not possess for the good of the profession and their patients. Homœopathy received some telling blows at his hands. He likened their method of treatment to the cure of the bite by the hair of the dog. When he saw one of these gentlemen swinging his shingle to the breeze, he felt like exclaiming in the language of the sheriff, God save the commonwealth. He thought them murderers and worse than murderers. The murderer is honest in his profession; does not pretend to be a doctor instead of a murderer, and is legally liable for consequences. He thought every homœopath should be hung till he was dead three times. The doctor then branched off from the "grave" to the gay and rolled off sentiment and poetry about the ladies till he could hardly hear himself for the applause he created.

Dr. J. M. Matthews, of Louisville, read a report on Diseases of the Rectum. The discovery of rectal pockets, pockets of pus, which has been brought before the profession during the past year as a new discovery, he wished only to mention to condemn. It has not been accepted by the regular profession, though it has by the homœopaths. They are making much money by removing these

pockets. It is needless to add that they are removing the regular anatomical tissue and that serious danger—viz., hemorrhage—is likely to result therefrom. Dr. Goodell, of Philadelphia, read a most excellent paper before the Cincinnati meeting of the American Medical Association on the nervous rectum. I read a similar paper before this society ten years ago. Our laryngological brethren tell us of rheumatism of the throat and I believe there are cases of the sphincter ani. I have had it to clear up under anti-rheumatic treatment. The injection of one drachm of glycerine into the rectum is a new treatment for constipation. It generally results in a stool in from 1 to 12 minutes. He hardly thought it a remedy for constipation.

Dr. J. G. Carpenter, of Stanford, related his personal experience with spasmodic stricture of the sphincter ani and assured the Society that death itself had no greater horrors. Rectal irrigation by means of a tube which could be used while the patient was in position for operation was a great advantage in washing out the rectum and not changing the position.

Dr. A. R. Jenkins, of Louisville, thought that Dr. Matthews had laid too great stress on the importance of injecting the hemorrhoids with carbolic acid. He thinks it is being used in numerous cases and by numerous surgeons. There is a difference in piles; and in some the clamp is proper, in others the ligature is required while others are best treated by injections of carbolic acid.

Dr. W. D. Yandell thought that the real advance all along the line in medicine and surgery was, "we are revising old methods, testing new ones and trying to hold fast the best." Dr. Rodman has a great deal of mental rectitude, if not the other kind, but I cannot believe him that carbolic acid treatment has fallen into disrepute. I add to any treatment of hemorrhage dilatation of the sphincter.

Dr. W. E. Rodman, of Hodgenville, used carbolic acid in 20 per cent. solution to full strength. He thinks it necessary to inject deep to get away from the mucous membrane where the danger lies.

Dr. Matthews said that 10 years ago he had condemned the method, and he has not had occasion to change his mind since. I find that none of the authorities but two or three mention the treatment, and they but to condemn it. I believe that it is a dangerous thing to inject carbolic acid into piles.

Dr. Yandell said he had known two cases of death from hemorrhage from operation, two cases of peritonitis, and one of tetanus—all in Louisville. Sloughing occurs in ligature, clamp and excision.

Dr. ApMorgan Vance read an interesting paper on the Exploring Needle in Bone Disease. He had used this needle in bone diseases for 10 years and was surprised on one of his patients falling into the hands of a prominent Cincinnati surgeon to learn that his practice had been severely criticized. He brought the subject before the Society to have it discussed and learn the opinion of his confrères on the subject. If the bone is healthy, he argued, the needle will not go beyond the periosteum, and if diseased, it will certainly not make matters worse and will furnish much information as to the condition of affairs.

Dr. Arch Dixon, of Henderson, had used the needle for diagnostic purposes in bone disease and had not had bad results except in one case where he thought the trouble was due to want of antisepticism in the use of the needle. Dr. Rodney had used it fifteen or twenty times and had no bad results. I have experimented in the dissecting room and found only one case in twenty where the needle went in farther than the periosteum.

Dr. Yandell related how in cases of big head, which he took to be osteo-sarcoma in the horses in Tennessee, they would walk up to a horse, punch an awl into his jaw, and if it went in the inference was that the horse had the big head. If not, they would “dicker for a trade.”

Dr. Ryan, of Cincinnati, thought that in the latter stages of bone disease this needle might be of advantage. In the early stages it would not be so much so.

There was unfortunately an exhibition of very much bad

blood in the election of officers for the next year. The committee on nomination appointed by the president made its report and a motion for adoption. The president could not decide on the vote and a standing vote was taken, then the roll was called and the report was refused adoption by a vote of twenty-six to twenty-nine. The president feeling affronted at this, refused to appoint another committee and the matter was referred to the same committee. They again reported the same names and the roll call resulted in a vote of twenty-six to nineteen adopting the report. Many bitter speeches followed and several resignations were made. The following officers were elected: President, L. S. McMurtry, Danville; First Vice-President, Wm. Bailey, Louisville; Second Vice-President, B. W. Stone, Hopkinsville; Secretary, Steele Bailey, Stanford; Treasurer, J. G. Cecil, Louisville. Richmond was chosen as the next place of meeting, the second Wednesday in May. The president's address was an interesting one, dealing largely with the relation of the physician with the patient, the druggist, the specialist and the minister.

LEADING ARTICLES.

THE STATE SOCIETY.

We have received another letter—a printed circular addressed to the members of the State Medical Society—a bitter, intemperate letter, one that we do not propose to discuss. Indeed, we have answered it at all points in our reply to Dr. Newton, published at page 64 of the present volume, for the signers of the document have fallen into the same errors as did that gentleman; they imagine that a criticism of a society must reflect upon each member; that a condemnation of slothful men and bad methods must carry with it blame of the earnest and the good. The communication is also marred by that almost unavoidable fault of rash writing, an abuse of terms; for to this only

can be ascribed the application of such adjectives as "scurrilous" and "unprofessional" to our June leader, and this misuse of language becomes unmeaning when such a criticism is spoken of as "without provocation and without warning."

The tabulated statement of the relations of our staff to the Society emphasizes what we have said more than once. Together with a score of earnest men we have endeavored to perform the ordinary duties of membership in the Society, but by reason of so doing we have never for a moment fancied ourselves "patriotic" or "scientific." Such a state of self-consciousness far transcends the "enthusiastic conceit of youth." Do not the gentlemen who have placed their hands to this document perceive that, if in criticizing the Society we had of necessity censured each individual composing it, we must by implication have been "ill-natured, rude, scurrilous and unprofessional" to every member of our staff, epithets we should be loth to apply to any brother practitioner?

On the whole, we repeat, these signs of emotion produced by our editorial give cause for rejoicing. They offer a reasonable hope that the next meeting of the Society will surpass in every way all others that have gone before. This was the *animus* that after many years of expostulation induced us to write the article. Such was the construction placed upon our action by the medical men among whom we live, who know best our minds and characters, for not a single member of the Society living in New Orleans has affixed his name, save only the first signer, and therefore presumptive author, of the letter. But if the co-signers do not believe this, if they continue in the conviction that our motives were bad and their expression scurrilous and unprofessional, it is their unavoidable duty as gentlemen and members to have the manhood to denounce these persons face to face, and to move in the meeting of the Society in New Orleans next spring the expulsion of every member of this staff. We do not shirk the

issue. In the light of truth, of the whole truth, of nothing but the truth, we desire and we dare to stand.

In contradistinction to the circular we have just discussed, we call attention to the courteous and dignified resolutions adopted by the Shreveport Medical Society, received just after this editorial had been written. We deem our replies to Dr. Newton and to the circular letter a sufficient reply, and reiterate our belief that the interest and opposition excited by our much criticized criticism will in the end prove of great benefit to the Society.

LEPROSY AND BOARDS OF HEALTH.

Dr. Benjamin Lee, of Pennsylvania, read a paper on this subject before the recent National Conference of State Boards of Health. The paper in itself contains nothing startling. Indeed it is simply a dogmatic statement of the author's belief that "Leprosy always has been incurable. Leprosy always has been contagious. Leprosy always has been infectious." As a natural sequence to these positive utterances the author closes his paper by offering the following resolutions:

"*Resolved*, That it is the sense of this Conference:

1st. That a strict quarantine should be established against leprosy, and that all lepers attempting to enter this country should be returned to whence they came.

2d. That those already here or that develop here should be rigidly segregated.

3d. That it is eminently desirable that entirely distinct hospitals should be provided for such cases; and,

4th. That the bodies of deceased lepers be cremated, or burned in lime, and their personal effects be destroyed by fire after being treated by powerful disinfectants."

Let us say right here that we fully agree with Dr. Lee, that the importation of lepers should cease, and that those already here should be rigidly segregated in hospitals especially erected and set aside for them. But we submit that the writer is a little too decided in his assertions that leprosy is both infectious and contagious. The vast majority of

those where observation and experience in the well-known habitats of the disease—India, West Indies, China, Sandwich Islands, Norway—give weight to their testimony, are equally firm in their belief that leprosy is not infectious and contagious in the ordinary meaning of the terms. They say, and circumstances certainly seem to uphold them, that the disease is hereditary and inoculable; in plainer terms, that it is transmissible in same manner, and by the same means as syphilis. It therefore differs from the latter in its greater loathsomeness, its hitherto absolute intractability to treatment, and especially in the fact that it is *always* capable of transmission, whereas syphilis after a time is said to lose this quality.

All of the cases which Dr. Lee mentions to prove his position are the strongest kinds of evidence on the other side. He mentions a leprosy woman giving birth to five children, all of whom in course of time became lepers. He cites its transference by vaccination. He relates how a man contracts the disease from his brother by occupying the same bed and wearing the same clothing for a year and a half. A young woman who nursed a leprosy woman in the last period of her illness became a leper. A husband contracts leprosy from his wife and a wife from her husband. And so with all of his illustrations; every one shows the closest contact, just such as would result in the transmission of syphilis if practised during the stages when this latter disease is virulent.

There are in this city certainly not less than 50 cases of leprosy, perhaps a great many more, and new cases are constantly coming under the notice of physicians. But a notable fact about most of these cases is that they are of long standing. The date on which the writer saw his last case was June 30, 1888, though, according to the patient's statement, the disease had existed 17 years. It should be stated here, too, that this man, up to a few years ago, when he became repulsive, had been occupying the same room and bed as his brother. The brother thus far shows no signs of the disease. The freshest cases,

with one exception, which the writer has seen were those of two little girls, aged respectively 9 and 12 years at the time they first presented themselves. The mother was also a leper, but she was an ignorant German woman and could give no intelligent history of either herself or her children. The children had been affected, we should judge, something like two years.

In all some seventeen cases have, at different times during the last five years, come under the writer's immediate care. This number does not include those whom he has seen in company with other physicians or casually in the cars or on the streets.

The point which we would make in connection with these facts is that if leprosy were infectious there should be more cases of recent origin, as the result of the unrestricted intercourse of the lepers with the people in this city.

Still, since leprosy is undoubtedly communicated through inoculation of perhaps both the natural and morbid secretions, we are firm advocates of the rigid segregation of the victims as the only means by which spread of the disease can be prevented.

The German woman mentioned above takes in washing of several families and cannot or will not give it up, since it is her only means of support. We did prevail upon her, however, to take her eldest girl, then a leper, away from one of the largest cigar and cigarette factories in the city. Some three years ago another leper, a man of perhaps 25 years of age, came to the writer from the same factory. He was told that he must leave the work at once, but as he never returned it is not known positively whether he did or not. For years, and until his death, a marked leper kept a little fruit stand on one of the most frequented streets of the city. Quite a family of lepers for years kept a grocery in a suburb of this city.

It is by means apparent in instances such as these that leprosy is increasing and will continue to increase unless put a stop to by confining by law *all* the afflicted in institutions specifically erected for the purpose.

SPECIALISM IN MEDICINE.

Specialism in medicine after a hard fight for recognition has at the present day gained such an ascendancy even among medical men that one of the first thoughts of a medical student is the choice of a specialty. It is a very vital question whether this division of labor is advantageous to the healthy progress of the medical science. The laymen, or those outside of the medical profession, have no hesitancy in approving the most extreme division of labor. To them a physician who devotes himself exclusively to the diseases of left forefinger, must certainly understand the left forefinger better than any one else. The more enlightened, perhaps, look forward to the day when, instead of one family physician, they will keep a list of a dozen, or perhaps two dozen, neatly labeled with the different portions of the body which they treat, and from which they will choose *pro re nata*. From the easy comparison with the industries around them, the great progress these have made by this division is a demonstration of the advantages to be derived in medicine by a similar process, but their very unfamiliarity with the foundations upon which medical progress is built, prevents them from seeing the disadvantages. Were we to ask an old-time practitioner his opinion, we can easily imagine the scorn with which he would repel the idea of any of his patients needing other care than his own. Perhaps on second thought he will reluctantly except ophthalmology, but even the eyes of his patients must not escape him until he has tried sassafras leaves or perhaps a borax wash. It is only a bitter experience that teaches him his duty. A glaucoma has not yielded to the decoction of sassafras, and he has some qualms of conscience, or a patient has had the hardihood to go to an oculist and has been cured, and he finds that he has lost more than he has gained by not having sent the patient himself. All this makes him except the oculist. But why this more than other specialties? The tissues of the eye are built on the same general plan as those in the rest of the

body; we have the same inflammations, the same degenerations.

We see then that the general condemnation of specialties is as wrong as the too eager welcome of this multiplicity. Specialism has the salvation of medicine to work out, and when it has accomplished that salvation it will die. However, as long as there is work for it it will live. It is true that the pathology of all the tissues of the body has the same fundamental history and is governed by the same laws, that it is the same process one place as another, but it looks differently, and it behaves differently, and has a different meaning in different places, and it takes a varying amount of skill to get at the looks and the meaning in those different places. That skill must come from special study and constant practice.

There is another element tending to keep up specialism, and that is the expense of instruments. Medical instruments are expensive and are subject to constant improvements, which means constant buying on the part of the physician. It would take a small fortune to keep thoroughly supplied in all branches of medicine supposing one competent to use the instruments.

When we said, however, that specialism would die when its mission was done, we had reference to such perfection of each specialty as by their simplification to place them all within the grasp of the advanced student of the future. This will mean more thorough theoretical and longer clinical training of students, but it will come, the very crowding of the profession will force it. It is to be the survival of the fittest and the fittest will survive. We do not think therefore that the tendency of the present is to disrupt the unity of medical science, but that we are going through a period in the evolution of medicine to the perfect whole.

SCARLET fever increased in June to 7 cases, but with only 1 death. Otherwise than the two infectious, but preventable diseases, diphtheria and scarlet fever, New Orleans is quite healthy. Death rate per 1000, for June, 1888, 27.82; for June, 1887, 29.17.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

PATHOLOGY AND TREATMENT OF PERTUSSIS.

In the *Medical News* for June 2, 1888, Dr. Edmund C. Wendt, of New York, has a very interesting article on the "Recent Views Regarding the Pathology and Treatment of Pertussis." The article is enriched with four woodcuts, showing the *Bacillus Pertussis* in the sputum of patients, and from cultures.

The paper is too long to reproduce *in extenso*, but the writer's opinions are summed up in the following conclusions:

1. There is constantly associated with whooping-cough a special microorganism, discovered by Afanasieff.
2. This microbe is a small bacillus, having properties that distinguish it from all other known bacteria.
3. The "bacillus pertussis" (*bacillus tussis convulsivæ Afanasieff*) can be readily demonstrated in the sputum of patients having the disease.
4. While its etiological significance appears established, it does not possess much diagnostic importance, since it is found only after the clinical features of the disease are already well marked.
5. The treatment of pertussis has not yet been materially advanced by this discovery.
6. Antiseptics locally applied do not appear to shorten the duration of the disease.
7. Hygiene and judicious alimentation are in the present state of our knowledge of, at least, equal importance with medicinal treatment.
8. Antipyrin and the bromides are reliable symptomatic drugs, and are devoid of danger.
9. A specific has not yet been found.
10. Abortive forms of pertussis may occur, but no plan of treatment now known can claim to have abortive efficacy.

EUCALYPTUS GLOBULUS.

Dr. J. R. Vanderveer in *Gaillard's Medical Journal* lauds the effects of Eucalyptus Globulus in many and various diseases.

Hertz gives the statistics of 310 recoveries out of 432.

cases of intermittent fever. He uses an alcoholic extract of the fresh leaves.

Mosler says it contracts the spleen just as quinine.

Bartholow says the drug is excreted by the skin, mucous membrane of the bronchial tubes and by the kidneys, and adds that there is no better remedy in chronic catarrh of the bladder and catarrhal affections generally, especially of the bronchi and pulmonary mucous membrane.

Dr. Anderson reports several cases of albuminuria recovered under the use of eucalyptus.

Dr. Mester, in pharyngeal diphtheria, uses a spray of eucalyptus diluted with spirit and water when necessary.

Welcher praises it in croup and adds that "eucalyptus in the form of tincture is a most powerful stimulant in diphtheria."

Dr. Vanderveer has found the essential oil in capsule just after meals an admirable remedy in lingering colds with profuse expectoration. He has also used eucalyptus as a local application (Squibb's fluid extract) to inflamed tonsils with the happiest results. And he recommends it locally in leucorrhœa, erosion of the cervix, etc. He has also used it in combination with tincture of iodine, iodol, fluid extract of conium, iodoform, extract of belladonna, oil of camphor. All of the last uses point strongly to the antiseptic, if not aseptic, properties of the drug.

QUEBRACHO IN DYSPNŒA.

Dr. Walter P. Ellis, in *Gaillard's Journal*, speaks highly of quebracho in dyspnœa of whatever cause attendant upon respiration, and circulatory affections; e. g., chronic bronchitis; abdominal dropsy causing dyspnœa; emphysema; pulmonary tuberculosis. In a case of tuberculosis he used the following:

℞ Syr. Pruni Virgin.; Syr. Tolu; Extr. Quebracho, fl. aa ʒj; Acid. Hydrocyan. *dil.*, gtt. xxiv; Morphiæ Sulph., gr. iss. M. S. Dessertspoonful when required.

He has also used the following:

℞ Ext. Quebracho, gr. xvij; Morphiæ Sulph., gr. iss. M. Ft. pil. No. xij S., one as a preventive of periodical dyspnœa, e. g., that coming on after rising in morning.

A case of emphysema in a negro was greatly relieved and the man made able to do his work by using a teaspoonful of the fluid extract when he felt symptoms of difficult breathing approaching.

 WHOOPING-COUGH.

The writer has been having good results in quite a series of cases of whooping-cough from the following prescription: ℞ Antipyrin, gr. xxx; Potass. Bromid., ʒj; Syr. Tolu, ʒiiss; Aquæ, q. s. ad ʒiij. M. S. Teaspoonful to a dessertspoonful, according to age, when required, but especially at bedtime. The ages varied from 3 to 12 years. The combination is useful in both stages of the affection.

 REMEDY FOR DIARRHŒA.

Dr. W. H. L. Hale recommends the following formula in cholera infantum, and many other diarrhœal disorders in children: ℞ Bismuth. Subnit., ʒij; Tinct. Capsici, gtt. xij; Spts. Ammon. Aromat., ʒiiss; Pulv. Acaciæ, ʒij; Aqu. Cinnamoni, q. s. ad ʒij. M. S. Teaspoonful every two hours for a child from three months to one year.—*Med. Science.*

 GLYCERINE AS A LAXATIVE.

Novatny is quoted by the "*Centralblatt für die gesammte Therapie*" for May, 1888, in his report of two hundred cases, in which he used glycerine, per rectum, as a laxative. The dose was from thirty to forty-five minims; the effect was generally produced in from one to two minutes; in a few cases two or three hours elapsed before defecation ensued. Novatny considers the effect produced to be due to the increased peristalsis, extending to the small intestine, producing increasing secretion and fluid stools.—*Medical News.*

 GYNÆCOLOGY.

 THE EVACUATION OF MAMMARY ABSCESSSES THROUGH THEIR NATURAL OUTLETS.

Among the manifold accidents that befall the puerperal woman, few are more aggravating than abscesses of the breast. They cannot always be prevented, but it falls to the lot of some practitioners to meet with more of them than do others. Abscess of the breast is produced by retention and pus transformation of the secretion of the mammary glands. The milk is deposited during the interval of nursing in the dilated tubes or reservoirs of the lactiferous ducts, of which there are fifteen or twenty, located

in the breast at the base of the nipple. These tubes on entering the nipple contract to very small calibre, pursue a straight course to its summit, where they open individually by slightly raised circular rings, and are lined by a continuation of the nipple membrane. Now, from some reason or other, there appears a hard lump in the breast, the alert nurse discovers it and informs the attending physician of the fact. It is an engorged milk duct or overfull reservoir. There have been many causes assigned for its production, but the most plausible is irritation of the nipple, which extends into the small exit-ducts, closing them up, perhaps only one, or maybe several. The source of the irritation may be due to a change of the normal secretion of the child's mouth, or to a lack of care to dry and lubricate the nipple after the application of the child. It may be so hyperæsthetic as to cause the mother intense suffering every time she nurses her baby. When the breast pump is applied the orifice of the duct corresponding to the location of the lump, if examined with the aid of a lens (as a watchmaker's lens), will pout out, appear swollen and closed up, preventing the escape of the contents of the pent-up reservoir, and as there is no connection between the lactiferous tubes, there is no other avenue of escape, and the result is the formation of an abscess. Now, the treatment I propose is to dilate the tubuli lactiferi of the nipple and draw off the milk, if done early enough, or pus, if such has formed. I have succeeded by dilating with a small silver probe and applying the breast-pump in relieving the engorgement, and have seen with a lens pus flow from the dilated duct when the breast-pump was applied. The better way is to use the capillary catheter with glass receiver and hand-bulb exhaustor attached, invented by John Ward Cousins, of London, England. By this instrument an engorged duct or abscess can be evacuated through the duct of the nipple, without being obliged to lance the breast. This is a nice little operation, but by a little patience and practice, with the aid of a good lens, the orifice of the closed duct can be located, dilated, and catheterized, and thus the milk or pus in the pent-up tube or reservoir may be removed.—G. W. Squiers, M. D., East Avon, N. Y., in the *Medical Record*.

A SIMPLE OPERATION FOR LACERATED CERVIX.

Herrick, in the "Medical Record," of May 26th. 1888., reports a simple method of closing a lacerated cervix as follows:

The lacerated edges of the cervix are denuded as usual, care being taken that they are properly coapted; then, instead of introducing sutures, a wide elastic rubber band, shaped like the cervix, and large enough to cover the whole os and neck, with the exception of a hole in the end for the secretions to pass through, is slipped over the os, while the lacerated edges are held together by a pair of tenaculum forceps, over which the band is first passed; the band being wide and covering the whole neck, it keeps up equal pressure upon the blood vessels, thus preventing enough blood getting into the parts at any one time to produce inflammation or swelling, and, as a natural sequence, union takes place much sooner than it otherwise would. The introduction of sutures is often followed by inflammation and when suppuration follows there is a non-union, which is prevented by the use of the elastic band.

The advantages of this method are: 1. As about all the pain experienced during the operation is from the introduction of the sutures, if they are not introduced there is little pain, and hence an anæsthetic may be dispensed with. 2. If the patient is not etherized it is not necessary to have professional assistance, and one can operate on patients that would not listen to such a proposition if strange physicians were to be present. 3. The parts are kept in just as close contact, and union takes place just as soon. 4. There is less danger of inflammation. 5. There are no stitches to remove. 6. In slight cases patients can be operated upon without their being obliged to keep their beds for a single day, or their knowing they are undergoing an operation.

ACETIC ACID AND ERGOT.

Since Dr. Grigg called attention to the value of vinegar as an ecboic, I have frequently used it for that purpose; and I have also found that four drops of the strong acetic acid (representing nearly half a drachm of vinegar) combined with strychnine has been successful in bringing about contractions of the uterus after ergot has failed. In one noteworthy case where in a very weak and anæmic woman the pains, after continuing feebly for a day or two, seemed to be leaving her, and ergot had been exhibited (the waters having broken), I found acetic acid and strychnine produce sharp and effectual pains.

The same thought, therefore, occurred to me as to Dr. Francis, of the possibly good results of combining it with

ergot, and, in addition, observing that acetic acid could extract the active principle from colchicum and ipecacuanha, I asked Messrs. Corbyn to make a preparation of ergot, using acetic acid as a menstruum, with a standard surplus of free acid. In a short time I received from them two samples, one of ergot extracted by acetic acid, of which a fluid drachm represented sixty grains of ergot with ten minims of free acid; the other an alcoholic extract of ergot, which also represented sixty grains of ergot and ten minims of free acid in each drachm.

Both preparations had the color of the ordinary extracts, but the acetic acid frothed when shaken, which, of course, the alcoholic extract did not do. The acetic acid process should be more economical than the spirit method.

In a case where there was retained discharge after labor I gave some of this extract, and when the medicine was exhausted wrote a prescription for a similar dose of B. P. extract, to which I also added some bromide of potash, which is stated to aid the involution of the womb. The case was still unrelieved on my next visit, the uterus being obviously distended, so, after syringing out the cavity, I told them to have the medicine made up again, when the patient said, "Oh, sir, the medicine you gave me at first brought away something every time, but this medicine has done no good." This seems like a comparative test in favor of the acetic extract.

In a case of flooding, due to a large fibroid, I found that twenty minims injected deeply into the buttock gave rise to no local irritation, and there was no bleeding the night following, but there needs further experience before attributing this result to the drug. Ergotine discs did not always control it.—Dr. G. S. Mahomed in *British Medical Journal*.

OPHTHALMOLOGY.

VISION PERMANENTLY AFFECTED BY SUN-STROKE.

In a recent issue of the *Medical Record* the question is asked: "Is vision ever permanently affected by sun-stroke?" I answer yes, and will give a short history of my own case. In June, 1863, while in charge of a picket line as medical officer, I became insensible from sun-stroke. The first thing I can recall after that was, I thought I had slept a long time, and wondered why daylight did not ap-

pear. I finally asked the attendants how long before daylight? They answered it is just noon now. That was the first intimation I had that I was blind, and it was then the second day after the sun-stroke. My hearing was intensely acute.

The first time that I saw light was on the third night. It was a lighted tallow candle in my tent, but soon lost it and could not find it again that night. The next day seemed like pale moonlight. My sight gradually returned, but for two months I could not look at the bright sun without painful sensations. The angle of vision was entirely gone—it was like looking through two small gimlet-holes. The brightest day was mere twilight. I slowly gained my sight so that I could read coarse print, and now I can read for an hour (good print), although I can see but one word at a time. I have astigmatism that is corrected by lens. I have had to give up general practice, as, on going from the out-door light into a room, it takes from fifteen to twenty minutes for my sight to adjust itself, and, of course, under those conditions, I cannot assume much dignity, for my feet seem to have a predilection for kicking over urinals and bedpans. So I confine myself to my office practice, where the light is steady and strong. My vision now is fairly represented by looking through two tubes one inch in diameter. No angle of vision has ever returned. I am completely night-blind. Experts say that there is atrophy of retina. My general health has suffered much from the shock. As to blindness coming on ten or twenty years after sun-stroke, I must agree with your correspondent in the belief that it is improbable.—(F. A. Tuttle, M. D., Jefferson, Ohio, in the *Medical Record*.)

JUNE 16th, 1886.

REMOVAL OF CORNEAL OPACITIES BY MEANS OF GALVANISM.

Dr. C. H. H. Hall, Passed Assistant Surgeon, U. S. Naval Hospital at Yokohama, Japan, reports in the *Medical Record* for June 23d a series of remarkable successes in the use of this remedy in the above named condition. In about four months a case of recent maculæ of both corneæ, visible at a distance of several feet, wholly disappeared from one eye and became barely discernible in the other. Another case, in about the same length of time, was reduced from a kidney-shaped macula about two and a half lines in length to a thin speck-like spot. Seven cases va

ried in size from that of a millet seed to the whole circumference of the cornea, from a nebula to a dense leucoma, and in duration from forty days to forty-eight years. "All of these cases are steadily improving, two of the most extensive maculæ being merely fragmentary remains of the original, while the corneæ elsewhere are quite clear. The rate of disappearance seems to depend chiefly upon the size of the opacity, which, like a heap of snow, melts away from the periphery towards the centre, the oldest but little more slowly than the most recent." The method employed is as follows: "One pole of the battery in the palm of the hand, the other on the closed eyelid, ordinary sponge-covered electrodes being used. If the eye is or becomes in the least congested or the seat of pain, the anode should be placed there; otherwise the cathode should be used as the therapeutic pole, its action being more rapid apparently. The strength of the current should not exceed three milliampères, and with sensitive eyes a strength of two milliampères is better." Sitzings should not extend beyond three minutes or be held oftener than every other day. [It is equally to be regretted that the vision both before and after the course of treatment is not given, this being the truest test of improvement in such cases.—EDS.]

AN UNPLEASANT EXPERIENCE WITH HYDROCHLORATE OF
ERYTHROPHLÆIN.

In the *Medical News* for June 23d, Dr. Samuel Theobald narrates a most unpleasant experience with the new anæsthetic. Having noticed in an eye in which he had used erythrophlæin to facilitate the removal of a foreign body that the pupil became smaller than that of its fellow, and that tension was markedly reduced, he instilled two drops of a 1 to 1000 solution of the hydrochlorate into the eye of a patient of forty-nine years of age affected with subacute glaucoma in which eserine had been used with little effect, and in which he was about to perform an iridectomy. At the end of fifty minutes the eye was much irritated, there was marked cloudiness of the cornea and aqueous humor—but slightly misty before—so that the iris was seen very indistinctly and the retinal vessels could only be distinguished with difficulty. It was thought best not to test vision lest the patient be alarmed, but the doctor feels sure that it was not more than one-fourth of what it was before. (20 XLV?)

"The tension was probably increased but certainly not

markedly so." A two-grain solution of eserine was used ; the patient complained that the eye had been more painful during the night than ever before ; but next day the eye had resumed its usual appearance and a successful iridectomy was performed. The subsequent history of the case presented nothing noteworthy. In the use of a 1 to 1000 solution Dr. Theobald's experience corresponds with that of Dr. Alt. The anæsthesia was tardy preceded by some ciliary injection and was not as profound as that produced by cocaine. He found the pain produced by applications of silver nitrate to the conjunctiva increased rather than lessened. [Dr. Bruns, of our staff, when the discovery of the drug was first announced procured a small quantity of Merk's from McKelway of Philadelphia, and used it in his clinic at the Charity Hospital on several occasions. His results were similar. The anæsthesia was produced slowly and was very slight (foreign bodies could be removed without pain), and apparently superficial. The surface of the cornea was affected before the conjunctiva, but the eye was irritated, red and watery and evinced some photophobia. In a cataract extraction performed after repeated instillations of the solution the pain seemed scarcely mitigated. Although the cornea was anæsthetic to a touch the section through its substance appeared to cause acute suffering.—EDS.]

DERMATOLOGY.

TREATMENT OF ECZEMA IN OLD PEOPLE.

Dr. Van Harlingen, in the *Philadelphia Medical Times*, says, apropos of the management of eczema in old people :

The following powder is one which I often use as an anti-pruritic with considerable benefit :

℞ Pulv. Camphoræ, ʒj ; Pulv. Zinci Oxidi, Pulv. Amyli, aa ʒss. M. It should be thickly powdered on, or where practicable, strewn thickly on lint and bound to the parts.

Ointments are most generally useful in eczema of old persons, both soothing ointments and stimulating and anti-pruritic ointments. Among the soothing ointments McCall Anderson's bismuth ointment stands first. It is composed as follows : ℞ Pulv. Bismuthi Oxidi, ʒj ; Acidi Oleici, ʒj ; Ceræ Albæ, ʒiij ; Vaselini, ʒj ; Olei Rosæ, M iij. M. Hebra's unguentum diachyli is also useful when well made. Dilute oxide of zinc ointment, ointment of the sub-

nitrate of bismuth, a drachm to the ounce, and of tannic acid in the same strength, prove useful at times. When somewhat more stimulating ointments are called for, carbolic acid in the strength of ten to thirty grains to the ounce will be found both stimulant and anti-pruritic.

Pruritus is at times a most distressing symptom in the eczema of old persons, and tar or carbolic acid will usually be found the most efficient remedy. An ointment of tar, one drachm to the ounce, may be used alone or in connection with a mercurial, as this: \mathcal{R} Picis Liquidæ, $\mathfrak{5j}$; Ung. Hydrarg. Nitrat., $\mathfrak{5ij}$ to $\mathfrak{5iv}$; Adipis, ad $\mathfrak{3j}$. M. Sometimes when the eruption tends to papulation, or when there is much thickening, we may have to use stronger applications, as Wilkinson's ointment: \mathcal{R} Olei Cadini, Flor. Sulphuris, *aa* $\mathfrak{5iij}$; Saponis Viridis, Adipis, *aa* $\mathfrak{5vj}$; Pulv. Cretæ, gr. xxvj. M. With one of these local applications, or all in succession if required, you will usually be able to give relief to your elderly eczematous patient, and occasionally to cure him.

THE HAIR TONIC OF THE SEVEN SUTHERLAND SISTERS.

The Sutherland Sisters' hair grower is said to consist of bay rum, 56 drachms; distilled extract of witch-hazel, 72 drachms; sodium chloride, 1 drachm; hydrochloric acid (5 per cent.) 1 drop; magnesia sufficient.

TREATMENT OF CRACKED NIPPLES.

Cracked nipples are treated with great success by Pinard, as follows: As soon as there are any appearances of cracks, or even tenderness of the nipples, a compress, folded in four and steeped in boracic acid solution, three or four per cent., is applied. Oil silk is placed over the compress to prevent evaporation. Over this a layer of cotton wadding, and the whole secured by a bandage. Another method is that pursued by Monti, who covers the fissures with caoutchouc dissolved in chloroform (traumatine), and this protects the fissures against the saliva of the infant.

A PHYSICIAN says that to relieve cramps of the leg, take a good strong cord—a long, strong garter will do—wind it around the leg over the place that is cramped; then take an end in each hand and give a sharp, quick pull, that will hurt a little. He has never seen it fail.

BOOK NOTICES.

A Manual of Physiology. A Text-Book for Students of Medicine. By Gerald F. Yeo, M. D., Dublin, F. R. C. S., Professor of Physiology in King's College, London. Third American from the Second English Edition. Philadelphia: P. Blakiston, Son & Co., 1888. New Orleans: Armand Hawkins, 194 Canal street.

For one who wished to obtain a knowledge of the present state of the science of physiology, its recent progress and modern tendency, while desiring to avoid too deep a plunge into dry and wearisome technicalities and details, we can imagine no better book than this small volume. The day of clinical physiology, if we may be allowed the expression, is past; physiology has become a science of the laboratory. Those who come after us shall never hail with delight and pore over with ever-deepening interest a volume like the "Principles" of the much lamented Carpenter, nor devour with avidity the—we had almost said romantic—pages of a Lewes' *Physiology of Common Life*, or even the pages of Draper, Dalton, Flint, and that friend of our student days, Kirkes. One who wishes to know the physiology of to-day must be prepared to face the Teutonic recondity (and dryness!) of Foster, Hermann, Landois and Stirling. It is as a hand-book, an abstract, of the modern science as taught in such larger works that Dr. Yeo's volume stands unrivaled in our experience. The author has succeeded to a nicety in being full without growing wearisome, exact without over-dryness. The style is lucidity itself, and the information imparted is precise, modern and profound. With it alone one might make a marvelous display of physiological learning in any assembly of ordinary doctors. In all soberness we advise all of our readers who have not had either the time, the inclination, or the necessary preliminary education in the collateral sciences of physics and chemistry, to peruse any of the larger works mentioned above, to procure this book of Yeo's and proceed forthwith to put themselves abreast of this splendid and most complex science, which, after all said, must ever remain the foundation stone of medical practice.

H. D. B.

Ophthalmic Surgery. By Robert Bridewell Carter, F. R. C. S., and William Adams Frost, F. R. C. S. Illustrated with a chromograph and 91 engravings. Philadelphia: Lea Brothers & Co. New Orleans: Armand Hawkins, 194 Canal street. Price, \$2.25.

This is one of the Lea's series of Clinical Manuals and is without doubt the most excellent "first book in ophthalmology" we have yet seen. Written in good English, in a simple, clear and interesting style, it is brief and at the same time compendious—nothing of real importance is left out, and it has been brought well up to date. The little volume would make a capital text-book for a student following his first course upon diseases of the eye. He would then be fully prepared for an incursion into Jaler's work—the coloured plates of which would be of great assistance in pursuing his ophthalmoscopic studies—and still later into the encyclopædic Sælberg Wells. Of course there are points upon which we differ with the distinguished authors, but they are non-essential, as such as the experience of each would lead him to agree to or dissent from, as his studies progressed. In a word, then, this is the book we would now advise anyone to get who proposed *entering* upon the study of disease of the eye, either with or without the assistance of a teacher. H. D. B.

A Practical Treatise on the Diseases of the Skin, for the Use of Students and Practitioners. Second edition, thoroughly revised and enlarged. By James Nevins Hyde, A. M., M. D., Professor of Skin and Venereal Diseases, Rush Medical College, Chicago; Dermatologist to the Michael Reese Hospital, Chicago; and one of the Physicians for Diseases of the Skin to the Presbyterian Hospital, Chicago. Philadelphia: Lea Brothers & Co., 1888. For sale by Armand Hawkins, New Orleans. Price, \$4.50, cloth; \$5.50, leather.

Dr. Hyde reappears before the public with a second edition of his work on skin diseases.

With the first edition we are thoroughly familiar, having long used it as a text-book. But the new edition with nearly 100 additional pages, good wood-cuts, and two excellent colored plates of rare skin diseases, is a decided improvement on the earlier work. On page 18 we recognize the well-executed drawing, illustrating the anatomy of the skin, by the distinguished pathologist of our own Charity Hospital, Dr. H. D. Schmidt, "who, in order to produce

it, interrupted without hesitation his arduous labors in connection with the subject of pathology." Dr. Hyde is nothing if not progressive; and the carefully written description of the newest skin diseases brings this text-book up to date. The type is large and clear; the paper is smooth, and we can say no more in favor of the work than to add that it has been recommended to our classes at the Tulane University and N. O. Polyclinic. H.W. B.

A Synopsis of the Physiological Action of Medicines, Prepared for the Use of the Students of the Medical Department, University Pennsylvania. With the approval of the Professor of Mat. Med. By Louis Starr, M. D., and James B. Walker, M. D.; assisted by W. M. Powell, M. D. 3d edition, enlarged. Philadelphia: P. Blakiston, Son & Co., 1888. Pp. 172. New Orleans: Armand Hawkins, 194 Canal street.

This little synopsis is a highly condensed but handy booklet, intended to aid students in acquiring and memorizing the important features of the physiological action of drugs—a labor usually difficult to the average medical student. The book is but half-printed; one side of a leaf being left blank for memoranda and notes so that the work contains but 30 pages of text. When we consider how vast is the field of physiological therapeutics, we marvel at the diminutiveness of the volume, but the wonder passes when we behold the array of medical talent displayed by the title-page which has been engaged in this super-hydraulic labor of condensing. We wish the little new-comer all the success it deserves.—A. McS.

A Manual of Organic Materia Medica. Being a guide to the Materia Medica of the vegetable and animal kingdoms for the use of students, druggists, pharmacists and physicians. By John M. Maisch, Phar. D. 3d edition, with 257 illustrations, 1887. Philadelphia: Lea Bros. & Co. Pp. 515. New Orleans: Armand Hawkins, 194 Canal street. Price, \$3.

In this manual, Maisch gives nothing new. All that is in it is found in the *National Dispensatory* (by Stillé and Maisch), which also gives much information concerning drugs not to be found in the "Manual." The only *raison d'être* which the author ascribes to his book is the need that was felt of a suitable text-book which could be used in connection with his lectures, when he was called (in

1867) to the chair of *Materia Medica* in the Philadelphia College of Pharmacy. The classification in the *National Dispensatory* being lexical and very imperfect, he was impelled to the compilation of the "Manual", wherein the organic drugs are grouped systematically. Granting this virtue to exist, it is the only one that can redeem the "Manual" from the charge of utter superfluity.—A. McS.

DEATHS.

DR. BRYCE MARTIN HUGHES. (Communicated by W. Locke Chew, M. D.)—Bryce M. Hughes, M. D., was born at Franklin, Tenn., March 19th, 1857. Was the son of Bryce M. Hughes, a physician of prominence and ability, who died early in 1863. His mother died early in the year 1868, and he was thus left at a tender age in the care of Mrs. H. S. Ewing, his eldest sister. Early in life he adopted his father's profession and applied himself with great diligence in the academic years of his scholarship. In 1878 he began the study of medicine at Louisville, Ky, and in 1879 pursued it further at the University of Louisiana, at New Orleans. By competitive examination in 1880 he obtained a position as resident student at the Charity Hospital and lived holding it till he was graduated in 1882, having been chosen valedictorian of the class at the University of Louisiana the same year. During these years of apprenticeship in this great field of active practical work he made of himself a good physician and an excellent surgeon, even to diseases of the eye. In July 1882 he located in Birmingham, Ala., and on account of fitness was chosen a member of the Board of Censors of Jefferson Co. for five years. He did much on that Board of Medical Examiners to make it the best Board in the State for high standard and becoming justice. In 1883 he was appointed through Mr. Parker Dixon, by Mr. R. Carroll, surgeon of the Alabama Great Southern Railroad, at Birmingham, and he held this appointment till his death, serving the injured of the system satisfactorily and upholding the interests of the road. In 1883 he was a regular reporter at the Alabama State Medical Association and was highly complimented on his papers. In 1887 he was elected house surgeon of the Hospital of United Charities, now building, on which he expended great labor, that suitable plans be adopted for perfect ventilation and sewerage,

making it a modern and thoroughly sanitary building. In 1888 he was president of the Jefferson County Medical Society in Birmingham. He was a founder of the Alabama Surgical and Gynæcological Association and an ardent member of the Southern Surgical and Gynæcological Association. In April, 1888, he was chosen Councillor of the State Association, and was elected Annual Orator of the State Association for 1889, the address to be delivered at Mobile. In June, 1888, he represented the Alabama Great Southern Railroad in the American Association of Railroad Surgeons at Chicago. He was associated during his life in the practice of medicine with Dr. Percy B. Lusk from 1884 to 1886, and with Dr. Chew from 1886 till his death, and much does the latter owe to the lately deceased for the position he left him in at his death, and much to his unselfish aid during his life.

Bryce M. Hughes was a man of friendships, with the loftiest conception of honor, the most supreme contempt for littleness, and of the highest ethical standard, yet in the person of the wife of a homœopathic physician did he save her life while flooding in a room of homœopathic surgeons. He had won his way to the hearts of the best medical men in the South, and was the one in his city of whom no doctor would say a wrong.

THE sudden death of Dr. J. MILNER FOTHERGILL is announced by cable. This will be a source of sorrow and regret to a large number of Americans who, though they know him only by the books he has written, have learned to appreciate the benefits he has conferred upon the science of medicine; for Dr. Fothergill has appealed to many readers outside of the profession. A close observer, with a philosophical turn of mind, he had the happy faculty of presenting homely truths in an acceptable form. The objects of every day experience in the sick-room, with new light thrown upon them, became important factors in the study and diagnosis of disease. A prolific and skilful writer of standard medical literature, and, *par excellence*, a man of ideas, Milner Fothergill will be known hereafter as one of the most cultured, interesting and instructive writers of his time.

Dr. A. Y. P. GARNETT, of Washington, D. C., died July 11, 1888, of heart failure, at the age of 68 years. He was surgeon in the U. S. Navy until the breaking out of the war, when he resigned to enter the Confederate

service, in which he became Surgeon General. At the end of the war he returned to Washington, resumed his chair in the National Medical College, and soon built up a large practice. He was President of the American Medical Association at its meeting in Cincinnati in May, 1888, and there delivered a presidential address on the standard of medical education, which was one of the best of his many valuable contributions to medical literature.

Dr. R. L. BOYLE, of Raymond, Miss., died July 13, 1888, after an illness of three weeks.

MEDICAL NEWS AND MISCELLANY.

WE have received the announcement of the reopening of the Texas Medical College and Hospital, which was discontinued in 1881 under the impression, if not promise, that the Medical Department of the State University would be located in Galveston. Since this was not done, because, the announcement says, of the crippled condition of the University's finances, the old school has been reorganized. Lectures begin October 15, 1888. We notice that Dr. George H. Lee, a graduate in March, 1888, of Tulane University, the valedictorian of his class and a former resident student of the Charity Hospital of this city, is the Demonstrator of Anatomy in the rejuvenated school. We wish the school every success.

As was to be expected, yellow fever has again appeared at Plant City, Fla., and at Manatee and Tampa. Indeed, it is a question whether it has been absent at any time since the fall of 1887. One thing very certain is that it will take a much more thorough course of disinfection than has ever been practised heretofore in Florida to render Plant City a safe stopping place for any unacclimated person. The burning of a few pounds of sulphur and the cleaning up of a few premises will not rid that unfortunate village of the poison which is perhaps now well domiciled in the houses, furniture, carpets and curtains and the wearing apparel of the inhabitants. The history of the house at Scranton should convince people of the tenacity of life of the yellow fever poison.

WE must express our gratification at the philanthropic action of our worthy contemporary, the *Times-Democrat*, in promptly investigating "Professor" Le Grand, and

upon ascertaining the man to be an impostor, the removal of the "Professor's" flaming "ad." from its columns. On the 19th July we had been furnished the facts concerning this man, and were engaged in looking into his record for the purpose of bringing the matter to the notice of the authorities and for publication in the JOURNAL when the *T.-D.* rendered this unnecessary. If every daily paper that lays claim to being the protector, as well as the news-gatherer and instructor of the public, would act in the same highly honorable and disinterested manner as the *T.-D.*, the people would be spared much *gulling* as well as much positive suffering and harm.

DIPHTHERIA is again on the increase, after having given promise a few months ago that it would soon be under complete control. During month of June, 1888, there were 50 cases and 22 deaths. In June, 1887, there were 7 deaths. In the Third District there were 18 cases and 10 deaths. This District has suffered more than any other since the first appearance of the disease, perhaps because of the fact that it is a district of cottages and houses of people who are not wealthy. It is to be hoped that the Board of Health will succeed in again subduing the scourge. It can hardly be that physicians and families are concealing cases; if so, they should be severely punished. It is likely, however, that before, and in some instances even after, a case is properly diagnosticated absolute isolation is not enforced. And it is equally likely that in the fancied security of a few weeks back disinfection of premises and destruction of clothing of the sick was not attended to properly.

THE new Board of Administrators of the Charity Hospital elected Dr. A. B. Miles, surgeon; Dr. J. D. Bloom, assistant surgeon; Mr. John Johnson, chemist.

In this connection we are requested by resolution of the Orleans Parish Medical Society to publish the following resolutions:

The following resolution was adopted at a special meeting of the Orleans Parish Medical Society:

"This Society learns with regret of the removal from the position of Assistant House Surgeon of the Charity Hospital of Dr. Frederick W. Parham, and believing that it represents as fully as may be the regular profession of New Orleans, has adopted the following resolution as a testimonial of regard toward Dr. Parham:

"*Resolved*, That the members of the Orleans Parish

Medical Society, knowing well and appreciating Dr. Parham's worth as a man, his abilities as a physician and the eminent services he has rendered the institution, deeply regret that the present Board of Administrators of the Charity Hospital should have seen fit to remove him from the position of assistant surgeon.'

DR. KINYON's report on the System of Quarantine at the Station below the City would seem to show a need of some essential changes before the method will be absolutely protective. The application of the bichloride of mercury, he says, is not thorough enough, since he finds that it does not destroy all organisms in the cracks of vessels or in heavy goods, such as carpets, etc. The application of sulphur fumes should be made longer, since at present it does not destroy all germs exposed to their action. The most successful part of the process he considered to be the moist and dry heat, as applied in the drying house after steaming. These points are contained in the weekly abstract of the M. H. S. in the form of a report of an investigation made by Dr. Kinyon at the express request of the Louisiana State Board of Health. Acting upon the above suggestion of Dr. Kinyon to the Board of Health, and as a result of the experiments made by him at the Quarantine Station, Dr. Thos. Y. Aby, Quarantine Physician, has improved the method of application of the bichloride solution and sulphurous gases, and the Board of Health is now engaged upon plans for new heating chambers, looking to the more thorough and efficient application of moist heat.

WE publish below the Standing Committees of the State Medical Society. They will be useful to the committeemen themselves as well as to members of the Society in general. We cannot refrain from commenting upon a fact which will be apparent to all, and which we fear will prove detrimental to the workings of the committees—and that is the number of committees upon which an individual is appointed. Names appear upon two to four committees and then in some instances at the head of a section also. Some of the committees are provided for in the constitution and cannot be otherwise formed, but in all others the president should seek to divide the work among a number and not thrust it upon a few.

On Arrangement—Dr. C. J. Bickham, Chairman; Drs. J. P. Davidson, A. B. Miles, J. H. Bemiss, C. A. Gaudet, C. Chassignac, H. W. Blanc.

On Organization—Dr. I. J. Newton, Jr., Chairman; Drs. D. R. Fox, A. G. Friedrichs, W. D. White, J. W. Allen, T. O. Brewer, C. J. Ducoté.

On Necrology—Dr. D. R. Fox, Chairman; Drs. A. G. Friedrichs, W. D. White, J. W. Allen, T. O. Brewer, C. J. Ducoté.

On State Medicine and Legislation—Dr. J. W. Dupree, Chairman; Drs. R. H. Day, J. P. Davidson, D. R. Fox, C. D. Owens, R. W. Seay, S. Logan, T. J. Buffington, A. B. Miles, A. S. Gates, S. F. Meeker.

On Judiciary—Dr. R. H. Day, Chairman; Drs. E. Souchon, A. B. Miles, R. W. Seay, S. E. Chaillé, C. J. Ducoté, D. R. Fox, L. G. Blanchet, J. C. Egan, G. A. Hays, C. M. Smith, J. A. Johnston.

On Publication—Dr. P. B. McCutcheon, Chairman; Drs. F. W. Parham, A. A. Lyon, H. D. Bruns, P. E. Archinard, G. B. Lawrason, C. Chassaignac.

On State Medical Library—Dr. J. W. Dupree, Chairman; Drs. Joseph Jones, T. Layton, C. J. Bickham, P. B. McCutcheon, F. W. Parham, A. B. Miles, I. J. Newton, Jr., J. D. Hammond, J. W. Allen, Y. R. LeMonnier, W. D. White, S. Jones, C. J. Ducoté.

Sections, Chairmen—General Medicine, Dr. Joseph Jones; Surgery, Dr. R. H. Day; Obstetrics and Gynecology, Dr. T. J. Allen; *Materia Medica and Therapeutics*, Dr. T. Hébert; Ophthalmology and Otology, Dr. H. D. Bruns; Diseases of Children, Dr. J. W. Dupree; Dental and Oral Surgery, Dr. A. G. Friedrichs; Dermatology, Dr. H. W. Blanc; Anatomy and Physiology, Dr. S. E. Chaillé.

It is reported that Memphis is to have a new medical school, to be called the Jay Gould Medical College. Memphis had to get even with Nashville for having a *Vanderbilt* school. Chattanooga and Knoxville should now come forward with a Depew, a Morton or Senator Jones, or Mackey or Somebody Else College, which would make the number of medical schools in Tennessee erected as *monuments* to Cræsus exactly three, and the total number an even half dozen.

DR. POLITZER, of Vienna, died in Vienna May 23, at the age of 74. Death is making heavy inroads into the great men of medicine.

DURING last winter there were at Vienna University 2287 students; Munich, 1369; Berlin, 1516; Leipsic, 794.

MORTUARY REPORT OF NEW ORLEANS

FOR JUNE, 1888.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial, unclassified	5	5	6	4	8	2	10
“ Congestive.....	9	3	7	5	7	5	12
“ Continued.....							
“ Intermittent.....	2		1	1	1	1	2
“ Remittent.....	4	1	4	1	2	3	5
“ Catarrhal.....							
“ Typhoid.....	4	2	4	2	4	2	6
“ Puerperal.....							
Scarlatina.....	2		2			2	2
Small-Pox,.....							
Measles,.....							
Diphtheria.....	12	10	15	7		22	22
Whooping-cough.....	12	1	5	8		13	13
Meningitis.....	6	4	6	4	1	9	10
Pneumonia.....	8	3	7	4	7	4	11
Bronchitis.....	1	2	3		1	2	3
Consumption.....	34	32	34	32	65	1	66
Congestion of brain.....	12	1	8	5	6	7	13
Diarrhœa.....	29	14	24	19	19	24	43
Cholera infantum.....	28	11	20	19		39	39
Dysentery.....	11	2	5	8	13		13
Debility, General.....	4		1	3	4		4
“ Senile.....	10	8	7	11	18		18
“ Infantile.....	15	10	15	10		25	25
All other causes.....	174	84	157	101	134	124	258
Total.....	382	193	331	244	290	285	575

Still-born children—White, 19; colored, 21; total, 40.

Population of city—White, 180,000; colored, 68,000; total, 248,000.

Death rate per 1000 per annum for month—White, 25.46; colored, 34.05; total, 27.82.

Respectfully,

HENRY WM. BLANC, M. D.,

Chief Sanitary Inspector.

METEOROLOGICAL SUMMARY—JUNE.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in inches and hund.	GENERAL ITEMS.
		Mean	Max	Min		
1	29.87	77.0	86.0	69.0	....	Mean barometer, 29.920.
2	29.88	77.0	86.0	70.0	....	Highest barometer, 30.14, 6th.
3	29.90	77.0	84.0	71.0	....	Lowest barometer, 29.58, 26th.
4	29.98	74.0	83.0	66.0	....	Monthly range of barometer, 0.56.
5	30.07	75.0	87.0	69.0	....	Mean temperature, 77.3.
6	30.13	73.0	84.0	70.0	2.86	Highest temperature, 92.3, 28th.
7	30.07	75.0	83.0	69.0	....	Lowest temperature, 66.5, 4th.
8	30.01	76.0	85.0	70.0	....	Monthly range of temperature, 25.8.
9	30.03	75.0	82.0	70.0	....	Greatest daily range of temp., 19.7.
10	30.01	78.0	87.0	70.0	....	Least daily range of temp., 8.0.
11	29.97	78.0	88.0	72.0	....	Mean daily range of temperature, 13.6.
12	29.95	78.0	86.0	72.0	T	Mean daily dew-point, 69.8.
13	29.96	75.0	86.0	73.0	.13	Mean daily relative humidity, 79.
14	29.96	76.0	82.0	73.0	.06	Prevailing direction of wind, s. e.
15	29.89	78.0	85.0	73.0	....	Highest velocity of wind and direction, 36 miles, south, on 26th.
16	29.89	78.0	85.0	73.0	.18	Total movement of wind, 4911 miles.
17	29.86	78.0	83.0	74.0	.01	Total precipitation, 9.09 inches.
18	29.85	78.0	85.0	76.0	.19	Number of days on which .01 inch or more of precipitation fell, 13.
19	29.86	78.0	85.0	75.0	.04	No. of clear days, 8. No. of fair days, 15. No. of cloudy days, 7.
20	29.85	80.0	89.0	75.0	....	MEAN TEMPERATURE FOR THIS MONTH IN
21	29.86	79.0	84.0	76.0	.02	1874... 81.0 | 1879... 81.0 | 1884... 79.4
22	29.87	76.0	89.0	74.0	.19	1875... 79.8 | 1880... 80.0 | 1885... 82.2
23	29.88	76.0	87.0	72.0	.39	1876... 80.4 | 1881... 84.3 | 1886... 78.7
24	29.90	74.0	91.0	71.0	.47	1877... 81.1 | 1882... 81.2 | 1887... 78.3
25	29.89	75.0	88.0	74.0	.11	1878... 82.2 | 1883... 80.7 | 1888... 77.3
26	29.73	76.0	82.0	70.0	4.44	TOTAL PRECIPITATION (IN INCHES AND HUNDREDTHS) FOR THIS MONTH IN
27	29.75	80.0	86.0	74.0	T	1874... 9.62 | 1879... 2.96 | 1884... 8.60
28	29.91	84.0	92.0	76.0	....	1875... 4.92 | 1880... 6.43 | 1885... 3.30
29	29.92	83.0	90.0	78.0	....	1876... 6.20 | 1881... 2.84 | 1886... 9.30
30	29.89	83.0	91.0	78.0	....	1877... 2.75 | 1882... 2.71 | 1887... 11.33
31	.....	.....	.....	.....	....	1878... 7.35 | 1883... 12.05 | 1888... 9.09
Sums	.....	.....	.....	.....	9.09	Dates of frosts: { Light, none.
Means	29.920	77.3	86.0	72.4	....	{ Killing, none.

The mark T indicates precipitation inappreciable.

R. E. KERKAM, Signal Corps Director.

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MEDICAL AND SURGICAL JOURNAL.

SEPTEMBER, 1888.

ORIGINAL ARTICLES.

No paper published or to be published in any other medical journal will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

Leprosy in New Orleans.

By HENRY W. BLANC, M. D., Dermatologist to the Charity Hospital; Lecturer on Dermatology, Tulane University of Louisiana; Instructor in Skin and Venereal Diseases, New Orleans Polyclinic; Dermatologist to the Touro Infirmary.

Leprosy in Louisiana is no new thing, for it has long been a recognized fact that a few stray cases which came years ago with the Acadians from Nova Scotia, or as immigrants from the West Indies, have left a taint in the blood of their offspring which crops out occasionally, without apparent provocation, to maim and afflict the unfortunate victim for a few brief years. In addition to these it is reasonable to infer, particularly in the light of several histories to that effect, that a number of more recent immigrants have brought from Western Europe developed or undeveloped forms of leprosy inherited from parents suffering from the same disease. And last but not least in importance are to be found a few cases with no history of suspicious disease in the family which, after coming into known contact with such persons, have developed the same disease themselves.

These poor creatures, who are usually among the humbler classes, having long sought alleviation without avail,

have many of them gradually gathered into this great city, and from time to time applied for advice and treatment at the always opened doors of the Charity Hospital.

Since the department for diseases of the skin was organized under the supervision of the author in the above mentioned institution, these patients have fallen to his care; and, if the total number of cases reported seems large, it is because they constitute a majority of those now existing in the city; but it may here be remarked that, for the reason given above, the cases in New Orleans probably largely outnumber all the rest of those in Louisiana, outside of the parish of Orleans, combined.

In dotting down the following notes many difficulties have been encountered, for the reticence and ignorance of patients prolong and confuse inquiry, and much time is expended in gaining their entire confidence. The necessity for treating a number in a limited space of time requires that the histories be taken hastily, and occasionally the patients have never returned to complete their story. But oftenest when the facts here reported are incomplete, it is because the patients' information was exhausted.

Such as they are, these notes are given in full as a contribution to the study of leprosy, as it is seen in this city, and with the desire that it may throw some light—dim though it be—upon the much disputed question of the mode of spread of a most repulsive disease. Believing that leprosy is propagated in other ways than by hereditary transmission, it is hoped that this report will bring about—by the bare recital of cases, if for no other stronger reason—an attempt at segregation of lepers by the community for the benefit of both parties concerned. For it should be remembered that we have to deal with a disease which is as implacable as it is slow and insidious, and taints the family while it destroys the individual.

Like another disease—syphilis, which this one sometimes resembles—leprosy has a number of varieties, the principal of which are the tubercular and the anæsthetic; but as erythema and pigmentation prevail in many cases, the desig-

nation *macular* has been added or prefixed to these diagnoses in order to better describe the lesions of the skin.

Were it not for the frequent misapplication and misconstruction of terms among members of the profession it would hardly be necessary to say here that by the word *leprosy* is understood, not the *lepra* which a few English writers still persist in applying to certain forms of psoriasis, a much milder disease; nor yet the *elephantiasis Arabum*, which is a local thickening of the skin, usually of the scrotum, or one of the lower extremities, and when on the latter is known as the Barbadoes leg.

What is described here is the elephantiasis of the Greeks—the leprosy of the Hebrews, the Chinese, the Sandwich Islanders. In other words, *true* leprosy (or *lepra*), a disease consisting of peculiar round-cell deposits in the tissues, accompanied by a micro-organism known as the *bacillus lepræ*.

Additional notes, which make this article more complete, have been kindly furnished by Dr. J. H. Bemiss, who has studied this disease on the Sandwich Islands, and by Dr. A. M. Beret, who reports several valuable cases.

*CASE I. LEPRA ANÆSTHETICA.—White woman, aged 60 years. Native of Germany. Occupation, cook. Resident of Third District. Applied at my clinic in Charity Hospital November 12th, 1886, and admitted to ward the following year.

Family.—Mother died of consumption. Cause of father's death unknown. Has several sisters and brothers, but none have a disease like hers. Is a widow; husband died 11 years ago. Cause of death unknown. Has had five children—all died young except one, who is in an insane asylum. Lived at present residence 6 years. Disease began a year ago with weakness and numbness of fingers, hands feeling as if she had on gloves. Bowels costive.

Condition on Examination.—Erythema and swelling of face. No tubercles on face, the redness passing gradually into healthy tissues. Features are not deformed and are

* All of these cases have been observed during the past five years.

normal in shape and function. Very nervous expression about the eyes. All rest of body normal except hands, lower part of legs and feet. The hands are red, smooth and swollen. Fingers stiff, and several knuckles covered with scales. Warts on distal phalanges of first two fingers of right hand. Lower half of legs pigmented, scaly and œdematous. Feet red and swollen. Ulcer, deep and indolent, on inner surface left foot, size of silver half-dollar. Has varicose veins on legs and thighs.

Sensation.—Diminished all over face, and absent on malar prominences. Diminished on neck.

Right Upper Extremity.—Diminished all over, and entirely absent on fingers, back of hands, and a band 2 inches wide about wrist.

Left Upper Extremity.—Diminished everywhere, particularly on forearm, and entirely absent on fingers (with exception of second), back of hand and over lower portion of ulna.

Trunk.—Slightly diminished everywhere,

Left Lower Extremity.—Nearly normal on thigh, but diminishes downward from just below the knee. A circle of anæsthesia, 2 inches in diameter, surrounds the ulcer on this foot. A pin or knife stuck into this patch draws dark blood, but there is no sensation.

Right Lower Extremity.—Same as left, except that anæsthesia is not complete on foot.

Says that bed-bugs frequently sting her, but she never knows it unless it be upon the face.

This patient was given chaulmoogra oil with benefit. Iodoform salve caused ulcer to heal, and in two months a vast improvement of general health was noticed. She stopped the oil and immediately got worse; resumed it and improved. Is now in the hospital (August, 1888) for the third time, and is kept there, as she always stops the medicine when she goes out. A year ago she had an ulceration of left little toe, and lost a piece of bone. She now has no ulcers, has gained flesh, and looks well.

Erythema of face has faded away. The chaulmoogra regulates the bowels. Dose: Thirty-five drops in milk three times a day.

CASE 2. LEPRA TUBERCULOSA.—White boy, aged 16 years, native of New Orleans, resident of Third District.

An out-door patient of Charity Hospital (service of Dr. Parham) since February, 1886. Seen first by me November, 1886, when these notes were begun. Taking now (November, 1886) fifteen drops of chaulmoogra oil three times a day, and declares that he has greatly improved under treatment, as feet were formerly very sore, "face had more bumps," and right ear had scabs upon it. The knee was sore and is now well.

Previous History.—No history of disease in family. Is accompanied by a younger brother who has a strumous look.

In May, 1884, patient first noticed small tubercles on or about nose, and two months after the ears became thickened and nodulated. These symptoms were increasing up to February, 1886, when he applied at the hospital with the favorable results already noted.

Condition on Examination.—Skin naturally dark—thickened on face. Nose slightly enlarged at alæ. Lobes of ears enlarged and nodulated. Ears large and prominent. Trunk has mottled appearance. No tubercles. Skin of forearms and hands thickened, and tubercular nodes on back of forearms. Finger-nails normal.

Here and there on legs are a few brownish patches. Toes are smooth, red and shiny. Minute ulcer on left great toe at root of nail.

Sensation.—Partial anæsthesia over tubercles of forearms and back of hands.

Sensation diminished everywhere on hands and feet, but most marked on fingers and toes; though analgesia is not complete anywhere except on little finger of left hand.

Chaulmoogra oil was continued, and patient made steady progress. A note [made in October, 1887, declared that

sensation was present everywhere and that no more ulcers remained on the toes.

CASE 3. LEPRO MACULO-ANÆSTHETICA.—White woman aged 35. Native of Germany, but a resident of New Orleans since childhood. Occupation, cook. Resident of Sixth District.

Appeared for treatment in my service at the Charity Hospital, Nov. 6, 1886.

No history of family disease. Father died of alcoholism. Patient is a widow, her husband having recently died in this hospital of spinal sclerosis. Resided in Houma, La., for a year and a half, and left there in 1881. While at this place she lived principally on salt meat, and contracted dysentery, which lasted off and on for six months. While in Houma she noticed a white spot on the inner surface of the lower third of left leg. This gradually increased in size, but gave no trouble. Has been subject to neuralgia of the right side of the face, but the attacks have ceased for the past four years. About six months ago spots appeared on the left arm, and the face began to swell. Thinks the burning sensation of the face due to standing too near the stove, though she has noticed that the face flushes very easily when she walks or otherwise exerts herself.

Present Condition.—Has a numb feeling along the distribution of the right ulnar nerve, particularly in the little finger, “as if it were asleep.” Complains of a chilly sensation nearly every evening, after which she occasionally perspires from the hairy scalp, and nowhere else, the hair becoming very damp. Has not menstruated in nearly two months. Is of blonde complexion.

Head.—Face is flushed and swollen, and itches constantly, “as if ants were walking over it.” There are no circumscribed tubercles, but skin is thickened over the eyes and prominent. Nose enlarged. Throat normal, and all of the senses except that of touch are good.

Brown pigmentation on left side of neck. Trunk slightly pigmented, otherwise normal.

Upper Extremities.—Skin of arms covered with tan-colored plaques, circular in shape, and pale in centre. These are from one to four inches in diameter. Skin of hands thickened. Occasionally has a tingling sensation in right arm as on the face.

Lower Extremities.—Legs are pigmented from just above knees, and on lower third of left leg is a patch of pure white skin. This nearly encircles the limb, and is very clear-cut, and well defined, forming a marked contrast with the bronze, ichthyosis-like pigmentation surrounding it. The size of this leucodermic spot is about five by seven inches.

Sensation.—Face, neck and trunk normal. Diminished on pigmented plaques of upper extremities, and about little finger, but experiences pain here if pierced with a pin.

On the lower extremities the anæsthesia is more marked, being confined on the left leg to the white spot, where analgesia is almost complete. On greater part of the surface patient cannot distinguish points two inches apart.

Chaulmoogra oil was given at the start, but as progress was not notable, Unna's ichthyol treatment was resorted to. Applied as a 50 per cent. salve, it caused the face to peel, and simply aggravated the disease. The salve was used again in three trials of four weeks each, the percentage being gradually diminished to four per cent., with no visible results. In the meantime pills were given—a grain and a half three times a day. It should be stated that an interval was allowed after each application had done its work, and the tissues permitted to take on a more natural aspect.

Chaulmoogra oil disagrees with her, but whenever taken it seems to prove beneficial.

CASE 4. LEPRA TUBERCULOSA.—Patient sent to me by Dr. Castellanos. White man, aged 29 years. Resident of the Second District. Has been a cigar-maker for the past ten years.

Father died in 1871 of "liver disease," and had no

affection of the skin. Mother still living: is 54 years old, and perfectly healthy.

Knew one of his grandfathers, who had no skin disease, and a grandmother, now 89 years old, enjoys pretty good health. Has one sister and seven brothers living, who have no disease that he is aware of. A sister and brother died in early childhood—one of them having had lock-jaw; the other died at the age of three months. Patient is married to a healthy woman, and is the father of three healthy children, the eldest being seven and the youngest two years old. He has lost one child, coming next to the one seven years old, which died of pleurisy—making four children in all. Wife never had any miscarriages. Patient was born on Washington avenue, in the Third District, and has never left the city but twice in his life. In 1879 he spent a short time in Pensacola, and was in Chicago for a while in 1884. The disease began (was noticed) three months after his return from Chicago.

Has never had any venereal disease, and never knew any one with a disease like his. Seldom eats pork, but eats salt meat occasionally. Had chills and fever fifteen years ago, and has had dengue and some other fever since present disease began.

The first appearance of the disease was in the form of reddish rings, "like ringworm," on the right forearm, followed by swelling of the hand. Then came swelling of both hands, followed by anæsthesia, with swelling of the face and pigmentation of the body. Says that when he would scratch the plaques his sensation was very much benumbed.

Notices numbness of fingers when he rolls cigars. Hands are often very cold in summer as well as in winter.

Has taken chaulmoogra oil for a short time, in five-drop doses.

Condition on Examination.—General health moderately good. Complexion naturally quite dark. Face covered with tubercles of a dirty red color, particularly about the

eye-brows (which are very scanty), the ears and the mouth. The ears are studded with small tubercles over a much thickened skin, and are distorted from their normal shape. The roughness of the forehead ceases abruptly in an arch of smooth skin, half an inch in diameter, on the edge of the scalp. Nose is thickened, but presents no special tubercular deposit. Tongue normal, but uvula is short, thick and red. The pillars of the fauces are abnormally red.

The trunk is much discolored with irregular, dark blotches, which extend on to the arms; while the fore-arms are covered with tubercles of a dark, red color. The skin of the hands is slightly thickened, and is smooth, but not anæsthetic.

The lower extremities present no abnormality of shape, but a pigmented and rough skin, resembling xeroderma, is marked just below the knee.

Tested with a pointed instrument, no anæsthesia could be detected anywhere except about the inner edges of the palms in the distribution of the ulnar nerve.

CASE 5. LEPRA TUBERCULOSA.—White woman, aged 25 years, native of St. Louis, Mo.: but has lived in New Orleans since childhood. Applied for treatment in my service at the Charity Hospital, July 21, 1887. Father is healthy; mother died of consumption. All her sisters and brothers died young—cause unknown. No living relatives except husband and two children. Information comes from another source that the husband of patient has suffered severely with syphilis, and that he gave this disease (syphilis) to his wife.

Has two healthy children, and has lost one with measles. Patient enjoyed good health until the birth of first child, when a "bruised" eruption appeared on face accompanied by "lumps" on the arms. This was seven years ago, and the patient had been living in the same house in the Second District for four years. She has just moved from this house, after a residence there for eleven years. Lives at

home and takes care of her children. There are seven persons on the same lot. General health is good. Never has chills, but formerly suffered from fever. Eats fish very seldom, and ate salt meat a great deal about the time she was taken sick. Nurses her own children. Says that skin was very sensitive about two years ago.

Condition on Examination.—Voice hoarse, eyebrows almost entirely gone, eyelashes scanty. Complains of a sensation of a film being constantly over the eyes. Thickening of skin of face everywhere, particularly in region of eyebrows. A few small tubercles on the lobes of the ears; one tubercle, size of a pea, on edge of upper lip. Chin somewhat puckered, eyelids heavy and waxy, and upper lip thick and prominent. The integument is darkened over the whole body, and, in places, of a dirty, mottled hue. Tubercles have been more numerous, but a few are still seen upon the trunk and forearms. The hands and fingers are thickened, more especially near the nails, which are normal in appearance. Feet are swollen, toes thickened and of bluish-red color. Toe-nails normal in shape.

Sensation.—Not entirely absent anywhere. Natural on the face, slightly diminished on hands about ulnar nerve distribution (where she has occasional pains), and most diminished about lower part of legs and outer surfaces of feet.

Ichthyol pills were ordered (gr. jss), but it is uncertain whether she ever took the medicine.

CASE 6. LEPRO MACULO-TUBERCULOSA.—The following history is drawn from the records made at the hospital, where the patient applied in my service, July 12th, 1887, and from notes furnished me by Dr. Bemiss, which were taken in August, 1884.

White woman, aged (1887), 26 years; native of New Orleans, and resident of First District; occupation, housemaid; unmarried.

Family History.—Parents both born in Ireland. Both dead—mother about 18 years, father about 20 years. The

latter died of a fever. Has one sister and two brothers, who are all healthy. No disease of the kind ever existed in family. Has an aunt, who is married and has healthy children. Never saw anybody with this disease.

Habits.—Eats very little meat and vegetables. Appetite, poor. Likes coffee and tea, and is fond of salt meat. Never eats fish. Has recently been employed in a family of six persons in First District, where everything is clean and in good sanitary condition. No one in this family has the disease. Her own residence in the First District is in bad condition. The walls are damp and gutters filled with refuse matter, but the drinking water is good. Has occasional attacks of chills and fever, which are never followed by the sweating stage.

Was in House of Good Shepherd nearly seven years ago, and while there took pills for fever. Was removed to Charity Hospital, where the doctor said the pills had upset her.

While in the House of Good Shepherd there was no appearance of the trouble, but her sister noticed that her face was affected ten days after admission into hospital. The disease appeared in the form of little red "pimples" on the face and hands, and then extended to the upper part of the chest. Hearing and eyesight have always been good. Gives very muddy history. Hair is falling out.

Present Condition (July, 1887). — Height about five feet; weight, 93 pounds; hair, brown; eyes, brown; skin, copper-colored; ears redder than rest of skin. Skin of whole face hypertrophied and infiltrated, especially that of brow, nose, malar region, lips, chin, cheeks and ears. Discoloration gradually fades towards neck. Skin of trunk covered with brownish macules. Skin of hands discolored, thin and shiny, displaying many dilated capillaries. Nails thin and friable.

Large elevated brown patches over whole of back part of arms which, in places, extend over the joint. Outline of these patches is irregular, and the skin thickly infiltrated.

The patches on the left forearm are much thicker than on the right. A desquamating tubercle covers the third phalanx of middle finger of right hand. On the right ankle two tubercles have broken down and left small ulcers. Patient says she is better now than at any time in the past two years. Has been treated at the hospital from time to time since beginning of disease, and always found relief in chaulmoogra oil. The eruption never produces itching.

**SENSATION—Hand.*—Dorsum of right, ulnar side, $\frac{3}{8}$; radial, $\frac{3}{8}$. Dorsum of left, ulnar, $1\frac{3}{16}$; radial, $1\frac{3}{16}$.

Fingers.—Palmar surface right index, $\frac{1}{8}$; same surface of left, $\frac{1}{8}$. Radial surface right ring finger, $\frac{1}{8}$; same surface of left, $\frac{1}{8}$. Ulnar surface right ring finger, $\frac{2}{8}$; same surface of left, $\frac{3}{8}$. Radial surface of right little finger, $\frac{1}{8}$; same surface of left, $\frac{3}{16}$.

Forearm.—Right. Radial side, $\frac{1}{2}$; ulnar side, $\frac{5}{8}$. Left. Radial side, $\frac{6}{8}$; ulnar side, $\frac{6}{8}$.

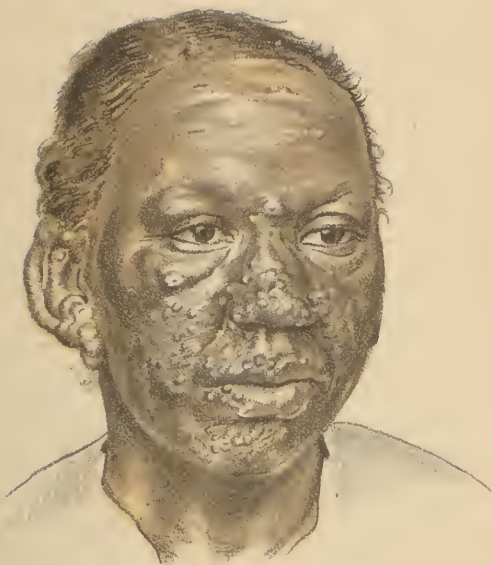
Face.—Right brow, $\frac{2}{8}$; left brow, $\frac{2}{8}$. Right malar region, $\frac{3}{16}$ (?); left malar region, $\frac{2}{8}$.

CASE 7. LEPRA TUBERCULOSA.—Mulatto woman, aged 26 years. Native of St. Charles parish, Louisiana. Applied in my service at Charity Hospital, April 30th, 1887. Occupation, washerwoman. Resides in Sixth District.

Previous History.—Never has been vaccinated. Never had small-pox nor any other contagious or epidemic disease, except measles. Eats fish and salt meats. General health was formerly very good. Moved to New Orleans long before disease began.

Family.—Has been married for five years, and has not "worked out" since then. Husband is healthy. Two children—one four years old, one twenty months old—inspected by me, and found to be stout and well. Patient's father was an Italian (white), and mother was a mulattress, native of Plaquemines parish. No family disease. Never had any miscarriages. Menses regular for last two months, but before this went four months without seeing anything.

* Figures represent shortest distance in inches at which two points on surface can be distinguished.



CASE 7.—LEPRA TUBERCULOSA.

Disease began three years ago on left thigh as a red (painless) spot which resembled a bruise. Was sick last January with an attack beginning with a chill, followed by a fever which lasted two weeks. Swelling and disease of face came four months after birth of baby (i. e. 16 months ago). The eruption remained red, but the swelling was not permanent. There was no burning pain. Has been subject recently to aches in the back and side of the head. Throat has been sore five months—the nose about fourteen months.

Condition on Examination.—Face thickened and reddened with infiltration and prominent tubercles.* Eyebrows and lashes have fallen out, only a few of the latter being left. Eyelids swollen and waxy. Conjunctivæ yellow. Well-defined and prominent tubercles cover the thickened tissues of the face, and average the size of a pea, but many are larger. They are most abundant about the nose (which is flat and misshapen), the cheeks, chin and lips, extending on to the vermilion of the latter, which are decidedly enlarged. The ears, particularly the right, are distorted out of shape by tubercular thickening, most marked, however, at the lobes, which are greatly elongated. Most of the raised tubercles appeared about ten months ago.

A deposit of pigment discolors the face and extends half way down the neck. The mucous membrane of the nose is ulcerated. Voice harsh. Tubercular deposit on hard and soft palate. Tonsils, uvula and pharynx subacutely inflamed. Gums swollen on both borders, and project out from sides of teeth as if the latter had been set in a flat surface. Skin of arms, forearms and hands thickened and sprinkled with flat tubercles. These are least numerous on the arms, where the disease is manifested in raised tubercular or oval patches, paler in center than at periphery, and of a coppery hue. Several exceptions are found on left arm, where two or three circular patches have raised dark centers.

*See lithograph.

On thighs and legs are pigmented, circular and irregularly shaped patches, which have pale centers surrounded by dark rings that are not raised above normal skin.

Sensation.—Normal on face, arms, both thighs and right leg. At middle third of left leg external to tibial spine is a spot of anæsthesia 2 x 3, and another spot same size on internal malleolus. Toes are all normal. There is an anæsthetic spot on left knee, the cicatrix of a sore produced four months ago in scrubbing.

Patient's general health and appetite were good and she was ordered ichthyol internally and externally. This was continued for a month when she ceased to use it, and passed out of sight.

But last June she reappeared, this time in my clinic at the Touro Infirmary, bearing in her arms a newly born hydrocephalic child. Patient's nose was now more ulcerated than ever, the tubercles larger, and every symptom aggravated. Chaulmoogra oil was ordered, but it is doubtful whether she has taken the medicine. The child died a few days afterward.

CASE 8. LEPRA MACULO-TUBERCULOSA.—White woman, aged 75. Native of Louisiana. Resident of the Second District of this city. Charity Hospital case. Applied for treatment May 14th, 1887. Father died of old age (84). Mother died of consumption. No history of family disease. Patient stopped menstruating at age of 29 years, and has never borne children nor had any pain since then. Had four children, two boys and two girls. A six-year-old girl died of "sore throat;" a twenty-nine-year-old son died of consumption. Other two have no similar trouble. Five years ago the patient was a large, stout woman, weighing 250 pounds; now she weighs about 140 pounds, or less. Thinks she was perfectly well up to two years ago, when the disease appeared which is now to be described.

Condition on Examination.—Skin of face thickened about cheeks, nose and eyebrows, and, while red on

cheeks, is considerably darkened elsewhere. Lobes of ears thickened and tuberculated. There are many wrinkles on the face which are the result of old age. The hard palate is covered with whitish, irregularly shaped patches, extending forwards over the median line to the teeth, and backwards to the uvula and tonsils. On the body the skin is slightly pigmented in places, resembling xeroderma. The hands are swollen, and a few small tubercles cover the fingers. The skin is ulcerated about the nails of the second and third fingers of the right hand and the third finger of the left.

Sensation.—Good everywhere, except on feet, on the inner surfaces of which it is slightly diminished.

Chaulmoogra oil was ordered, but when last seen she was taking it very irregularly, as it produced diarrhœa.

CASE 9. LEPRA MACULO-ANÆSTHETICA.—Reported by Dr. Bemiss. White man, aged 48 years. Native of Wurtemberg, Germany. Came to America in 1854. First to New York, then to Buffalo, Canada, Detroit, Cleveland, Cincinnati and New Orleans, arriving here in 1857. After coming to New Orleans made one visit to St. Louis, Mo. In Confederate army until fleet came in. Resides in Fourth District.

Family.—Parents dead. Mother died of phthisis—father of old age. Two sisters living in Germany. Both healthy. One step-brother, whom he has never seen. No history of disease in family. Occupation, laborer. Smokes. Chews to excess. Diet, ordinary. General health usually hearty. Hemorrhoids when young. Chills and fever in 1853-54. Frost-bitten when 13 years of age. Had dysentery in 1864-5. In 1870 or '71 had severe pneumonia. Has had tape-worm. Married in 1863. Has three children living—four dead. Wife sickly—bronchitis.

History of Disease.—In summer time had heat; washed with soap. On his leg had some small red pimples, which disappeared in winter. Four or five months ago had patches of congested skin upon trunk. A month ago had

an attack resembling erysipelas, involving right eye and right side of face. Lead-wash was applied to this, resulting in deposit of albuminate of lead on cornea.

Present Condition.—Height, five feet seven inches. Weight, 129—now 119 pounds. Hair and beard brown, eyes light. Face and neck, from brow to clavicles, of characteristic copper tint. Skin thickened over same regions, but especially on brows and malar prominences. Lost right eye by sloughing of cornea. No tubercles on face or neck. Tongue and mucous membrane of mouth pale, with enlarged capillaries here and there. Papillæ of tongue large and prominent. Pharynx congested.

Trunk.—Copper color of neck gradually fades to uniform, large copper-colored blotches, general on back. Skin loose and thick.

Arms.—Mottled in same manner, but blotches are smaller, passing into general dark but not characteristic color of hand, except palmar surface of tips of fingers, which are tense and of dark pink color. No tubercles. Several tortuous venules on chest.

Legs.—Blotching on chest extends to knees, but is less conspicuous below. Skin for most part of tawny hue. Slight tendency to stagnation of blood in toes. No tubercles.

SENSATION.—*Hand.*—Dorsum of right, 2; of left, 3. Palmar surface right index finger, $\frac{1}{4}$; left, $\frac{1}{8}$. Outer surface right ring finger, $\frac{1}{4}$; inner surface, $\frac{1}{4}$. Outer surface left ring finger, $\frac{1}{4}$; inner surface $\frac{1}{4}$. Palmar surface right little finger, $\frac{3}{16}$; left, $\frac{3}{16}$.

Forearm.—Radial side, right, 7; ulnar side, 9. Radial side, left, $4\frac{1}{2}$; ulnar side, $6\frac{1}{4}$.

Face.—Brow (supraorbital region), 2. Malar region, right, $1\frac{1}{2}$; left, $\frac{5}{8}$. Upper lip, right side, $\frac{1}{4}$; left side, $\frac{1}{8}$. Neck and lower jaw, right side, $\frac{3}{4}$; left side, $\frac{3}{4}$.

Legs.—Dorsum of right foot, $3\frac{3}{4}$; left foot, $3\frac{3}{4}$. Outer side right leg, $6\frac{1}{2}$; inner side, 6. Outer side left leg, 3; inner side, $3\frac{1}{4}$. *Patella.*—Left, $1\frac{1}{2}$; right, $1\frac{1}{2}$. Great toe inner side, right, $1\frac{1}{2}$; left, $1\frac{1}{2}$.

CASE 10. LEPRA TUBERCULO-ANÆSTHETICA.—Reported by Dr. Bemiss. White man, aged 35 years, born in Baden Baden, Germany. Came to this city when 2½ years old, and has lived here ever since. Father living, healthy. Mother died about 26 years ago of cholera. While patient was still a small child father married again. This wife bore the father of the patient two boys, who, when about 7 and 5 years of age respectively, acquired this disease and died of it at the ages of 14 and 15. About two years after the disease made its appearance in the boys, their mother was taken with it, and died of it about three years ago.

Patient says that there is no history of disease in his own family, and that he has two children (boy and girl) who are perfectly healthy. They were born before he was afflicted with the malady. Patient has never left the city save for brief intervals. Occupation was that of a boiler-maker; now only does odd, light laboring jobs. There is no one at the shops afflicted with this disease. Does not smoke now. Chews. Never was a drinking man. No venereal diseases. Ordinary simple diet. Seldom eats fish. Was always healthy until 14 years ago, when he had chills and fever for 18 months in spite of medicine. Nose then bled freely at slightest touch. Never subject to epistaxis before. About four years afterward had first indications of this disease.

Present History of Disease.—Broke out with large yellow spots (some claret-colored) scattered well over body, appearing first on back, then chest, then generally over rest of body. Were oval in shape, and size of finger nail. (He thought they were hives.) Consulted a physician. These spots turned into lumps in substance of skin, but did not become confluent. Disappeared under cuticura, leaving no marks. Face was same as body as to lumps, which left, but skin became thicker.

Was one time afflicted with neuralgic pains all over body. At this time exposure to sun caused skin of face to swell

and burn. Was then in a much worse state than now. Does not know when eyebrows fell out. About four years ago large water blisters formed on hands. He broke them, leaving deep ulcers very slow in healing. Lost nails at same time. They became thin, wrinkled and split off. About four years ago feet became affected in same way as hands. *Résumé:* Ten years ago spots on body. In same year "they went into lumps." Face affected at same time. Hands and feet about four years ago. Voice became husky about four years ago.

Present Condition.—Height, 5 feet, 10 inches. Weighs 145 pounds. Large, broad-shouldered; was once very strong. Hair, brown; beard, light; eyes, blue.

Skin of face and neck has characteristic copper tint. That of whole face hypertrophied, especially so over brow, malar processes, lip and ears. Nose is flat and broad; very large folds (bags) under eyes. Has completely lost eyebrows and lashes, and beard is very thin and straggling.

Whole of hard palate thickened and studded with tubercles. Pharynx in same state. Uvula gone; pillars of fauces distorted; tonsils reduced to scar tissue. Breath offensive. Ears large and infiltrated. Hearing impaired.

Body.—Skin thickened and discolored as far down as umbilicus, slanting both anteriorly and posteriorly from shoulders to waist. If skin is rubbed between fingers there is a corded or emphysematous feeling imparted. No tubercles.

Right Leg.—Patch of discolored scars as large as hand over patella. Skin of lower third much thickened and of dark-brown color with numerous scars—depressed, shining, and of a bluish tinge. Over inner malleolus is large oval ulcer, with thick edges surrounded by thick and reddened skin. Another ulcer, size of nickel, a little below middle point of tibia, healing. One a little in front of outer malleolus. Another, three inches above. Toes puffed, shining, and purplish-pink color. Nails similar to those of hands.

Left Leg.—Condition of left similar to that of right, except that over tendo Achillis, two inches above its insertion, is a very large ulcer with thick overhanging edges.

ANÆSTHESIA.—Head.—Dorsum of right and dorsum of left, complete. Palmar surface right index finger, $\frac{3}{4}$. Same of left index finger, $\frac{3}{4}$ (uncertain). Radial surface, right ring finger, complete. Ulnar surface, same finger, complete. (Produces involuntary twitchings.) Radial surface, left ring finger, complete. Ulnar surface, same finger, complete. Radial surface, left little finger, complete. Ulnar surface, right little finger, complete.

Forearm.—Radial side, left, sensitive to needles. Ulnar side, left, cannot distinguish points. Radial and ulnar side, right, same as above.

Face.—Brow, right and left, cannot distinguish points. Malar region, right, $\frac{1}{2}$; left, $\frac{1}{4}$. (Better on left than on right.) Upper lip, right, $\frac{1}{4}$; left, $\frac{1}{8}$. Lower lip, right, $\frac{1}{8}$; left, $\frac{1}{8}$. Neck under lower jaw, right and left, 2.

Feet and Legs.—Dorsum right foot, 4; left, 4. Cannot distinguish points on legs, great toes, or patellæ.

CASE II. LEPRA TUBERCULOSA.—White woman, aged 47 years. Born in Louisiana. Resident of Second District. Appeared as an out-door patient in my service at the Charity Hospital, May 14th, 1887.

Comes of a well-known Louisiana family. Father died fifteen years ago of chronic diarrhœa. Mother died of chronic diarrhœa at the age of 64, but neither parent had any skin disease. Has had eight sisters and brothers, but three are dead. These died of Bright's disease, paralysis and general debility. Had a brother who had a disease resembling hers, but he is now well. Other members of the family are healthy. Patient is married and husband healthy. Had one child, who died of yellow fever. Had a miscarriage in 1874. Patient has slight hypertrophy of both lobes of the thyroid gland dating back to the age of 13 years. Has lived in other portions of Louisiana.

Disease began six years ago in the bend of the right

elbow as a brownish coloration. This was unaccompanied by other symptoms for several months, when she noticed that the face became red and swollen (though it did not burn); little spots, like mosquito bites, appeared on the back of the neck, and the brown blotches spread generally over the body.

Condition on Examination.—Skin of face has the color of a dark brunette, only is somewhat more reddish in hue. A sister, who accompanies the patient, declares that she was quite fair before the disease began. The skin of the face is thickened, and a few tubercles, which are distributed over the nose, cheeks and chin, have enlarged capillary vessels running into them. The eyebrows are very scanty, and the skin over the superciliary ridges thickened, imparting a slightly leonine expression. Eyelids are heavy; conjunctivæ yellow. A few tubercles thicken the lobes of the ears. Patient has a sensation, more or less constant, of having a “cold.” Voice is hoarse, and there is a tubercular deposit on the soft palate and uvula. Trunk has a dark mottled hue. Forearms and back of hands covered with small red tubercles. Hands are smooth and swollen. Finger nails natural. Small tubercles on legs and feet. Feet are scaly and red on inner surfaces. A few small ulcers of irregular shape are seen on the feet and lower portion of legs. Hands and feet always “feel as if they were asleep.” If patient is suddenly struck or jolted she experiences an acute pain.

Pills of ichthyol, a grain and a half each, were ordered to be taken three times a day, and an ointment of equal parts of vaseline and ichthyol applied to the face. During the two succeeding months these were used steadily, but patient gradually weakened, becoming greatly prostrated in the middle of July. Superficial ulcers, which formed on the soles of the feet, were treated locally, and the ichthyol preparations discontinued in favor of iron and cinchona.

I saw her last on August 4th, 1887, when it was noted that the patient was complaining of constant and extraor-

dinary diaphoresis. In my absence from the city she came under the care of a well-known physician, who treated her until her death in December, 1887, the diagnosis on the death-certificate being, "blood-poison."

[TO BE CONTINUED.]

Cerebral Rheumatism.*

By G. W. HARRISON, M. D., of Ashland, Wisconsin.

Gentlemen—The subject of cerebral rheumatism or insanity is usually spoken of as a complication of acute inflammatory rheumatism in all our text-books. You all know that acute rheumatism makes its visible manifestations in and around the points and sheaths of tendons, and (as we know by pathological study) in an organ or place where there exists a serous or fibro-serous tissue.

I am not going to try to enter into all the causes of this disease, but want to call your attention to the condition of the blood during this disease, that is, to its morbid state.

It is said that the blood contains a greater quantity of fibrin, from eight to ten per centum more, than is found in normal blood; that on account of the pressure of this excess of fibrin it coagulates more readily if it becomes stagnant or sluggish, and that this fibrin has a tendency to adhere to the walls of vessels or anything that it comes in contact with. Now, the exudation of this fibrin from the capillary vessels of the fibrous coverings constitutes inflammation and enlargement of the joints. The blood is deficient in the number of red corpuscles, their number being reduced from two-thirds to sometimes one-half of the normal number in healthy blood, and as these corpuscles are the carriers of oxygen, through its affinity with the iron in them, you will readily see that there is lack of oxidation of the effete tissues.

With our present knowledge the exact process of the conversion of albuminoids into tissues and that again into waste matter for excrement is not at present thoroughly

*Read before the State Medical Society of Wisconsin, June 7.

understood, but I think we know enough to know that it is one of oxidation. And if foods containing albuminoids are not properly oxidized we always find the amount of urea lessened, a greater proportion of uric acid, and the blood loaded with fibrin, two products always found in inflammatory rheumatism. Now, since the blood contains but about two-thirds and sometimes but one-half the normal number of red blood corpuscles, it will be readily seen that the power of oxidation is lost in proportion to the amount of iron-bearing corpuscles that it contains.

I want next to call your attention to the kind of tissue that is involved. Rheumatism always makes its attack on the fibrous and fibro-serous tissue — the synovial membranes, sheaths of tendons, the pericardium, endocardium, the pleura, peritoneum, and the membranes of the brain and spinal cord. Now, there is another tissue, also fibrous, which, to my mind, is always involved, although I have never seen anything written about it in any work on inflammatory rheumatism, and that is the neuroglia, or the tissue that forms the framework of the nerve tissue proper, a ‘delicate stroma of retiform tissue in the cord and brain, constituting an investment and supporting framework.’

This investing framework bears the same relation to nerve tissue that areola does to all the cellular tissue of the body. This substance is so fine and its meshes are so delicate that the morbid products of acute rheumatism in it are overlooked; but it is a fibrous tissue, and therefore subject to the same pathological changes that take place with other fibrous and fibro-serous substances, the fibrinous inflammation that ensues in acute articular rheumatism. I do not know that you are going to agree with me, but I can see beyond a doubt that when this nerve framework is attacked in acute rheumatism, and a fibrinous deposit thrown out into the interspaces of the nerve substance, we can have all or any of the nervous troubles that are sometimes called complications of inflammatory rheumatism. And if this morbid product is poured out in sufficient quantities

into brain substance or into the ventricles whose lining is fibro-serous, we may have all the troubles that are spoken of, as apoplexy, delirious meningitis, hydrocephalic, convulsive and choreic complications.

What I want to prove is, that these complications, or whatever they may be called, are not simple nervous disturbances caused by hyperpyrexia, as nervous troubles are caused in some febrile complaints, or by predisposition or nervous diathesis of the patient, as all writers say, but by the morbid fibrinous product of inflammatory rheumatism deposited in the brain and about the nerve much the same as it is deposited around the joints, the sheaths of tendons and the heart.

If this product is not absorbed or eliminated, or if it remains in the tissues of the brain for any length of time, it will cause an organic change in the nerve centers, which sometimes produces insanity—an insanity that, I think, is always caused by the exudation of this fibrinous material from this retiform tissue, the neuroglia, into the brain substance. The nerve trunks and the nerve filaments are covered by their fibrous membranes, the neurilemma, and when it is the seat of attack we may have a variety of nervous symptoms, as chorea, hemiplegia, amaurosis, etc., as I will try to show you when I come to the symptoms of this disease. I do not mean to say that all the nervous troubles are caused by the fibrinous deposit in the nerve tissues. If apoplexy supervenes, I think, sometimes it is caused or due to thrombi in the brain, or capillary stasis through the morbid condition of the blood in this disease. When endocarditis or pericarditis occurs, it is usually a complication also, and when this does take place we have this same fibrinous deposit on the valves of the heart, causing an incompetency, with the formation of thrombus within the heart in all fatal cases. Who knows but that some of our cases of cerebro-meningitis are rheumatic, that the first manifestations of inflammatory rheumatism may not be in the meninges, as some say it might be in the

heart? Patients have died with heart complications, as they are called, the first day of the attack: and I see no reason why this same condition might not begin at the brain and cause death even before any of the joint symptoms make their appearance. All these nervous forms of symptoms are simply modifications of the inflammatory action that is going on in and about the brain and nerves. As in the meningitic form we may have delirium or even mania, as we do in most inflammations of the meninges; and the great amount of effusion producing the hydrocephalic; the filling of the ventricles or thrombi, producing the apoplectic, and the inflammatory disturbance of the cord and nerves, the choreic; the rheumatic inflammation of the neuroglia and effusion therefrom, producing the insanity which lasts for months, and sometimes remains permanent. Trousseau says that the brain or nervous symptoms of acute rheumatism are simple neuroses caused from a predisposition to nervous troubles, insanity, or to drunkenness, and cites numerous cases to prove his assertion, but among the cases cited he mentions that of a girl who was brought to one of his wards, suffering from intense fever, excessive backache and paraplegia; after waiting three days for small-pox eruption to develop, she was cupped, and all symptoms of paraplegia disappeared, but amaurosis and hemiplegia set in, and he diagnosed the case as one of cerebral rheumatism. Was this a case of habit or predisposition to nervous trouble? I think not. A change about the nerves and their centers had actually taken place to produce the paraplegia, followed, after being cupped, by hemiplegia and amaurosis. The fibrinous material had been poured out producing these nervous troubles during the attack before the joints had become affected, which he says they afterwards did.

Then again, some authors (German) say that the cerebral or nervous symptoms are caused by uræmic poisoning, because of the great amount of urea in the blood in rheumatism. This cannot be true, because it has been proven

that the product of urea is lessened and that there is a greater amount of uric acid, and I think that uric acid never causes any sort of brain trouble directly.

I will now call your attention to the symptoms of cerebral rheumatism, or insanity. These symptoms are usually developed in from ten to fourteen days after the joint affections make their appearance and sometimes, but rarely, before the joints are affected. I will give the symptoms of three cases that I have had myself, or known of. The first was a female about 30 years of age, who had borne one child. After a duration of about ten days the ordinary symptoms of rheumatism, pain and swelling of the joints, suddenly disappeared, which, I think, is always a sign of a worse trouble. The patient slept well all the night following, but awoke complaining of headache, which was followed by symptoms of insanity, such as hallucination, melancholia and wild mania; these symptoms lasted for about three months, and then she began to recover, and said she was glad that the rheumatism that she had yesterday was better, the whole period of insanity was a blank, as though the time had been blotted out of her existence, and she remembered nothing that had transpired during the whole three months of her cerebral trouble. Now, in this case, I think the brain substance was involved; there seemed to be no impairment of any of the functions of any of the cranial or special nerves, and the patient made a complete recovery.

The next case was that of a little girl, aged 14, in whom one of the most violent attacks of chorea seemed to have developed; the contortions and spasmodic jerking were so violent that she could not be held still by the combined efforts of her father, the attending physician and myself. I was called in consultation in this case and the attack had made its appearance some few hours before my being called. The next day, after getting the child under control, she complained of pain in the knee and ankle of right leg, and general inflammatory rheumatism followed.

Now in this case I think the parts of the nervous system involved were the cord and nerve trunks, and that there was fibrinous inflammation of the neuroglia or neurilemma, causing an exudation or deposit into and around the nerve substance. It has been said, and I believe very ably proven, that choreic heart disease, such as endocarditis and pericarditis, are both complications of rheumatism. St. Vitus' dance is essentially a rheumatic complaint.

Next is the meningitic form. The symptoms of simple meningitis are different from those of cerebral meningitis of rheumatism. In simple inflammation of the meninges we have vomiting, pain in the head, which is almost unbearable, constipation, and in children convulsions. Now in cerebral rheumatism these symptoms are said not to occur, and they did not in the first case noted. Vomiting is absent, and in the case first spoken of, after the disappearance of the first joint symptoms, the patient was seized with delirium and mild mania, which continued until recovery began, without being ushered in by vomiting, violent headache and constipation. When the nervous disturbance is of the nature of insanity, then the exudation is into the nerve substance and with a tendency to disorganization or rearrangement of the cells of the nerve matter. This form is sometimes so severe that the delirium suddenly passes on to coma and stupor, which end in death. In very rare cases considerable effusion may take place rapidly with symptoms that are indicative of compression of the brain, as hebetude, dilation of pupils, and coma. This is, then, a true case of rheumatic hydrocephalus.

A case was reported to me by Dr. D. G. Earle, of Lake Mills, while writing this article. It was a case that he supposed to be cerebral apoplexy; one side was entirely paralyzed and extreme headache existed: after three or four days the paralysis disappeared, leaving great pain along the spine, and at the same time the joints became affected with inflammatory rheumatism, which, I think, proves beyond all reasonable doubt that it was, from the

first, one of simple rheumatic fever attacking the nerve centers first.

All authors, in discussing the pathology of the nervous disturbances that occur in cerebral rheumatism, have made mistakes, it seems to me, from not particularly discriminating between the different forms regarding the symptoms, no matter how different, as being due to the same cause, and in saying that meningitis, which is of rare occurrence, has for its cause some accidental and simple complication and is not due to the agency of rheumatic products.

Treatment.—In regard to treatment I have not much to offer. I think it may be divided into two methods: First, when symptoms of nervous disturbances are manifested, and when unmistakable evidences of cerebral rheumatism have made their appearance. When a patient, suffering from articular rheumatism, is excited and despairing of his condition, I think cerebral complaint may be looked for, and in conjunction with the rheumatic treatment bromide of potassium, with chloral hydrate, may be given to good advantage. It allays the excitement and at the same time exercises some control over the vessels of the nervous system. But if the symptoms are those of cerebral insanity then the damage is done, and the treatment is one of repair and not prophylactic. In the case that I had, which was one of cerebral insanity, I succeeded in effecting a cure—or I think I did, as the patient got well—by the use of iodide of potassium with the anti-rheumatic remedies. I give the iodide with the view of absorbing the fibrinous exudate.

DR. R. J. LEVIS in the *Med. and Surg. Reporter* says that the best way to stop hemorrhage from wounds of the palm of the hand is by vertical extension. Adhesive strips are attached along the palm and dorsal surfaces, and a cord from these is fastened to the bed-post or other elevated point. Sometimes he uses a rubber-ball grasped in the hand, which is then bound with a roller bandage. Cotton wadding will do as well. He never ligates arterial trunks.

HOSPITAL REPORTS AND CLINICAL NOTES.

CLINICAL MEMORANDA FROM CHARITY HOSPITAL.

Surgical Service of DR. RUDOLPH MATAS.

Suppurating (Traumatic) Hydrocele of the Tunica Vaginalis Testis, Complicated with Suppurating Orchitis and Encysted Hydrocele of Cord. Extirpation of Sac and Testicle. Recovery.—Newton Jackson, colored, laborer, æt. 60; admitted August 8th. General condition fair. Previous to present illness enjoyed very good health. About five months ago was struck with the end of a log on the scrotum. The scrotum swelled up shortly after to its present dimensions.

Condition on Admission.—Patient worn out, weak with suffering; walks with difficulty, owing to pain, which he refers to scrotum. On examination the scrotum is found very much swollen, hanging down almost between his knees as a large oval swelling, which measures over eight inches longitudinally and four transversely. The skin covering scrotum is hard and but slightly movable upon underlying structures. The scrotum is apparently filled with a smooth, lobulated tumor, which is tender and very hard on pressure, excepting on its anterior aspect, in which fluctuation is detected. The testicle cannot be isolated or detected after the most careful search. An exploring needle plunged in the fluctuating portion draws a syringeful of greyish, thick pus. The inguinal glands are slightly enlarged.

The day after admission the patient was anæsthetized (chloroform), the parts shaved and the field of operation completely prepared by antiseptic scrubbing and washing. An exploratory incision was made in the direction of the long axis of tumor, at once opening an abscess which was inbedded in the thickness of the vaginal tunic: another and deeper incision carried the knife through the cortex formed by an enormously thickened tunica vaginalis and penetrated its cavity, which was comparatively small, about

2 inches in diameter, and allowed the escape of a considerable quantity of watery and flocculent pus, the flocculi resembling greyish, pultaceous sloughs. The walls of the tunic were at least two and a half to three inches in thickness; the testicle (right) was then searched for, but fruitlessly; the thickened tunic appeared alone to occupy the right scrotal compartment. Owing to the suppuration and thickness of the tunic it was decided to extirpate the whole sac. This was readily accomplished by dissecting the integument away from it. As the posterior part of the sac was being exposed a small prominence was noticed which, upon closer examination, proved to be the missing testicle. It was found impossible to isolate it as it had been almost completely incorporated into the thickened and inflamed tunica vaginalis; furthermore, it was found, on exploration, to be riddled with purulent foci. The dissection was then rapidly carried to the cord, where a small cyst, a little larger than an ordinary marble, was found. This was incised and drained. The cord was then ligated and the scrotal integuments brought together with deep catgut and superficial silk sublimated sutures; a large drainage tube was introduced, which drained the wound from the inguinal region to the lower end of the scrotal wound. An antiseptic dressing of iodoform and bichloride gauze, etc., was applied and snugly fitted with an elastic bandage.

No fever followed the operation. On the third day 100° F. Dressing was not removed until the 17th day, when, on removing it, it was found that the wound had completely united throughout its extent without suppuration. The drainage tube was then removed and catgut strands were introduced in its stead.

September 9th, the patient was discharged completely well.

Malignant Cyst (Sebaceous) of Neck.—John S. J., white, æt. 59, native of England; shipwright by occupation. No history of hereditary disease. General health prior to present disease good. Admitted in Ward 8 Sep-

tember 1, 1887. About eight months before admission noticed swelling in the neck at the site of present trouble. The swelling grew slowly, was indolent and painless until it attained the size of a "goose egg." This was about three months before entering hospital. The swelling then began to inflame; it became red, swollen and tender; finally it "burst," and a considerable quantity of cheesy and purulent matter came out of it.

Condition on Admission.—Patient pale, sallow, thin, cachectic. On left supra-clavicular region, encroaching considerably upon the clavicular origin of the sterno-mastoid, is a large tumor, about three inches in diameter across its base, and rising in a gradual elevation about one inch above surface of surrounding skin. The centre of the swelling is excavated, crateriform in appearance, presenting an irregularly circular ulceration, with inflamed and very indurated edges. A thin, sanious pus bathes the tumor and escapes slowly from its opening, which measures about one inch in diameter. By further examination it is found that the tumor is deeply rooted in the neck and immovable, the infiltration especially involving the origin of the sterno-mastoid. By exploring with a probe and curette it is found that the probe passes into a cyst-like cavity, which is quite deep, about two and a half inches, and that the walls of the cavity are smooth. It is discovered also that the cavity is filled with cheesy, steataceous material, evidently sebaceous.

Diagnosis at this Period.—Inflamed and suppurating sebaceous cyst of neck.

The next day, without anæsthesia, the contents of the sac were scooped out and the cavity washed with sublimate and stuffed with iodoform gauze. After a few days, during which this treatment was followed, the cavity appeared to be clean, though the surrounding parts were as inflamed and hardened, if not more so, than before. The cavity was then simply dusted with iodoform and allowed to suppurate. It did not suppurate much, however, but continued to dis-

charge a thin, sanious fluid; granulations were poor and exceedingly slow in coming. Not liking the condition of the parts and seeing that the hardening and inflammation remained undiminished, and that numerous neighboring glands were becoming enlarged, an attempt, under chloroform, was made to excise (by dissection) the cyst wall. The attempt was unsuccessful, because it was found impossible to detach the cyst from its surroundings, owing to its total amalgamation with the surrounding tissues from inflammatory action. It was then decided to curette the walls of the cyst with the view of destroying them and inducing healthy cicatricial action. This was done successfully enough until the deeper parts of the cavity were reached, when an enormous gush of dark blood immediately flooded the field and announced that a large vein, the internal jugular in all probability, had been wounded. Digital compression and immediate tamponning with aseptic sponges and packing tightly with iodoform gauze, aided by the elastic pressure of an Esmarch over the dressing and wound around the neck and armpit, succeeded in quickly arresting the hemorrhage, which, if prolonged for an instant longer, would certainly have proved fatal. Three days after, the dressings were carefully removed and no hemorrhage followed. The patient, though weakened considerably by the last ordeal, did not appear to have lost his vigor and courage. The pulse was not more than 80, fine and strong and the temperature almost normal. The wound, however, granulated very slowly, and finally, instead of cicatrizing, the cavity of the cyst began to enlarge, the edges of the ulceration spread and the induration rapidly progressed in all directions; a fœtid odor, which could only be partially suppressed with iodoform and oil of eucalyptus gave evidence of carcinomatous sloughing; chain after chain of cervical lymphatics developed themselves; the cachexia became more marked daily, and the whole complexus of symptoms proclaimed plainly enough the real cause of the unfavorable character of the case. The patient rapidly sank from marasmus and asthenia, October

1, 1887, one month after his admission in the service. Histological examination of specimens of the diseased tissue readily confirmed the clinical diagnosis—carcinomatous (scirrhous) infiltration.

Remarks.—At first glance the local condition in this patient's case appeared to be plainly due to a tubercular adenitis of one of the cervical lymphatics.* The existence of a cavity filled with sebaceous material soon disproved this diagnosis and led to the opinion that the peculiar features presented by the tumor were due to secondary inflammatory action. The subsequent career of the case plainly proved that whatever might have been the primary condition the process was, at its end, a truly carcinomatous infiltration of a sebaceous cyst and its surrounding structures.

This case is interesting because of the relative rarity with which simple primary occlusion cysts, as this would seem to be, become the seat of carcinomatous deposits. In these cases the question which arises is, was the cyst originally, *primarily*, malignant or did it become so only as a *secondary* phenomenon? Malignant cysts of the latter class are comparatively rare, though much less interesting clinically and pathologically than those of the former variety, which are still rarer. In connection with the subject it may be interesting to refer the reader to an instructive discussion which took place in the London Pathological Society, at its meeting held October 19, 1886 (*British Medical Journal*, October 23, 1886), which was initiated by the reading of a valuable paper, by Mr. Frederick Treves, who referred therein to four cases which illustrate the condition under consideration. Though clinically similar, the microscopical appearances were different. All the patients were about fifty years of age. The cyst in each case contained a clear fluid, but the walls were formed in two cases of epitheliomatous and in two cases of true carcinomatous tissue.

In the first case the physical signs were those of chronic

*No evidence of tuberculosis existed in any other part of the body.

abscess, but on puncture a thick, glairy fluid, which contained much mucus, was obtained. The tumor at first collapsed, but subsequently the discharge became mucopurulent, and finally hemorrhage occurred. The exterior of the cyst was smooth, and looked like the inner surface of the left ventricle. The cyst wall was nowhere more than half an inch thick; its periphery was not defined and the growth had involved the carotid, jugular and vagus. The patient lived five months after the first appearance of the growth. There was no other tumor on the body. In the second case, that of a woman, the cyst and its fluid contents had the same character, but the amount of solid material was larger. In the third case the patient was suffering from epithelioma of the right side of the tongue. No enlarged glands were present on either side. He was operated upon; no recurrence in the tongue; for fourteen months he remained well, but at the end of this time he returned with a fluctuating tumor on the left side of neck, which on incision gave exit to lymph, the contents of the cyst became purulent and the man died of hemorrhage. The surrounding tissues were infiltrated, and the fatal hemorrhage was due to the jugular vein having been opened up [by ulceration?]. In the living patient (fourth case) exhibited by Mr. Treves, the cyst [of neck?] distinctly fluctuated, and when punctured some fluid was obtained which had the chemical character of lymph and yielded a deposit containing epithelioid cells. Mr. Treves referred to other cases recorded by Dr. Sharkey, Mr. Goodlee, and other German observers, but in these secondary growths were present. In the discussion Dr. Butlin referred to a case similar to the third one described by Mr. Treves Drs. Marmaduke Shields, D'Arcy Power and Bristowe also referred to somewhat analogous cases.

Compound Fracture of Tibia and Fibula. Wiring of Broken Fragments. Antiseptic Immovable Dressing. Recovery.—Caro Neely, colored, laborer, æt. 27. Admitted in Ward 2, Oct., 1887. Leg had been run over by a loaded dray.

Condition on Admission.—Large bleeding wound on lower third of right leg. Lower end of tibia and foot were bent almost at right angles when unsupported, the broken tibial fragments projecting through the wound. Patient anesthetized (chloroform), the wound was thoroughly washed and irrigated with sublimate solution 1.2000. By continuous extension the limb was evenly straightened and the broken fragments brought into apposition. Four holes were drilled in the tibia, two in the upper and two in the lower fragments, and strong silver wire was passed through them, in that manner aiding very materially in retaining the broken bones in contact. The apposition was not absolutely perfect, as there was a tendency to slight overlapping when traction was stopped, but the sutures were of immense value in retaining the bones in contact in a manner which it would have been impossible to realize otherwise. After suturing the bones the soft parts were carefully brought together with silver sutures and a small drainage tube inserted under the flaps.

The wound was then dusted with iodoform, and a careful sublimate and iodoform gauze and cotton dressing applied, over which a fenestrated plaster-bandage was adjusted. No fever followed this dressing which was not touched for over fifteen days. Three weeks after the accident, on removing the dressing, I noticed that the external wound had not entirely healed up, but that some supuration at its lower angles had taken place. Granulations at this point were noticed springing up in healthy abundance, and the bony surfaces were completely covered up. The plaster splint was removed at the expiration of a month, and the patient was finally discharged entirely well and able to use his leg as before the accident, fifteen days after the removal of the bandage.

About eight months after his discharge from the hospital he called at my office, stating that he felt the point of something sticking him at the site of the old wound. By palpation an acuminate eminence, slightly fluctuating, was

detected at the lower part of the cicatrix. A slight incision liberated a little pus and a small spicule of necrotic bone; at the same time the end of one of the silver wires that had been used in suturing the bones was seen and readily removed. Since that time the wound has completely healed up and the patient appears to be as strong and healthy as ever.

R. M.

A CASE OF PUNCTURED FRACTURE OF THE SKULL FOLLOWED BY CEREBRAL ABSCESS—TREPINED FOUR MONTHS AFTER INJURY—RECOVERY.

Service of Dr. MILES. Reported by ROBERT U. BORDE, R. S.

Chas. R., æt. 6 years, a white male child, was admitted to the Charity Hospital on March 22, 1888, presenting the following symptoms; Child was lying in a torpid, semi-conscious condition, coiled up on his mother's lap. He could be aroused easily, but upon awakening would evince great irritability of temper, coil himself up again and relapse into his torpid state. We noticed also symptoms of paralysis of the oculo-motor nerve of right side—*i. e.*, ptosis, external strabismus and a slight dilatation of the pupil. Upon questioning the mother we learned that the child had met with an accident about four months ago. He had fallen upon a pair of toy scales, striking his head and receiving what she thought a simple scalp wound. This had healed by itself in two or three days. She did not trace any connection between the child's present condition and the injury, but stated, however, that about ten days after the accident the child became very irritable and complained of a constant headache, which prevented him from sleeping. This headache, after having lasted about two weeks, gradually subsided. The child ceased to complain, but began to show an irresistible inclination to sleep at all hours of the day. This condition of somnolence becoming more and more marked she finally decided to bring the child to the hospital. The droop in the eyelid and the external deviation of the right eye she had noticed only within the last few days.

We then made a careful examination of the child's head and detected about one inch behind and on a line with the external auditory meatus a small pulsating swelling, about the size of a split pea. Slight pressure upon this swelling displaced its fluid contents and allowed us to feel a triangular opening in the skull, which could be entirely covered by the tip of the little finger. An exploring needle introduced into this opening revealed the presence of pus at about the depth of one inch. Patient was then put to bed, and on the following day the exploring needle was re-introduced and about 3ss of pus removed. Temperature of child was found to be slightly, but constantly elevated. Respiration and pulse slightly accelerated. As there was no perceptible improvement in any of the symptoms by the end of the first week Dr. Miles decided to lay open the abscess cavity and establish free drainage. A crucial incision was made in the scalp, and the trephine applied directly over the opening in the skull. The disc of bone being removed the meninges were seen to bulge through the opening. These were incised, but no pus detected. The exploring needle was used again, and the abscess located in the cerebral substance, about one inch beneath the surface. A free incision in the cortex cerebri then liberated about 5i of pus mingled with debris of nervous tissue. The abscess cavity was washed out with the bichloride solution, a small drainage tube inserted and an antiseptic dressing applied. The patient made a speedy and apparently complete recovery. For the first few days the wound had to be dressed twice a day, owing to the large discharge of pus. The quantity gradually diminished and on the tenth day the tube was removed. The temperature returned to normal on the second day after operation and never varied from that point more than one degree. The ptosis and external strabismus, as well as the constant inclination to sleep, had disappeared entirely by the end of the second week. His appetite returned and his convalescence was rapid. Notwithstanding the large destruc-

tion of cerebral tissue which must have taken place the child, at the time of his discharge from the hospital (May 2d), presented no perceptible evidence of any impairment of his mental faculties or of any injury to cerebrum.

NOTE ON AN ACEPHALOUS MONSTROSITY.

By R. L. RANDOLPH, M. D. Fairmount, La.

At about five o'clock, in the evening of March 11th, 1887, I was called to see Mrs. C. R. ———, primipara, aged about 24 years. Upon arriving at her house I found that at about noon of the same day she had given birth to a female child, born at full term. I was called in on account of retention of the placenta; but it is not my purpose to detail the history of this case. Suffice it to say that the placenta was removed and the woman made a good recovery. I learned that the child had died about one hour after birth, and a lady present remarked that if I would examine the child I would be rewarded for my trouble. Upon examination I found her surmise correct. The child appeared perfect in shape except the head and neck; the vault of the cranium was entirely wanting, giving the face a frog-like appearance, the frontal and parietal bones were absent, and in consequence the top of the head was perfectly flat. At the back of the head was a tumor about the size of an orange, resembling placental substance. This tumor connected with the spinal cord below. I at first thought it to be the cerebellum, and that possibly labor pains had ruptured the posterior fontanelle, but upon examination saw that this was not the case. I showed this child to several physicians of long practice, and they were as much at a loss as myself as to the nature of the deformity. After reading upon the subject of monstrosities I found that mine was a case of an acephalous or anencephalous. Such a deformity being a rare occurrence is my only apology for this writing.

CORRESPONDENCE.

PARIS LETTER.

[Our Regular Correspondent.]

M. Chibret has made experiments to determine the anti-septic properties of mercuric cyanide, oxycyanide and mercuric chloride. Their action was tested on the micrococcus aureus pyogenes. The action of oxycyanide in proportions of $\frac{1}{1300}$ is analogous to that of mercuric chloride at $\frac{1}{1400}$. Mercuric cyanide has not so powerful an action as that of oxycyanide. Solutions of $\frac{1}{100}$ of oxycyanide, mercuric cyanide and mercuric chloride kill the aureus in five minutes; the same solutions at $\frac{1}{1000}$ kill it in less than an hour; the same solutions at $\frac{1}{3000}$ only kill it in four hours, and cultivations of the aureus survive at the end of ten hours. A solution of oxycyanide at $\frac{1}{1500}$ is more useful as an aseptic than mercuric chloride, applied to suppurating surfaces, or to render the mucous membranes, particularly the conjunctiva, aseptic. This result is due as much to the tolerance of the tissues as to the little power of absorption.

MM. E. Gley and Rondeau have studied the physiological action of some ouabaine extracted by M. Arnaud from the ouabaio wood. The authors have ascertained that it is an extremely active poison. In subcutaneous injections this substance arrests the heart of a frog during systole. The cardiac disturbance which it determines bears a close resemblance to that produced by strophanthine. In the case of mammiferous animals this substance also arrests the action of the heart, which previously to stopping becomes slower and then more rapid. MM. Gley and Rondeau's experiments with Guinea pigs, rabbits and dogs, have shown that ouabaine has a marked action on the medulla oblongata, manifested by various respiratory disturbances. The authors are at present engaged in studying the effects of ouabaine on the circulation.

Dr. Addison has successfully combined gold and arsenic under the name of dynamic arseniate of gold. This preparation possesses the valuable therapeutical properties of both substances. Gold, it is well known, is used in different preparations (gold iodide, auric acid, etc.) with excellent results in the treatment of diseases of the skin, syphilis, amenorrhœa, etc.

Arsenic is successfully employed in hysteria, scrofula, rheumatism, irritable forms of tuberculosis and in other affections. Its action is strengthening and antiphlogistic. It moderates fever and acts as a sedative.

Dr. Addison's dynamic arseniate of gold, which is destined to render great services in the treatment of cutaneous affections, secondary and tertiary syphilis, different forms of cachexia, nervous diseases, etc., is employed in progressive doses from 1 to 30 milligr. It is highly digestible.

M. E. Lambling has been engaged in researches on the reducing action of white indigo on the oxyhemoglobine in the blood.

It is well known that the results of posology, by Schützenberger's process of the oxygen slightly mixed with the hemoglobine in the blood, attain a higher figure than when the gas is extracted by means of a mercury pump, although in the case of oxygen dissolved in water the results of these two processes are identical. In the case of oxygen mixed with the blood the difference is from 4 to 5cc. of oxygen for 100cc. of blood. MM. Schützenberger and Rissler explain this fact by the rapidity with which the blood, left to itself, consumes the oxygen it contains. The extraction of the gas with a mercury pump requires from 15 to 20 minutes, during which time 4 to 5cc. of oxygen may easily escape at a temperature of 40 to 50° (104-122 Fahr). The operation by Schützenberger's process is on the contrary instantaneous. It has, however, been supposed by certain authors that the reducing action of white indigo reached a further degree of decomposition than that exercised by the mercury pump, and that, as Hoppe

Seyler asserted, it only stopped at hemochromogene. M. Lambling made the two following experiments to test the truth of this supposition:

1. If, in the extraction of the gas by hydrosulphide (white indigo) the reducing action ceases at hemoglobine, a sanguinolent solution, or a solution of pure coloring substance, completely reduced by a current of hydrogen, will not color the reducing medium in the registering phial (flacon a titrage) blue. A small washer containing 50 cc. of a solution of oxyhemoglobine at 1 gr., 4 per cent., was placed on the passage of the hydrogen current which passes through the phial. This solution contained about as much hemoglobine as the 5 cc. of blood, usually employed in the extraction of oxygen.

The hydrogen current was passed slowly through the colored solution and thence into the phial containing the reducing medium. This current was maintained for more than two hours; the progress of the reducing action was noted with a spectroscope. The froth which floated on the surface of the liquid in the phial constituted a sensitive indicating reagent, for it turned green and then blue at the contact of the slightest traces of oxygen brought by the current. When this phenomenon had ceased for a certain time the blue indigo which had been produced was again discolored, without an excess of hydrosulphide, and the solution was run into the reducing medium.

There was not the faintest green or blue coloring.

The experiment was repeated with 3 cc. of bullock's blood diluted with 50 cc. of water. The same result was obtained.

2. The reducing medium was again prepared in the usual manner, only no kaoline was added. The current of hydrogen, after passing out of the medium phial, was passed into a little vat for spectral analysis. This vat was hermetically closed by a brass cover with two little pipes, to which two taps were attached. When the air was thoroughly excluded a few centimetres of bullock's blood

were introduced into the medium phial. The blue coloring was suppressed, and the reduced liquid was passed into the little vat. The two taps were shut and the vat was detached and inspected with the spectroscope. The band of hemoglobine was alone visible. The second band of hemochromogene spreading over Eb did not appear at all.

These experiments sufficiently prove that whilst indigo does not, as has been supposed, deprive the oxyhemoglobine in the blood of more oxygen than a current of hydrogen, hydrogen excludes oxygen by a purely physical process, and its action consequently ceases at hemoglobine.

M Schwartz has proved that extirpation and multiple ligature in treating varicose veins are satisfactory in their results when antiseptic measures are applied. M. Schwartz counts three successful cases. The following one was treated in the Hopital Beaujon: The patient had been exempted from military service, and was unable to continue his occupation. He was 34 years of age and suffered from very painful varicose veins. M. Schwartz made a first ligature of the interior saphena vein, four inches above the principal varicose tumor, and a second ligature four inches below. The cutaneous incisions were very small, merely sufficient to discover the vein, which was cut between two catgut ligatures. The wound, sprinkled with iodoform, was drawn together with Florence horse hair. Three days afterwards the varicose lump had become hard from the thrombosis of the varices composing it. A long incision was then made along this thrombosed mass, the collateral varices were tied, and the tumor totally extirpated. Immediate union was obtained by an antiseptic dressing, aided by absolute repose and immobility of the member. Eighteen days after the operation the patient could get up; there was but a slight swelling of the veins, and the pain had disappeared. Eighteen months later the patient was seen again. He had continued to wear a varicose vein stocking, and he was actively employed all day without inconvenience. The cure appeared to be permanent.

M. Nepven has observed bacteria in tumors which have become ulcerated spontaneously, or consecutively to traumatism. These bacteria are produced by the fluids in the cavities in which the new growth is sometimes immersed; by the spontaneous or other inflammatory lesions of the integuments which cover the new growth; by lesions anterior to the new growth (eczema, abscess, inflammation of different kinds), which produce the microbes, which are subsequently imprisoned in some of the tissues. The slow and prolonged irritation caused by the prolonged presence of the microbes in the glandular parenchyma is probably one of the causes of the subsequent appearance of new growth. It is very likely that bacteria, proceeding from outside or already contained in the blood, find a favorable cultivation medium in certain areas of new growth, where there are numerous cellular elements. By their presence the bacteria increase the determination of the morbid tissue.

M. Nepven believes that microbes should be looked for in those new growths from which rapidly developed hyperplasia proceeds, accompanied by increase of local temperature, as well as in softened new growths.

NOTES FROM GLASGOW MEETING.

[By our London Correspondent.]

The fifty-sixth annual meeting of the British Medical Association has rendered Glasgow the centre of medical interest for the time being, and I shall therefore ask leave to address you from this dirty but rich and prosperous city.

Glasgow contains about half a million people and is increasing yearly. It is the possessor of an ancient university, three other medical schools, a Faculty of Physicians and Surgeons, and sixteen hospitals and dispensaries. Its cathedral, in which the Principal of the University, the Very Rev. Dr. Caird, preached a sermon to the Association, is dedicated to St. Mungo, whose real name appears to have been something less absurd.

Principal Caird was very learned and metaphysical. Prof. Gairdner, the President, and Dr. Allbrecht, F. R. S., of Leeds, who gave the address on medicine, vied with him. George Macleod was retrospective. The advance of surgery during the last fifty years, anæsthetics, anti-septics, etc., etc., *vide* any similar address on any similar occasion anywhere.

The great success of the meeting was the address given by Dr. William Macewen, the well-known surgeon of the Royal Infirmary. It was proof that he is capable of extraordinary reticence, for it appears that it is nearly ten years since he first operated successfully for an intra-cranial tumor, being guided to its site by localizing symptoms, that is to say one-sided convulsions beginning in the face and arm. In all he operated on seven cases with only one death before Mr. Godlee excised the tumor from Dr. Hughes Bennett's now famous case; two of these cases, however, were for traumatic subdural hemorrhage. Altogether he was able to report twenty-one cases with only three deaths, and each one of these three was only operated on in extremis to give the patient a last chance. The most brilliant successes in intra-cranial surgery are to be obtained in cases of tumor or cyst of the membranes, and Dr. Macewen spoke in very lukewarm terms of the advisability of excising tumors of the brain. If a tumor will shell out that is another matter, but where it is not well circumscribed and where consequently it is necessary to excise a wedge of brain tissue, including the tumor, the danger attending the operation is very much increased, and the patient at the best remains permanently hemiplegic.

Dr. Macewen also related some of the very remarkable cases in which he has operated within the spinal column, five cases of complete paraplegia from angular curvature, with ankylosis, giving three complete recoveries, one temporary recovery, with death a few months later from general tuberculosis, and one death within a week; also one case of paraplegia from depression of the laminæ of the

twelfth dorsal vertebra, with good recovery. He makes an incision in the middle line on to the spinous processes, cuts through the tendons, pushes away the soft parts with periosteal elevators and then cuts away the laminae.

Professor McKendrick's address on physiology was made interesting by his demonstrations and by his very able review of the growth of knowledge with regard to gaseous interchanges which occur in respiration. He showed how very little more oxygen the blood can take up when the atmospheric pressure is increased, doubling the pressure only sufficing to increase the proportion from 20 per cent. to 20.9 per cent.

He also presented a comparative statement of the amount of iron in the blood of a healthy adult man, and in tinct. ferri perchlor.; two ounces of the tincture contains as much iron as all the blood in the body. What an enormous quantity, therefore, must escape absorption while passing through the intestines of an anæmic girl.

The sectional work was well sustained for the first two days. The diseases of children, in which Dr. Jacobi, of New York, and Professor Ranke, of Munich, took a prominent part, was a great success. Not so much can be said of otology and some other ologies. Ophthalmology was very poor, owing to the coincidence of the Ophthalmological Congress at Heidelberg.

The Professors' *Conversazione* at the university, a very dull, ill-managed squash. The annual dinner, to which 400 sat down, better jokes, but the clergymen's speeches as long as Scotch sermons. A *conversazione* in the exhibition to-night, given by the Lord Provost and Bailies, the most brilliant, though of but mild effulgence.

Here I must end these hasty notes to catch the mail.

SANITATION AND PUBLIC HEALTH.—Deaths at over seventy in Baltimore, says Dr. Hamilton, have increased in ten years from 0.064 per cent. to 10 per cent. of the total mortality, and in Washington from 0.10 per cent. to 13 per cent.—*Annals of Hygiene*.

LETTER FROM VIRGINIA.

[By our Richmond Correspondent.]

The Virginia graduates in medicine at the University of Virginia for the past session are: Drs. J. B. Anderson, Chas. M. Blackford, J. B. Catlett, John T. Graham, J. S. Hope, Southgate Leigh, J. Page Massie, Guy Miller, G. T. Smith, W. L. Tate and Bernard Wollp. The semi-centennial commencement of the Medical College of Virginia took place March 30th. Diplomas were awarded to the following gentlemen: James Albert, Russell Co.; W. E. Anderson, Dinwiddie; E. T. Baker, Richmond; George Corrie, Richmond; J. S. De Jarnette, Spottsylvania; R. L. Gilmer, Russell; J. W. Hope, Hampton; B. C. Jones, Dinwiddie; J. Kinney, Alleghany; J. F. Lynch, Richmond; J. S. Marshall, Isle of Wight; J. H. Pierrepont, Florida; J. L. Stump, Charleston, W. Va.; C. C. Smelser, Botetourt; J. R. Thomas, Southampton. A pleasant feature in the exercises was the presentation by the students of canes to Drs. James and Shields. Dr. J. C. O'Hagan, of N. C., delivered the oration, which was an excellent effort and greeted with frequent applause.

In a communication of March 29 Dr. Harvey Black calls attention to the improper treatment at some of the jails in this commonwealth of insane patients temporarily confined in said jails, and expresses the hope that he may not have to use the evidence in his possession against those for whom it is intended.

Nothing definite so far has been done towards the erection in Richmond of the proposed city hospital. The institution will be for the benefit of our sister city of Manchester also. Dr. McGuire will soon erect in the western part of Richmond a handsome block of buildings, to be used as a hospital. It will still be called "St. Luke's Home for the Sick."

The health of the State is fair. The doctors have been kept quite busy for a while in the neighborhood of Norfolk; while intestinal troubles and diphtheria have made

ravages in Carroll County. The usual amount of summer complaints was observed in Richmond during June, but the number of cases was materially lessened by the cooler weather which followed.

The State Board of Medical Examiners completed its examination April 20th, and out of the thirty-three students before them the following stood seventy-five per cent, as required, and were given certificates: Dr. John Dunn, Petersburg; Dr. James Albert, Russell county; Dr. Jefferson Kinney, Alleghany county; Dr. Kirkland Ruffin, Hanover county; Dr. E. C. Stuart, Clarke county; Dr. J. S. DeJarnetie, Spottsylvania county; Dr. E. T. Baker, Richmond; Dr. Isaac Pierce, Tazewell Courthouse; Dr. J. R. Thomas, Southhampton county; Dr. A. A. Cannaday Floyd county; Mr. E. W. Gee, Lunenburg county; Dr. W. E. Anderson, Dinwiddie county; Dr. J. S. Marshall, Isle of Wight county; Dr. J. W. Hope, Hampton; Dr. J. W. Jackson (colored), Lynchburg; Dr. E. W. Baxter, Norfolk; Mr. J. M. Winfree, Augusta county; Dr. D. A. Robinson (colored), Raleigh, N. C.; Dr. John P. Thornley, Charlottesville; Dr. B. C. Jones, Dinwiddie county; Mr. W. B. Ashburn, Isle of Wight county; Dr. J. F. Lynch, Richmond; Dr. A. M. Dupuy McCormick, Clarke county; Dr. J. H. Ayers, Accomack county; Dr. W. H. Feddeman, Accomack county; Dr. J. B. Moorman, Roanoke.

The board met again at Roanoke, July 17th. No report as yet.

In Stanton Dr. J. W. Harris was recently re-elected city physician, and Drs. B. M. Atkinson and H. H. Henkle members of the Board of Health. Dr. W. S. Oppenheimer is the president of the Richmond Board of Health, which has been newly elected.

Surgeon Nelson McP. Ferebee has taken charge of the naval hospital at Norfolk, relieving Surgeon F. L. DuBois.

Dr. Wm. P. Hall, of Buckingham county, died in April; Dr. J. M. Steele, the oldest physician in Fincastle, March

26th. ; Dr. Edwin P. Salley (retired) July 8th, in Cumberland county, and Dr. George W. O. Maupin, June 28th, at his home in Portsmouth.

A feature in the social circles of Petersburg was the marriage, on April 4th, of Dr. R. D. McIlwaine, a promising young physician of that place, to Miss Mary, daughter of Mr. W. T. Plummer.

Being resident physician for the summer at this well-known place, I cannot keep referring to the effects of the drinking waters. Sulphuric and carbonic acid, with lime and iron, are the prominent ingredients. The temperature of the bathing pools is 98° , and of the drinking springs a few degrees less. A hot spout, however, which has recently been added, enables one to have a temperature varying from 70° to 120° —a material advantage. The bathing pools for gentlemen and ladies are supplied by separate springs, yielding fully 1000 gallons of water per minute. The gentlemen's bath holds 43,000 gallons and the ladies' 60,000 gallons. The medicinal virtues are well marked in gout, rheumatism, neuralgia, skin affections and other troubles which are suggested. Of course these waters were never intended as a panacea, but when judiciously used, their curative properties, in many cases, are all that could be desired. The doctor is often forced to yield the palm, and wonder at the mysterious subterranean processes which work for the relief of suffering humanity. In my short sojourn here so far I can bear testimony to the efficacy of these health-restoring springs. As is well known the scenery is beautiful, the air delightful and the attractions numerous, while the attention shown to guests is all that *reasonable*, sick or well people could desire.

I have also personally visited the Hot and Healing Springs, situated respectively five and eight miles from the Warm. The waters of the Hot have excellent properties and can boast of their cures; while at the Healing the water is stated by reliable observers to be efficacious in many cases of skin and nervous diseases.

Of course these waters are often abused by people, and after leaving they use the results of their own ignorance or imprudence as an advertisement against the place where they were *not* benefitted. This cannot be helped, and the medical adviser at a distance cannot watch his patient and notice the first effects of imprudence. It would be better for patient and proprietor—perhaps for the *doctor*—in the long run, if the patient could be prevailed upon to seek intelligent medical advice before he drinks and bathes. But it would be impossible for me to write a book on the subject of the many springs in this noted valley, and I must close by wishing that all who need these waters could come to them and obtain the benefits which, unfortunately, the physician is too often unable to give. Do we not *lose* change when we advise it? And how impossible it is to have mountains, perfectly fresh air, exercise and rest in the midst of our cities.

W. S. G.

REPLY TO "CONSULTANT."

Editors New Orleans Medical and Surgical Journal—The publication of my article in the May issue of your JOURNAL on *The Action of Corrosive Sublimatc in Obstetrical Practice*, together with the editorial endorsement of same, seems to have called down the righteous indignation and fierce wrath of "Consultant;" and in a subsequent number of your valuable JOURNAL he *delivers himself* of a "correction." If he will but dispassionately consider a few *facts* he will not have to tax his fine memory unduly, and we will have "*a correction corrected*." I would not presume to ask the use of your columns but for the fact that the reply of "Consultant" leaves the public to infer that what I wrote was in the spirit of malice and envy and was designed to injure him. It certainly was no thought of mine even to offend, much less to misrepresent "Consultant" on the case, and I can but attribute his unkind and unjust construction of my article to the machination of a

disordered imagination. My article was even christened after it reached the *editorial sanctum*, and nowhere can such a charge or insinuation be found as "*that he killed the patient.*" He says that the *diphtheritic deposit* was mentioned by me, but not seen by him. Nevertheless, I report that "*the diphtheritic deposit was there,*" and the vaginal walls were contracted into *great folds*, making it a difficult matter at times to introduce the index finger well annointed. Perhaps his sense of touch was so acute he did not need to look, for I offered him a speculum through which *I* had given her the *sublimate irrigation*, and he refused it, saying, "*he did not want any speculum.*" That this deposit was present, and, too, that it was perforated with a catheter before she could void urine, was witnessed by others than myself.

Doubtless he has forgotten our interview in *his office* when Parvin's work was produced. After much searching he read me *a certain case* in his efforts to convince me that this diphtheritic deposit and *contraction of vagina into great folds* was due to *bacteria*. He seems to forget also the report of several cases handed him as given in medical journals, especially those reported by Prof. Virchow, during the session of the Berlin Society, illustrative of the action of sublimate on the intestines; nor does he care to recall *the action of the sublimate* on the catheter used, which, indeed, was corroded until entirely useless, another substituted, and *still the irrigations went on, at no time less than one to two thousand*.

He says that the enlargement of the face had made its appearance, but had not developed; *thanks to the merciful kindness of God* in not giving it time!

He was not in constant daily attendance upon patient from time of delivery until death, as can be proven by many reliable citizens. In conclusion, Mr. Editor, I will add that this case was reported because of its interesting features, and because I was desirous of obtaining reliable information on the use of corrosive sublimate in obstetrical

practice. Unlike "Consultant" I reported it because it was *not* a successful case. We made a serious mistake in giving sublimate irrigations day after day, leaving one injection in contact with the raw surface until it was forced out by another; and a solution strong enough to corrode the catheter through which it was injected to such an extent is certainly of sufficient power to produce a deposit like the above on the tender mucous membrane of the vagina and contract it into any number of folds. Those entertaining any doubts on the subject will be thoroughly convinced by a single test. * * *

LEADING ARTICLES.

THE USE OF ELECTRICITY IN TREATMENT OF DISEASES OF WOMEN.

A recent meeting of the London Obstetrical Society was devoted to the reading and discussion of several papers on the use of electrolysis in the treatment of diseases of women. The papers were able ones, and one specially dwelt on the scientific reasons for efficiency of the treatment. Of most interest, however, was the discussion, which was extremely bitter. Sir L. Playfair championed Apostoli, and Mr. Bantock led the forces on the other side. It seems strange that the two leaders in abdominal surgery as an art, Mr. Tait and Mr. Bantock, should be the most bitter opponents of two of the greatest steps towards placing surgical treatment on scientific basis. None of the vast army of surgeons, except themselves and a few followers, doubt the vast strides which surgery has made by means of the Listerian principle, whatever statistics their great manipulating skill may be able to produce in abdominal surgery. The use of electrolysis in the treatment of pelvic troubles for the length of time it has been before the medical public has certainly enough champions, both as to number and prominence, to render the remarks of the President of the

society wholly unwarrantable, viz.: that so far nothing had been said or written to justify the claims advanced as to the benefits of the electrolytic treatment of pelvic diseases.

There has been too much good, successful and scientific work done by reliable men to discard this means of treatment, and one should rather try to winnow out the charlatanism which clings so tenaciously to the name of electricity than adopt the easy and less irksome role of repudiation. The President, in speaking of Apostoli, spoke slightly of his advocacy of the use of the faradic current for the purpose of promoting involution, conveying the idea that one guilty of such a ridiculous proposition as that could not be worthy of much notice from members of the society; yet we venture to assert that the faradic current has by many competent and accurate observers been considered the most powerful adjunct for the control of hemorrhage and the promotion of involution, and whatever tends to promote involution certainly acts as a prophylactic against metritis. It has the advantage over ergot of not producing tetanic contraction of the uterus, thus more nearly resembling the normal contractions and favoring the absorption of the detritus of involution. Yet we have no doubt that the President of the Obstetrical Society of London, who made the remark that "there might be a place for the employment of electricity in the treatment of diseases of women, but as yet no case had been made of it," has himself often used ergot for the same purpose of producing muscular contraction for the aid of involution, and we are certain with much less benefit, but with far more ease to himself than if he had used the faradic current.

TRUE CHARITY IN THE CHARITY HOSPITAL.

It has been demonstrated in the history of more than one public institution that while they were founded by benevolent persons for the noblest purposes, conducted under rules most equitable and humane; while their administrators and officers were wisest and most honorable;

yet, in spite of all this, small evils, unheeded at the beginning, have finally grown to formidable proportions, even under the fierce light of the public gaze.

This we believe to be the case in the great hospital of this city, where the sacred name of *Charity* has been confused for so long a time with that of her bastard brother, *Indiscriminate Almsgiving*, until a large proportion of the population, recognizing the kinship, but failing to perceive the bar sinister, have come to consider them as absolutely identical.

Now, viewing the question simply as a matter of statistics, we find on the books of the hospital that in 1877 there were 5360 patients admitted into the institution, to which must be added 639 more, who were in the hospital on the first day of the year, making a total of 5999. Deducting the 176 pay-patients admitted and remaining over during the year, we find that 5823 persons occupied beds in the wards, and were not charged a single cent for the benefits received.

Referring again to the books we discover that, over and above the figures already given, there were 12,085 patients treated in the out-door clinic, swelling the grand total to the enormous figure of 17,908, which represents the number of persons who considered themselves entitled to be treated gratis at the expense of the State.

Allowing for the possibility that some names may have been recorded more than once during 1887, the most natural question that comes to us after viewing these surprising figures is this: Were there in the past year seventeen, or even fifteen, thousand individuals in this city needing medical treatment, who were unable to pay for the care and advice received? If this is to be answered in the affirmative then the number of persons verging on pauperism, and the good work of the hospital in easing physicians of such burdens, is greater than we had supposed.

To reply that a number of these patients are natives or

residents of other States, and roustabouts on the river, will not alter the matter a great deal, for the residence of many of them in the city for months at a time makes them part of the floating population. If, on the other hand, they are not citizens, not tax-payers, why treat them gratis?

It is true that a large proportion of these people are very poor, and truer still that many can ill afford to pay their family physician a reasonable fee, but we know from experience that there yet remains a considerable number who are able to give something, and from whom that something should be exacted by the institution as partial payment for benefits received in the shape of treatment, nursing, bed and board.

It too often happens that those who are able to pay are treated for nothing, because it is the rule of the institution that this should be so.

Only one of the fifty-two wards of the Charity Hospital is used for pay-patients, and that is for men alone; women and small children must, forsooth, be accommodated without charge, because there is no provision made for those of them who are able and willing to pay. We do not believe it to be the desire of the Board of Administrators, nor of the people of the State supporting this institution, that its benefits should be showered broadcast upon all the undeserving who apply at its door; and consider it not inconsistent with the idea of charity that every one within the walls of the hospital who is able to pay should be asked to do so, in order to provide for those who cannot.

We have seen the system of payment according to means applied in the hospitals of other cities, and can testify that it increases the self-respect of the patient, while it adds to the revenue of the hospital in no small degree. As a source of income for the maintenance of the establishment this could soon be made an important feature, and the \$2584 collected last year from pay-patients would in a short time be quadrupled.

To obtain the exact financial status of persons newly admitted one or more "missionaries" might be employed, whose sole duty would be to ascertain these facts by direct inquiry at the former residence of the patient, from the Conference of Charities and other co-operating organizations.

The patient, assisted by his friends, will then be charged from \$2 to \$7 a week, as part or full payment for services received, and which he knows will go towards the support of the institution.

How to deal with the army of out-door patients is a more difficult matter to determine, as direct inquiry of every applicant for treatment would keep more than one person busy, and with very uncertain results. But we would suggest as a simple and practical method, that placards, printed in letters large enough for all but the blind to read, be posted on the walls of the waiting-room, which shall distinctly state that *no visiting patient will be prescribed for at this hospital who is able to employ a physician outside.* We have cited figures to show how improbable it is that there should be so large a number in this community who are unable to pay anything at all for treatment; but our experience, which we believe to be that of every one of the visiting physicians, goes to show that many patients are attracted by the reputation of the hospital, where they are sure of not being "taken in" by quacks.

Many have their family physicians outside—"society" doctors, who treat them for a small compensation per annum, and have their services valued accordingly. These doctors prescribe for their "coughs, colds and corns," and occasionally have the grim satisfaction of seeing extra light thrown upon their diagnoses by visiting physicians of the hospital, who have been consulted surreptitiously in order to "make sure."

But it is usually the wards for special branches that are frequented by the patients who employ "society" doctors, more particularly the clinics for eye, ear, throat, skin and

venereal diseases ; for having become accustomed to give small sums for treatment outside, they are unwilling to employ a specialist, or pay extra to their society doctor, when they have acquired a disease not “so nominated in the bond.” Then, again, there are patients who apply to the hospital purely for the purpose of procuring a physician, not knowing whom to address outside. Some of these, more conscientious than the rest, turn up later at the doctor’s office and become part of his clientele ; while others (the majority), finding that they are not questioned, put on a long face and continue to receive treatment gratuitously to the end of time.

So we see that for a variety of reasons the immaculate name of “charity” can be sometimes tarnished even on her own venerated ground. We have not spoken with the idea of calling any one to account for this—unfortunately it is too common in every large city, and the application of the remedy is difficult. But we have suggested a method—a practical, feasible method—by which the present state of affairs can be greatly improved ; and we feel that by adopting this the benefits will accrue—first, to the medical profession of our city who will then be consulted by patients who should properly have come to them at the start ; secondly, to the people of the State, who will then be supporting only the deserving poor ; and, lastly, to the patients themselves, who will be better satisfied in the consciousness that they are not absolutely dependent upon the public purse.

SOCIETY PRACTICE AND HIGHER MEDICAL EDUCATION.

In the course of almost daily conversations with physicians concerning society practice we have been impressed by the unanimity with which our confrères deplore it. Indeed among the large number who are society physicians, and they constitute a majority of the profession in this city, we have not yet met one of the few who believe, or affect to believe, that this kind of work is legitimate.

Now this state of affairs is a matter for congratulation, in so far as it shows a capacity for discovering the right from the wrong. But in another sense it is a source of mortification that physicians should see the evil attached to this practice, appreciate its degrading influences upon both patient and doctor, and yet boldly refuse to renounce it. It certainly is calculated to make one despair of ever accomplishing any change in the existing order of things when he meets with such moral obliquity. But if along with this moral obliquity the history of a former attempt to overthrow society practice is considered, the outlook for any reform is poor indeed. Upwards of fifteen years ago a very large and enthusiastic meeting of physicians unanimously resolved to give up such societies as were then held and to refuse all others that were offered. It was not more than three months thereafter before some physicians, who had attended that very meeting and approved of its action, had accepted and were doing the practice of some of the largest societies in the city. Such a stampede and a scramble for societies as then took place was enough to make even a society doctor blush for shame. Since then the monster has grown until it threatens to crush out all that is noble and dignified in the name of physician.

The journals, both professional and lay, have of late been discussing the social status of physicians. In England the lawyer is said to outrank the medical man, though the standing of neither is what it should be. There, however, it may be that the causes are partly to be found in the despotic rules and customs which govern the various castes into which the inhabitants of the tight little island are divided. In this country there is no aristocracy, and a man is admitted into any circle for which he proves himself fit. If, therefore, we complain that we do not receive that courtesy or respect due us as physicians we must rest assured that the fault is our own.

Dr. Jeffries, in an address before the Massachusetts Medical Society, compared the relative positions enjoyed by

the physician of to-day and the beloved and honored family doctor of a few decades in the past. As may be easily inferred the result was not favorable to ourselves. And we think he strikes the key-note of it all when he ascribes the difference to the difference in the character and amount of education afforded then and now. He said: "When the physician possessed more knowledge, more education than those about him, he was respected for these, as he should have been; but now many have outstripped him, and the physician finds his level given by his education and refinement. Good breeding and good education are not now, as formerly, the natural attributes of those legalized by a diploma."

This is the whole truth in a nutshell. There are too many schools seeking to get students at any price, and paying them for their attendance with a diploma; there are too many men seeking a diploma and caring little for the knowledge it is supposed to represent; there are too many men who look upon medicine as a trade, as a means of making money, and not as a science, given of God.

These are the men that have introduced and are still introducing customs and practices which bring disgrace upon our profession and serve to detract from the dignity and standing of every man in it. It makes no difference how honorable and pure may be the motives and the acts of the individual, if his profession has acquired anything that is ignoble, then he himself must be besmirched and suffer with the guilty.

But there is another consideration involving the ease with which a whole profession may be degraded by the acts of a few and an illustration of the poet's truism:

"Vice is a monster of such hideous mien,
That to be hated needs but to be seen;
But seen too oft, familiar grown its face,
We first endure, then pity, then embrace."

These evil methods which the merchant-doctor brings to his work in course of time lose their "hideous mien," and the young physician, coming upon the scene at this

point, looks upon them as some of the customs of the profession and thoughtlessly adopts them himself. We cannot believe that the true physician, the man of education, the man of science, could lower himself and his profession to the level of a society doctor if he would only stop long enough to consider the results. We will not believe that the physician who respects himself, because he knows he is worthy of respect from others, would subject himself and his science to the indignities that are heaped upon a society doctor if that miserable thing *habit*, which makes us so like the beasts, did not becloud his reason and his conscience. And yet there are men in our midst who profess to love their calling, who would resent as they would a blow the charge of trading in medicine, trading in the ills and pangs of human suffering. How else can we explain inconsistency such as this, except that in charity we charge it all to the blind, heedless following of vicious custom?

A careful study of the situation brings us to the conclusion that there is but one remedy for these evils. There is but one way to destroy society practice and all the other evils which are still creeping into our profession. There is but one way to lift the profession once more to that plane to which we rightly belong, and upon which we may demand and receive the consideration and respect which are rightly our due. That way is not by calling meetings and passing resolutions, which can only serve to show the parasites of the profession how they can most easily and successfully suck its life-blood, but by the slow and sure way of a higher standard of medical education.

We would not add a mass of perfunctory rules to the present requirements of graduation; we would not say that there should be four or five years of study in the place of three, or that the student should stand an entrance examination or a final written examination, though all of these and more too would very likely become a necessity as a result; but we would have it that the examining power

should be utterly distinct from the schools. There should be three or at the most four examining boards, preferably called colleges, equally distributed throughout the country, say one in New York, one in St. Louis or Chicago, and one in New Orleans, and, if a fourth, one in San Francisco. The members of these colleges should be chosen by the highest medical body in the land—the American Medical Association—and their terms should be for life, unless removed for cause by the Association. Finally, no man should be considered a physician or eligible for a license unless he had a diploma from one of these colleges.

YELLOW FEVER IN FLORIDA.

One would think from the panic occasioned by the appearance of yellow fever at Jacksonville that such a thing as the existence of that disease in Florida was almost impossible, whereas, if the truth must be told, yellow fever has been domiciled at several points in the State for something over a year; exactly how long or to what extent will perhaps never be known, since the barbarous plan of concealment has been so generally practiced by every county board of health which has been called upon to deal with the disease. It was prevalent in Jacksonville for days, perhaps weeks, before it was officially announced. Cannot our friends in Florida learn that it is best for every one concerned, both the afflicted localities and outside communities to promptly acknowledge the presence of contagious diseases? So long as an infectious disease is concealed no proper efforts can or will be made to eradicate it. This fact alone should condemn the custom, to say nothing of the danger to which other and innocent people are thereby exposed, and the secondary effect it has in destroying all confidence in future declarations or actions on the part of those who thus falsify reports.

From the announcement of the existence of yellow fever in Jacksonville and up to the 27th of August there had been 107 cases with 17 deaths. The disease is not very viru-

lent, and it is to be hoped that it will soon be under control. Every city and State in the South, except Atlanta, Ga., has quarantined against Jacksonville, and fumigation stations have been opened at Waycross and Du Pont, Ga., and Chattahoochee, Florida, for the disinfection of mails and also the effects of refugees bound north. Atlanta refuses to quarantine because it is said that yellow fever cannot develop in that city. We hope this is so, but it would be sad indeed if Atlanta should thus become a distributing point for the disease. It is in such a contingency that some cities have threatened to quarantine Atlanta.

We do not apprehend any general southern epidemic. The worst that can happen is that Florida will continue to be a permanent home of yellow fever and a continual menace to the whole country. If the people of that State value their own prosperity they should form at once a State Board of Health with supreme power to act, and set to work at once to exterminate the scourge from their land.

TO OUR FRIENDS IN THE PARISHES.

It has come to our knowledge through the good offices of friends that certain of our confrères of the parishes have looked upon our editorial in the June number as having a personal animus or bearing. We beg to say to all such that any such construction is entirely misdirected, and any attempts to so construe it are invidious and gratuitous. We consider our country faculty the equal of any non-metropolitan body of physicians in this land, and we strongly protest against the endeavors on the part of certain individuals to create in the minds of our friends in the parishes a belief that we hold any other opinion. Our object was and is to instil life and energy into the State Society, regardless of its personnel, and we think that in that light our remarks were justified and will be fruitful of good results.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

SECONDARY MIXED INFECTION IN TYPHOID FEVER.

Dr. Bayard Holmes has recently contributed to the *Chicago Medical Journal and Examiner* a highly interesting and instructive paper on the secondary mixed infection of typhoid fever. The whole subject of the mixed infections in this disease is discussed from the standpoint of the most advanced ideas; pathological and clinical phenomena being everywhere scrutinized by the light of the latest bacteriological researches. The study of these secondary mixed infections in abdominal typhus is an old one, in so much as their clinical recognition is concerned, but it is entirely new and in fact constitutes a thoroughly re-written chapter in the history of typhoid when read in Dr. Holmes' lines. According to the author typhoid fever is a complexus of symptoms, well recognized and defined, and accompanied by a peculiar lesion in the intestinal tract, due to the invasion of a non-pyogenic micro-organism—the typhoid bacillus—which gives birth to certain consequences and no others. Any symptoms and results which are due to other micro-organisms are not parts of the typhoid disease and must be looked upon as incidental complications. The typhoid bacillus does not produce suppuration; it does not enter the living cells, but is found only in the intercellular spaces. It produces destruction of tissue only when in masses sufficient to produce infarctions, as in the spleen and kidneys. It does produce a sapræmia, and later a septicæmia, which has a tendency to self-limitation. In the light of bacteriology it seems of itself to be far less fatal than the statistics would indicate. A careful consideration of the various and grave consequences which follow this disease leads us to think that most of them are due to secondary invasions with bacteria, which have nothing to do with the disease itself, and any of which may be absent in a typical history of typhoid fever. Therefore, the typhoid bacillus is not the cause of the complications of typhoid fever, most of these having, in the light of bacteriological research, separate and independent bacilli to account for them.

Thus, the pus microbes account for the suppurative complications; erysipelas by its coccus; the often uncontrollable

epistaxis of the typhoid is suspected to be due to the specific infection, described by Ceci, which causes a similar complication in diphtheria; tubercular complications by the tubercle bacillus; tetanus by its bacillus; malignant œdema and gangrene by their peculiar micro-organism. Thus the term mixed secondary infection in typhoid fever is readily explained to us, at least as understood by the bacteriologist and the most advanced school of pathologists. Why invasions by these extraneous bacilli should occur so frequently as secondary complications to the primitive typhoid infection will be understood when we consider that wherever the invasion of the typhoid bacillus takes place, whether in the superficial lymph glands of the intestinal or respiratory tracts, the inflammation in the glands, due to the irritation of the bacillus and its ptomaine, so diminishes the resistance of the protecting tissue that a secondary invasion with pyogenic or other bacteria is a very simple and easy thing.

Of all the bacteria capable of becoming pathogenic the pus microbes are the most ubiquitous and their influence is most disastrous to life. The manner of infection with these parasites alone is here discussed at some length by the author. The gangrene and destruction of Peyer's patches are explained, then the lymph glandular infection in general; osteo-myelitis, synovitis, pleurisy, peritonitis, meningitis, and abscesses of the large organs, liver, lungs, kidneys, spleen, brain, etc., are accounted for by the invasion of the blood stream by the pyogenic hosts.

In connection with the subject of secondary lymphadenitis the author states that of all the packets of glands it seems that those of the axilla are most frequently the seat of this form of secondary suppuration. In a case treated by the author the secondary infection of the axillary glands produced symptoms which resembled a relapse in a typhoid patient. In this case the patient, a female, æt. 20, had been ten days convalescent from a severe typhoid. Upon the thirty-ninth day of her sickness and the fourth day in which her evening temperature was normal she began to eat solid food. Two days later the evening temperature was 100° F. and continued to rise about one degree higher every night, until on the forty-seventh day of the sickness it was 103° F. The physician who had attended her being taken sick at this time Dr. Holmes was called to the case. He found her much emaciated, but

practically free from typhoid symptoms proper, no tympanites, having solid stools, no tenderness or other abdominal symptoms. Tongue not dry or black, but lightly coated; ravenous hunger. The patient had been put back upon milk diet from the date of the return of fever.

There was a poultice on the right axilla. The glands of the axilla were severally enlarged to an inch in diameter. One of the more superficial ones was discharging a small amount of pus.

“Thinking that the condition of the axilla was sufficient to account for the return of the temperature, Dr. H. restored the more nutritious diet, removed the poultice and had the axilla shaved and covered with a wet carbolized dressing. The next day the patient was put under chloroform and the glands of the axilla were extirpated. The temperature fell in four days to normal, complete asepsis of the wound not having been obtained, and the patient made an uninterrupted recovery. In this way what appeared to be a relapse was promptly aborted.

“So-called relapses are often due to a secondary mixed infection; therefore, in all cases of so-called relapse, careful, diligent and, if necessary, repeated search should be made for foci of infection which could give rise to symptoms of relapse or any anomaly of temperature.

“When a localization of infection has been discovered the fact that the patient is or has been suffering from typhoid does not interdict the employment of ordinary surgical principles, but furnishes an additional and imperative induction for speedy operative interference, as furnishing the only known means of preventing the most disastrous results.”

The review of the bibliography is as complete as this comparatively new subject will permit, and full of suggestions to those interested in its literature. This is one of the most valuable features of the paper, and one that alone will give it a prominent and unique place in the new literature of typhoid fever. R. M.

ETIOLOGY OF DIPHTHERIA.

Dr. Edgar G. Barnes, after a careful analysis in the *British Medical Journal* of fifty separate outbreaks of diphtheria, extending over a period of thirteen years and embracing 223 cases, of which 40 were fatal, arrives at the following conclusion:

1. In the majority of instances no previous case can be found as the starting point of each outbreak; it is easy, when an outbreak is started to follow almost every case, and show whence the contagion arose (as I have done in other outbreaks besides the Finningham one, which I have quoted *in extenso*); but with the first case it is quite different, for only in four instances could I trace this; and in my experience a far larger proportion of the outbreaks can be traced with certainty in other infective diseases.

2. Diphtheria shows a regular yearly exacerbation during the winter months, a time unfavorable to the development of low forms of animal or vegetable life.

3. That the ordinary infectious diseases show much greater fatality in towns than in rural districts, whereas diphtheria is as prevalent in rural districts as in large towns, the increased facilities for the spread of the infection being counterbalanced by something equally potent, which I have suggested is the presence of animal decomposing matter combined with dampness of soil.

4. In other specific diseases we never find a preceding period of an undeveloped disease, whereas in outbreaks of diphtheria it is not uncommon to find that sore throats have prevailed for some time previously, which have not presented the true characters of diphtheria. In three at least of the outbreaks that I have recorded this was observed; but in other specific diseases, for example small-pox, scarlet fever or measles, we do not observe any previous outbreak of nondescript cases. This, to my mind, points to a poison gradually developed by insanitary conditions, rather than to a definite specific germ, be it bacterium, bacillus, micrococcus or what not.

CODEINE TO RELIEVE PAIN IN ABDOMINAL DISEASES.

Dr. T. Lauder Brunton, in the *British Medical Journal*, gives a resumé of the uses of codeine in abdominal pain that almost amounts to the discovery of a new analgesic drug. It was applied therapeutically by Barbier in 1834, who noticed that it seemed to have a special action upon the sympathetic system, and found that it was of great use in lessening pain in persons presenting symptoms of irritation in the solar plexus; such symptoms as pain in the epigastrium, spreading to the sides and back, and associated with a feeling of burning, anxiety, depression, more or less tenderness of the epigastrium, with sighing, lack of energy

and tendency to faint. Occasionally the pain may cause symptoms of collapse, palpitation and vomiting. In such cases Barbier gave a grain of codeine in a tablespoonful of syrup, and repeated it if necessary in one or two hours, with the best results. He also found that it was a most useful remedy in abdominal neuroses; it does not disorder digestion, and rather aids than interferes with the action of the bowels. It produced sleep with tolerable certainty, and this sleep was never followed by heaviness in the head or stupidity, but the patient was more inclined to feel happy and cheerful on awakening.

Dr. Brunton has used it in many classes of cases, but chiefly in pain affecting the intestines and lower part of the abdomen. But he relates its use in most opposite conditions—*e. g.*, inflammation around cæcum, renal tumor, cancer of intestine, impacted fæces in colon. His conclusions are: that codeine has a powerful action in allaying abdominal pain, and it can be pushed to a much greater extent than morphine without causing drowsiness or interfering with respiration or with the action of the bowels. It is therefore useful when one is afraid of morphine or does not wish to clog the bowels. It may be used for months without any necessity of increasing the dose. The average dose seems to be one grain, repeated as required.

ENORMOUS HYPERTROPHY OF THE TONSILS CURED BY AN
ATTACK OF SCARLATINA.

In the *Revista de Ciencias Medicas*, of Barcelona, May 10, 1888, Dr. E. Corminas relates a most interesting case, which, as the author observes, shows that the human organism possesses certain curative powers which we do not understand, but which are well worthy of study.

The patient was a girl of nine years, whose clinical history is a wonder. At three years of age she recovered from a violent attack of meningitis; since then she has had typhoid fever, laryngismus stridulus, measles, pleurisy and scarlatina. When the author was writing the patient was suffering from a light roseola. When she was four years old both tonsils began to hypertrophy and continued to enlarge slowly. In December, 1886, the hypertrophy was enormous; the two tonsils, each the size of a large nut, touched each other in the median line, obstructing the entrance into the pharynx, and pushing the uvula forwards. In the early part of December scarlatina set in with a very

violent fever. A severe angina, such as characterizes grave cases of scarlatina, developed with an extraordinary rapidity. The symptoms became more pronounced, the fever did not abate, and the patient seemed to be lost. when, upon examining the pharynx on the fourth day of the disease, Dr. Corminas could hardly believe his eyes; the hypertrophy had disappeared, the passage was clear. There were no scars nor ulcers. The condition of the child did not permit a more extended examination at the time; but when the patient was convalescing Dr. C. and a consulting physician saw that nothing was left of the enormous hypertrophy of the tonsils; the pharynx was normal in shape, the pillars were separated perfectly on both sides, leaving between them a hollow place, found in the normal throat and formerly occupied by the enlarged tonsils. The hypertrophy had been cured, and cured by resolution.

SURGERY.

LACERATION OF STENO'S DUCT, FOLLOWED BY INACTIVITY OF THE CORRESPONDING PAROTID GLAND.

In the *Medical News* for July 14th, 1888, Dr. Hans H. Sinné reports a case that is probably unique in surgical literature: A boy, aged seven, was severely bitten in the cheek by a dog. The wound began at the angle of mouth, through the more superficial fibres of the sphincter oris, ran thence upwards for about an inch in the direction of Steno's duct, and from there in two distinct lines, the lower following the salivary duct to near the lobe of the ear, the other perpendicularly upward to the lower margin of the eye. A sort of flap was thus formed, upon lifting up which the parotid gland was seen uninjured, but Steno's duct was torn at a point very near to the body of the gland. The remnant of this canal, of about one and a quarter inches in length, was found and led up near the angle of the mouth; the intervening piece was missing. The buccal cavity had not been entered.

As the remainder of the salivary duct would have been of very little if any use, and lest it might interfere with proper union of the parts, it was removed. The child was put under chloroform, the parts were carefully washed with a warm solution of the bichloride, then nicely adjusted and stitched into position. Other antiseptic meas-

ures were taken, and pressure applied to the parotid gland by means of a graduated compress.

Owing probably to shock and the anæsthetic there was no secretion of saliva on the injured side for two days. On the third day the secretion of saliva was found resumed, the wound red and angry, several stitches torn out, though due allowance had been made for ensuing tension. A broad cork, half an inch thick, shaped to fit the region, was padded and applied to the parotid gland, instead of the graduated compress; an appropriate bandage held the cork in position and secured the desired amount of pressure. On the ninth day the flow of saliva ceased completely. The neighboring submaxillary and sublingual glands and the parotid of the opposite side showed for a day or two distinct sympathetic disturbance, marked by swelling and pain on pressure. Pressure upon the parts was continued notwithstanding. In a few days more the wound had completely healed, and there was no indication of functional activity on the part of the gland, nor has there been since.

DEATH FOLLOWING THE INJECTION OF COCAINE INTO THE URETHRA.

A remarkable case is reported by J. Henry C. Simes in the *Medical News* for July 21, 1888. The patient, an Englishman, aged 29, gave a history of having suffered from stricture of the urethra some years before, for which the operation of external urethrotomy had evidently been performed. There was a fistula opening on the perineum. The stricture, situated four and a half inches from the meatus, admitted a No. 11 French bougie.

Gradual dilatation, by means of sounds introduced every other day, was the treatment under which the patient was placed for two weeks, at the end of which time the urethra admitted a No. 20 sound. Internal urethrotomy was decided upon. On the day set apart for the operation the patient developed symptoms of bronchitis, which caused the operation to be postponed for six days.

Previously to performing internal urethrotomy Simes has for a year or two injected into the urethra a solution of the muriate of cocaine. The patient was placed upon the operating table, one drachm of a twenty per cent. solution of muriate of cocaine was introduced into his urethra by means of a long-nozzled urethral syringe, which passed about four

inches into the canal. The instrument had scarcely been taken out of the urethra when the patient made a foolish remark, the muscles of his face began to twitch, the eyes staring, pupils dilated, frothing at the mouth, face much congested, respiration interfered with, and ending in a violent epileptiform convulsion, lasting for some seconds. These convulsions were continued with increasing violence several times a minute, the whole muscular system taking part in the spasms, requiring considerable force to keep him from falling off the table. The action of the heart was not much interfered with and appeared only to be secondarily affected. It was the respiratory function that seemed first to fail, and the heart's action became irregular and slow. The breathing was gradually more and more embarrassed, the face—in fact the entire surface of the body—became deeply cyanosed, the pulse slow, and at the end of twenty minutes from the first convulsion had ceased to beat. The man was dead. All the means employed to relieve the patient were useless.

A CASE OF SUBCRANIAL HEMORRHAGE TREATED BY SECONDARY TREPHINING.

W. Thornley Stoker, in the *Annals of Surgery* for June, 1888, reports the case of a laborer, aged 50, who had been rendered insensible by a fall from a cart. There was more or less complete left-sided paralysis, but no disturbance of sensation. The pupils were but slightly affected, the breathing was slow and stertorous, and the temperature and pulse above the normal. A bruise was found on the right side of the cranium, about one inch from the middle line, on that part of the scalp corresponding to the upper part of the fissure of Rolando. On the ninth day after the accident a trephine was applied, with antiseptic precautions, and a well-formed blood-clot, between the bone and the dura mater, removed. Signs of returning brain-power at once showed themselves, and the patient made an uninterrupted, good recovery.

The writer comes to the conclusion that in cases of intracranial injury involved in doubt we should operate, so long as evidence of such constitutional disease or local condition as points to apoplexy is absent.—*Medical News*.

DR. KOLLER, the discoverer of the anæsthetic properties of cocaine, has removed from Vienna to New York.—*Medical News*.

GYNECOLOGY.

ANTIPYRIN AS AN ANODYNE IN LABOR.

In a preliminary note in the (Polish) *Wiadomosci Lekarskie*, No. 10, 1888, p. 289, Dr. F. Sielski, House Surgeon to the Lemberg (Lwow) Hospital (Galicia, Austria), states that he has given antipyrin in three cases of labor at full term, and in one case of abortion (fourth month). He came to the conclusion that "the drug in many regards is much superior to all other means which have been hitherto recommended for the relief of the pains of labor." He usually gave one gramme of antipyrin, and, when necessary, repeated the dose every two hours. "The result was invariably excellent. A few minutes after a dose the pain ceased almost entirely, while the force of the uterine contraction did not decrease in the least." The patients felt only the pain accompanying the passage of the infant's head through the genital canal; "but even this pain was beyond all comparison less than in preceding labors."—*British Medical Journal*.

OXALATE OF CERIUM IN DYSMENORRHEA.

Dr. M. L. Chambers in the *Medical Record*.—A number of years ago a young lady visiting in this locality applied to me for a remedy for the relief of dysmenorrhœa. She was of fine physique, in perfect health, and stated that she expected her "sickness" on the following day. Looking into her ruddy face I thought a little pain would do her less harm than a dose of morphine, the only thing I had at hand in which I had any confidence as a remedy; so I compromised with my professional conscience in order to please the expectation of my patient, and gave her, as I thought, a simple placebo, which should have the merit at least of being tasteless and harmless. This was oxalate of cerium, four powders of five grains each, one to be taken every hour until the pain should be relieved. To my surprise I received a note from the lady a short time after asking for some more of those powders, and stating that three of them had given her entire relief.

This was not sufficient to establish my belief in oxalate of cerium as a remedy for dysmenorrhœa, but I accepted the lady's statement as a hint for future experiment, and began giving the oxalate to all applicants for relief from

this disorder. I soon learned that in certain forms of dysmenorrhœa it is as near a specific as the materia medica furnishes for any disease. As dysmenorrhœa usually occurs in young unmarried women I have seldom pursued my investigations for the purpose of diagnosis further than that of rational inquiry, and, in consequence, cannot state, except by symptoms, to which form of dysmenorrhœa the remedy is most applicable. It is in that kind, however, frequently occurring in fleshy and robust women with scanty discharge, in which the pain comes on before the flow or at its commencement, is spasmodic or colicky, accompanied by a feeling of tenesmus, and is relieved when the flow is thoroughly established, that the remedy is most useful. I do not remember a failure when given in cases selected with reference to these symptoms. I give it in powders of six grains each, one to be taken every hour until the pain is relieved. Sometimes the oxalate of cerium contains small quantities of arsenic as an impurity; in which case it will irritate a delicate stomach if given in sufficient quantities. When pure I have never seen an ill effect from it whatever.

CRACKED NIPPLES.

Dr. Monti in the *Pacific Record*.—Treat cracked nipples by covering the fissures with india rubber or caoutchouc dissolved in chloroform. This forms a pellicle, which protects the fissures against the infantile saliva.

ANTIPYRIN IN LABOR.

Dr. A. Laget in *Rev. de Thera*.—In a case of premature delivery, towards the termination of labor, when the pain was very severe and appeared to lessen the effect of the uterine contractions, I gave two consecutive doses of 30 grains of antipyrin per rectum, which caused a prompt diminution in the pain without lessening the force of the muscular contraction, which became more rhythmical and effectual.

Dr. M. Queirel in the *L'Art Mcd*.—I gave subcutaneous injections of twenty-five centigrammes to twenty patients. The head presented in all the cases. Fifteen out of the twenty had perfect anæsthesia, and all felt a remarkable diminution of pain. The antipyrin did not seem to interfere in any way with the normal course of the labor.

NORDMANN: STATISTICS AND TREATMENT OF PLACENTA PREVIA (ARCHIV. OF GYN., XXXII, 1).

The aim of this paper is to solve the question as to whether the preferable method of treatment is by combined version and slow extraction. Forty-five cases occurring at the Dresden clinic, in a total of 5779 labors, are utilized. Twelve cases were treated by tampon or colpeurynter, with or without rupture of the membranes, delivery being allowed to take place spontaneously, with a maternal mortality of 0 per cent. and an infantile of 16.6 per cent., excluding the cases where the foetus was dead when first seen. In twenty-three cases version was performed, followed by immediate extraction, the maternal mortality being 17.3 per cent. and the infantile 5.8 per cent., excluding cases where the foetal heart was never heard. In six cases version and slow extraction was the method of treatment, one mother dying of sepsis and all the children being delivered dead. Although these data decidedly speak in favor of the first method of treatment it should be noted that in all the cases so treated there was marginal insertion of the placenta, an insertion which does not expose the mother to the same risk as the total insertion. By the second method the greatest number of children were saved. N. concludes that this method is preferable in hospital practice, whilst in private practice version and slow extraction should be the rule, notwithstanding the excessive infantile mortality. In case of placenta previa marginalis the tampon will answer well both from the standpoint of the mother and of the child.—*American Journal of Obstetrics.*

OBERMANN: A CONTRIBUTION TO THE TREATMENT OF PLACENTA PREVIA (ARCHIV. OF GYN., XXXII, 1).

The statistics utilized are from Credé's clinic at Leipsic, there occurring sixty-four cases of placenta previa from the beginning of 1883 to the end of 1887; the maternal mortality being 11 per cent., and 55 per cent. for the children. In forty-nine instances the treatment consisted in combined version and slow extraction, and, excluding one maternal death, owing to the hopelessness of the case when first seen, the maternal mortality by this method was 2.1 per cent., which is even better than that recorded by Hofmeier from the same method—2.7 per cent. The maternal mortality in fifteen cases treated by other methods

was $33\frac{1}{3}$ per cent. These data are offered as additional testimony in favor of the treatment of placenta previa by means of version, after Braxton Hick's method, followed by slow extraction.—*American Journal of Obstetrics.*

DERMATOLOGY.

CONTAGIOUSNESS OF LEPROSY.

We translate from *Le Progrès Médicale* the following synopsis of an interesting discussion on the contagiousness of leprosy in the French Academy of Medicine:

Vidal declares that since 1885 he has been alone in maintaining the doctrine of the transmissibility of leprosy. Since that time ideas as to its contagiousness have made rapid progress, especially in France, where these doctrines are admitted by the majority of dermatologists. Leloir, in his treatise on leprosy, and Ernest Besnier, in his recent report, have demonstrated that the propagation of leprosy cannot be explained in every case either by heredity or by local or individual conditions, and that the transmission of the disease from the sick man to the well man cannot be contested.

The anti-contagionists are to-day, if not convinced, at least very much confused. LeRoy de Méricourt himself seems to be preparing for his conversion. The question in dispute is to find out if leprosy can be transmitted from the leprous to the healthy man by contagion, the term being taken in its broadest acceptation. The proofs may be derived—1st, from the parasitic nature of leprosy; 2d, from well affirmed facts of transmission from a leper to a healthy man; 3d, from the progress of epidemics of leprosy and the possibility of preventing them by prophylactic measures seriously executed.

The parasitic nature of leprosy is admitted by all modern dermatologists; the bacillus of Hansen produces the lesions. The observation of Hawtrey Benson (1877) relates to a leper who lived in India for 22 years and manifested his disease sometime after his return to Ireland. The brother of this leper, who had never left Ireland, slept in the same bed, wore his clothes and became leprous. The facts reported by Kaurni de Molde, the observations of the mild epidemics of Port Breton, Louisiana, etc., clearly show the contamination of the healthy man by the diseased man.

Leprosy is not born spontaneously; it is not endemic, but quite epidemic and contagious. For leprosy to exist there must be a leper. It is to the idea of contagion and the creation of asylums for lepers that we owe the extinction of leprosy in countries where it was formerly regarded as endemic. Wherever there are lepers, if prophylaxis diminishes, if the belief in the transmissibility weakens, cases of leprosy multiply and the malady tends to revert to the epidemic condition. To assure protection against the propagation of leprosy it is consequently necessary to isolate the lepers; it is important to know that leprosy is a transmissible disease.

Le Roy de Méricourt persists, until there be certain and undeniable demonstration, in regarding leprosy as a non-contagious malady. M. Zambaco, so competent on this important question, has never met with a single example of contagion, and does not hesitate to admit, however, that it may be hereditary. M. Hillairet admitted none the more the contagiousness of leprosy, but insisted on its hereditariness. M. Lacaze, director of the Desirade, in the Antilles, has the same views.

Cornil then spoke at some length. He thinks that the question of the contagiousness of leprosy is difficult to determine in the actual state of science. Contagion in the parasitic diseases is the propagation of a malady from one individual to another. Parasitism does not necessarily involve the idea of contagion, and it would be an error to believe that every germ disease may be transmissible from a person to those who live in contact with him. It is oftenest necessary, in order that these latter may be attacked with the same disease, that they find themselves in conditions of special receptivity, or that they derive the agents which cause the disease from the same source whence the first was infected. We have well understood the origin of a small number of parasitic diseases only after having been taught the mode of existence of parasites outside of us; the echinococcus of the liver and *filaria sanguinis*, for example.

Recently actinomycosis has been regarded as a tumor, a sarcoma; no one suspected the possibility of its contagiousness. To-day we know that this disease is contagious for man. The same has been the case as to the contagiousness of glanders, farcy and charbon. Cholera is regarded now as having as its cause a contagious prin-

ciple introduced into the economy through the digestive apparatus; the same is equally true of typhoid fever. Furuncles, phlegmon, are of microbial nature; they are, however, without danger to persons who approach those afflicted. He (Cornil) and Chantemesse have studied this year an epizootic disease of swine, pneumo-enteritis; all the animals that live together in the same pen are attacked and nine-tenths die. Indeed, the bacteria are innumerable in the bronchial mucus, on the surface of the nostrils, in the diarrhœic stools and in the urine; they live, moreover, in water, rubbish, etc. For thirty years no one had dared to maintain the contagiousness of tuberculosis from man to man; the discovery of Villemin waited fifteen years to be admitted without dispute; the light has been made radiant by the discovery of the bacillus of Koch. Here, the great danger resides in the sputum of phthisical patients, the passing of which into boiling water renders it inoffensive. In the new conception the effects attributed but lately to heredity pass to a great extent into action from contagion; this is better, for it is more consoling to think that we are able to block the road to the enemy than to fold the arms in the belief in this fanaticism of heredity. This evolution of our medical ideas is naturally felt in the general comprehension of leprosy. In the presence of this certain fact, that leprosy was a bacterian disease, many minds have concluded that it was contagious. Unfortunately we know almost nothing concerning the biology of the bacillus of leprosy.

In the absence of direct information drawn from the mode of life of bacilli outside of the organism, or from experimentation, we are reduced to direct observation of the patients. The contagiousness of leprosy remains still very hard to establish, for diverse and irrefragable proofs are wanting to us. These reservations made, Cornil cites observations made in France, in the Department of the Maritime Alps, where cases of leprosy were seen to multiply in the neighborhood of lepers. These observations were collected by Chantemesse and Moriez. They show that examples of leprosy contagion are met with sufficiently often where we can be acquainted with the entire life of the persons undergoing the contagion.

The periods of incubation of the disease are sometimes so long that many persons affected succumb to an intercurrent malady before becoming ostensibly leprosy. The

knowledge of these facts diminishes the too great part played by heredity in the etiology of leprosy. Many cases of hereditary leprosy may be attributed to contagion.

FOR PRURITUS ANI.

Besnier advises the following salve for pruritus of the anus, a not uncommon affection in women: Cocaine, 6 grains; vaseline, 1 ounce; to be applied at bedtime. The parts should also be frequently washed with warm water.

In this condition, accompanied by eczema ani, Dr. H. W. Blanc has used the following with success: R. Olei cadini, ʒi; acidi salicylici gr. xv; ung. zinci oxidi, qs. ad. ʒi. M. S. Apply twice a day.

LEPROSY IN ST. LOUIS.

A second case of leprosy has been reported in St. Louis by Dr. J. L. Babcock. The case was reported at the St. Louis Medical Society.—*Kansas City Medical Record.*

LEPROSY IN RUSSIA.

The subject of leprosy seems to be attracting universal attention at the present time. In various medical societies, in this country and abroad, it is being agitated in all its phases. In Russia, chiefly in the Baltic provinces, the latest advices are to the effect that the disease is increasing. In the district of Dorpat, for instance, the proportion of lepers to the population is about one in one hundred. A hospital for lepers is to be opened at Riga.—*St. Louis Med. and Surg. Journal.*

SANITATION AND PUBLIC HEALTH.

HOW TO DISINFECT.

Lucius Pitkin, in the *Century* for July, gives some good practical hints on disinfection. He says:

First.—Corrosive sublimate (mercuric chloride), sulphate of copper and chloride of lime are among our best disinfectants. the first two being poisonous. At wholesale drug houses in New York single pounds can be obtained, mercuric chloride costing seventy-five cents, the others ten cents a pound.

Second.—A quarter of a pound of corrosive sublimate and a pound of sulphate of copper in one gallon of water

make a concentrated solution to keep in stock. We will refer to it as "solution A."

Third.—For the ordinary disinfecting solution add half a pint of "solution A" to a gallon of water. This, while costing less than a cent and a half per gallon, is a good strength for general use. Use in about equal quantity in disinfecting choleraic or typhoid fever excreta.

Fourth.—A four per cent. solution of good chloride of lime or a quarter pint of "solution A" to a gallon of water is used to wash woodwork, floors and wooden furniture after fumigation and ventilation.

Fifth.—For fumigating with sulphur three to four pounds should be used to every thousand cubic feet air space. Burn in an old tin basin, floating in a tub of water; keep room closed twelve hours to allow the fumes to penetrate all cracks. Then open a window from the outside and allow fumes to escape into air.

Sixth.—Soak sheets, etc., in chloride of lime solution, wring out and boil.

Seventh.—Cesspools, etc., should be well covered on top with a mixture of chloride of lime with ten parts of dry sand.

Eighth.—Isolate the patient in an upper room, from which curtains, carpets and stuffed furniture have been removed.

Ninth.—The solution of mercuric chloride must not be placed in metal vessels, since the mercury would plate them.

INFANT MORTALITY.

The Italian statistician, Signor Bodie, has published some figures showing that 10 per cent. of all infants in Europe die within the first month, 20 per cent. before the end of the first year, and 33 per cent. of the remainder during the first five years. Hardly seven children out of ten reach the completion of their sixth year.—*New York Medical Record*.

THE PREVAILING DIPHTHERIA.

Diphtheria still prevails in the city, in spite of the efforts of the Board of Health, by fumigation and disinfection, to hinder its steady march. The trouble heretofore has been to make the people, who do not read the newspapers, realize that there is a disease in their midst which is highly contagious, and may be contracted from fomites, when not ac-

quired by direct contact with another case. It has been expanding itself during the past eight weeks, particularly in Algiers, where it has been more fatal than elsewhere. The contagion seems to have been planted first in Saux's Lane, a locality three-fourths of a mile from the Morgan railroad depot, and inhabited by negro families. Many of these houses have been shown to be extremely unsanitary, being supplied with a deficiency of drinking water, and that which they have of an impure kind, as well as foul privy vaults, bad drainage, etc. From this as a focus the disease has spread to the more thickly populated portions of the town. Many of the Saux Lane people are fruit and vegetable vendors, and, with some reason, have been accused of spreading the disease while engaged in their business. But ignorance can no longer be an excuse for unnecessary exposure, now that the health officers have been posting flags with "Diphtheria" printed upon them on every house so infected. This official act has produced in Algiers a wholesome dread of the disease, and may accomplish for the people a mode of protection only equalled by rigid and unceasing quarantine. The following cases have been reported already for this month up to August 21 inclusive: Total number of cases in the city, 86; negroes, 39; whites, 47; total number of deaths in the city, 34. Cases on hand, August 21, 32. More than half of these cases (*i. e.*, 48) have been in Algiers; and two-thirds (*i. e.*, 21) of the deaths have been in the same district. It has been much more fatal among the blacks than the whites.

DEATHS.

STELL.—MAMIE GUNNELL STELL, the wife of Dr. W. M. Stell, was buried from the M. E. Church (South), Paris, Texas, Tuesday, August 13, 1888.

GORDON.—Sunday, August 19, 1888, at 5:30 o'clock A. M., on Houmas Plantation, Ascension parish, ELGEE K. GORDON, aged 23 years and 10 months, a native of St. Landry parish, this State.

FOR the first five months of 1888 there were 280 applicants at Pasteur's laboratory from the Department of the Seine against 306 for the whole of 1887.

MEDICAL NEWS AND MISCELLANY.

THIS is offered as a substitute for cod-liver oil during summer. Chloride of sodium, ℥ij; bromide of sodium, ℥j; iodide of potassium, ℥ss; water, ℥iv. A teaspoonful in milk morning and evening.

BERLIN DRUGGISTS AND BOGUS PRESCRIPTIONS.—It is said that a Berlin society sent out a long series of bogus prescriptions, containing, for example, "tuber cinereum," "urticaria rubra," "pemphigus foliaceus." These things were dispensed and paid for in over sixty Berlin drug stores.—*Brooklyn Med. Journal and Med. News.*

THE Mississippi Valley Medical Association meets at St. Louis, September 11, 12 and 13. The society cordially invites all members of the profession in the Mississippi Valley to be present. Arrangements for special rates are being made. The first day will be given to the discussion of abdominal surgery; the second, to infant feeding and some obstetric subject; the third day will be taken up with volunteer papers and some neurological subject.

THE *Bristol Medico-Chirurgical Review* quotes the following: "The physicians of our vicinity have combined for protection against delinquent debtors. The plan adopted is as follows: The physicians make out and exchange lists of patients who are delinquent debtors. All agree to refuse medical aid to such delinquents except for cash. The plan has worked like a charm, and many old debts are being paid. Let physicians elsewhere do likewise."

DR. G. B. UNDERHILL, formerly of this city, is reported in *Daniel's Journal* as having read a very scientific paper before the Austin District Medical Society, entitled *The Influence of Malarial Poison upon the Upper Abdominal Viscera, Especially upon the Spleen*. We are told that "the author attempted to account for the various phenomena observed in malarial disease by the action of the poison upon the ganglionic system of the nerves. This paper will be read with much interest by physicians in malarial districts. It was especially complimented."

DR. MILNER FOTHERGILL, who died on June 25th, of diabetic coma, was a very widely known member of London

Medical Society. He was a man of enormous proportions, weighing probably not less than 300 pounds, and in his broad brimmed Quaker-like hat presented an appearance which once seen was never forgotten. He was a most amusing companion, full of stories from his native Westmoreland, racy, witty and fluent. As an author of numerous works, some of them very successful, he was I believe well known on both sides of the Atlantic. His best work was his first, *The Heart and its Diseases*, written while taking what would now be called a post-graduate course in Vienna, after four years of general practice in his native village in Westmoreland and two years as Medical Officer of the Leeds Dispensary. Some of his later works were open to the charge that they were addressed as much to the lay as the medical public. But many things were forgiven to Milner Fothergill. "One man may steal a horse, while another may not look over the hedge"—a North country proverb which found an application to this North countryman.

WE would call especial attention to this preliminary announcement of the annual meeting of the Southern Surgical and Gynecological Association, to be held at Birmingham, September 11, 12, 13, 1888. The list of papers and the names of the authors make it certain that no more successful or important meeting than this will be, has ever been held in the South. No one can need any further inducement than the excellent programme here given. Every man in the South who can possibly do so should attend. We have only one regret to express, and that is that not a single New Orleans or Louisiana physician or surgeon appears on the list. Unfortunately the Louisiana physician, though a worker and none better, is not given to writing. We hope the next list will tell another tale. But if you have no paper go, nevertheless, and profit by and enjoy the proceedings.

SUBJECTS:

The President's Annual Address, W. D. Haggard, M. D., Nashville, Tenn.; the Annual Oration, W. F. Hyer, M. D., Holly Springs, Miss.; Floating Kidney, with Vicarious Menstruation, DeSaussure Ford, M. D., Augusta, Ga.; Gastrostomy, W. B. Rogers, M. D., Memphis, Tenn.; the Medical Treatment of Fibroid Tumors of the Uterus, Bedford Brown, M. D., Alexandria, Va.; Indications for Operative Interference in Cerebral Troubles, T. O. Summers, M. D., Jacksonville, Fla.; a Case of Tubal Pregnancy Presenting Interesting Medico-Legal Relations, E. P. Sale, M. D., Aberdeen, Miss.; Superinvolution of the Uterus following Trachelorrhaphy, Virgil O. Hardon, M. D., Atlanta, Ga.; (1) Dermoid Cysts of the Coccygeal Region, and (2) Electrolysis in Gynecology and Surgery, E.

J. Beall, M. D., Fort Worth, Texas; Alexander's Operation, W. L. Nichol, M. D.; Nashville, Tenn.; Hysterectomy in Cancer of the Uterus, W. H. Wathen, M. D., Louisville, Ky.; the Extravagancies and Impracticable Requirements of Modern Antiseptic Surgery, so far as the Country Practitioner is Concerned, J. M. Taylor, M. D., Corinth, Miss.; Treatment of Fractures with Plaster of Paris Splints, W. F. Westmoreland, Jr., M. D., Atlanta, Ga.; the Present Status of Electro-Therapeutics in Gynecology, J. M. Buist, M. D., Nashville, Tenn., Antiseptics in Surgery and Gynecology, F. T. Meriwether, M. D., Asheville, N. C.; the Attitude of Removal of the Uterine Appendages for the Cure of the Convulsive Neuroses, W. Locke Chew, M. D., Birmingham, Ala.; Interesting Cases of Surgery, R. M. Cunningham, M. D., Pratt Mines, Ala.; My Antiseptic Bags, or Practical Aseptic Surgery, J. W. Long, M. D., Randleman, N. C.; the New Departure in Uterine Therapeutics—the Dry Method, T. A. Means, M. D., Montgomery, Ala.; a Study of the Various Methods of Treatment of Laceration of the Perineum, and Rectocele, with Report of Cases, J. H. Blanks, M. D.; Meridian, Miss.; Report of Case of Spinal Concussion, Jno. R. Page, M. D., Birmingham, Ala.; Fractures of the Forearm, Jno. Brownrigg, M. D., Columbus, Miss.; Some Practical Thoughts in Surgery, James Guild, M. D., Tuscaloosa, Ala.; Perineal Lacerations, M. C. Baldrige, M. D., Huntsville, Ala.; Electrolysis in the Treatment of Urethral Strictures, S. M. Hogan, M. D.; Union Springs, Ala.; the Field and Limitation of Laparotomy, I. S. Stone, M. D.; Lincoln, Va.; Operative Procedures in Hypertrophy of the Prostate, R. D. Webb, M. D., Birmingham, Ala.

Discussion—Abdominal Surgery. Drs. Jno. Herbert Claiborne, Duncan Eve, Paul F. Eve, W. T. Briggs and others will present papers, but as yet have not stated their subjects.

Note—The Association will convene in the hall of the Y. M. C. A., at 10 o'clock A. M. each day. The annual oration will be delivered at O'Brien's Opera House on the evening of the first day's session, at which time the Mendelssohn Club of Birmingham will give a concert for the entertainment of the Association. Entertainments have been arranged by the local committee to take up all the hours not occupied by the sessions. Hotels and railroads will give reduced rates, but only those holding certificates signed by the ticket agent at point where through ticket to place of meeting was purchased, will be entitled to the two-third reduction in return fare.

NEW METHOD OF REDUCING STRANGULATED INGUINAL HERNIA.—Perro reports successes by the following method: After the pelvis has been raised on a pillow, and the thigh flexed and abducted, the operator grasps the scrotum and the hernial tumor, bends it slightly over and against the wall of the abdomen, and presses upon it in such a manner that the index finger of the right hand is carried into the inguinal canal and in the direction of the horizontal ramus of the pubis by a turning and boring motion. In a short time the strangulated part slips back into the abdomen, and the other part of the hernia follows. By this method Pero has succeeded in reducing six cases of strangulated hernia after his colleagues had spent from twelve to thirty hours in vain attempts at reduction—*Centralblatt für Chirurgie*.

MORTUARY REPORT OF NEW ORLEANS

FOR JULY, 1888.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial, unclassified	11	6	11	6	10	7	17
“ Congestive.....	4	.....	2	2	4	.....	4
“ Continued.....	.....	.....	.....	.....	.....	.....	.....
“ Intermittent.....	2	1	2	1	3	.....	3
“ Remittent.....	5	2	6	1	4	3	7
“ Catarrhal.....	.....	.....	.....	.....	.....	.....	.....
“ Typhoid.....	4	.....	2	2	3	1	4
“ Puerperal.....	4	.....	.....	4	4	.....	4
Typho-Malarial.....	.....	2	1	1	1	1	2
Scarlatina.....	.....	.....	.....	.....	.....	.....	.....
Small-Pox,.....	.....	.....	.....	.....	.....	.....	.....
Diphtheria.....	15	10	11	14	.....	25	25
Whooping-cough.....	10	1	5	6	.....	11	11
Meningitis.....	14	2	9	7	1	15	16
Pneumonia.....	8	11	11	8	9	10	19
Bronchitis.....	4	.....	3	1	1	3	4
Consumption.....	34	32	32	34	64	2	66
Congestion of brain.....	4	2	3	3	.....	6	6
Diarrhœa.....	8	8	9	7	8	8	16
Cholera infantum.....	15	7	15	7	.....	22	22
Dysentery.....	8	4	7	5	9	3	12
Debility, General.....	3	2	2	3	5	.....	5
“ Senile.....	8	11	7	12	19	.....	19
“ Infantile.....	9	1	7	3	.....	10	10
All other causes.....	214	91	173	132	187	118	305
Total.....	384	193	318	259	332	245	577

Stillborn children—White, 29; colored, 13; total, 42.

Population of city—White, 180,000; colored, 68,000; total, 248,000.

Death rate per 1000 per annum for month—White, 25.55; colored, 32.58; total, 27.90.

Respectfully,

HENRY WM. BLANC, M. D.,

Chief Sanitary Inspector,

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It builds up pale and sickly children, increasing both weight and strength, gives color both to cheeks and lips, makes the flesh firm and rosy, no irishes the nervous system properly, removing a frequent cause of fretfulness and crying, supplies material for bones and teeth, and lays the foundation for a vigorous and healthy childhood by providing those elements required to sustain the body and build up sound tissues.

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When the vital powers of nursing mothers are severely taxed, and the system is breaking down because of the drain upon it, BOVININE is of the greatest service by its tonic and food properties. It stimulates the appetite, betters digestion, sustains and invigorates the overtaxed powers, and increases the quantity and quality of the milk.

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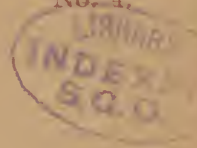
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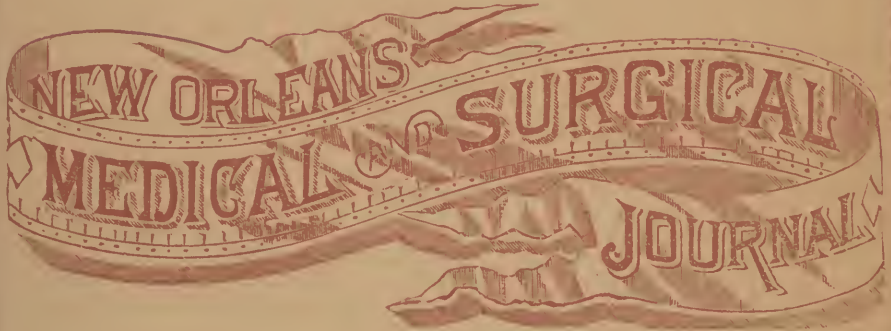
OCTOBER, 1888.

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No. 4.



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*Paullum sepultæ distat inertia
Celata virtus.—HORACE*

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1888.

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NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

OCTOBER, 1888.

ORIGINAL ARTICLES.

No paper published or to be published in any other medical journal will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

Leprosy in New Orleans.

PART II.

By HENRY W. BLANC, M. D., Dermatologist to the Charity Hospital; Lecturer on Dermatology, Tulane University of Louisiana; Instructor in Skin and Venereal Diseases, New Orleans Polyclinic; Dermatologist to the Touro Infirmary.

CASE 12. LEPRA MACULO-ANÆSTHETICA.—White man, aged 46 years. Native of Austria. Shoemaker by trade. Resident of the Second District. Applied in the out-door clinic of my service at the Charity Hospital, March 24th, 1888, when the following facts were elicited: Has been in America twenty-eight years, living most of this time in New Orleans. Father died in an insane asylum; mother died at "change of life." Has had sisters and brothers (five in number), all of whom died young; causes unknown. Has an uncle who is subject to fits. Has been married eighteen years, living all of that time in this city. His wife and four living children are healthy.* Has lost three children: a baby, three weeks old, died of bronchitis; an older child, of yellow fever in 1878; and one, nine months old, of marasmus. Disease appeared nine or ten years ago, while patient was living in the Third District, but he

* The wife and three children called on me subsequently for examination, and were found perfectly sound.

never knew any one with a similar complaint. Has never been fond of fish, and only ate salt meat once a week at the time that the disease began. Disease first gave trouble as a soreness of the right ear along the helix, which was scratched, and in a short time produced loss of tissue. The helix having been destroyed, the parts healed rapidly. The nose and left ear then became similarly affected, and with the same result—*i. e.*, loss of tissue. There seems to have been undoubted itching accompanying this process. The ulceration of the nose began *within* the nostril. The disease first manifested itself in the shape of red circular patches on the left forearm, which were thought to be ring-worm. Iodine was applied to these ineffectually. At the time of the ulceration referred to the face began to get red, and the patches to appear on other parts of the body. Has never had any venereal disease.

Condition on Examination.—*Head.*—Face is erythematous in symmetrically arranged patches which are slightly raised above the normal skin, leaving small surfaces of healthy skin in the median line of the forehead to within one inch of the bridge of the nose. The skin is likewise healthy on the eyelid, just below the eyes, and on the chin. The eyebrows are thick and the conjunctivæ normal. The anterior portions of the alæ nasi are cut out as if with a knife, in straight, V-shaped incisions, one on either side.* The septum nasi is perforated by a hole the size of a dime, but the sense of smell is not destroyed. There is no soreness about either the nose or the ears, but the latter look flattened from the absence of their helices; otherwise they are natural. The pharynx is erythematous; the tongue normal. No disease is perceptible on the scalp. A few irregular, red patches are scattered over the neck.

Trunk.—The anterior surface is covered with three large patches, oval in shape and of a yellowish-red color. These are slightly raised above the surrounding skin, whiter in the centre than normal integument, and are not

*See accompanying lithograph.



CASE 12.—LEPRA MACULO-ANÆSTHETICA.

very distinctly outlined. These patches or rings average six inches in diameter, and are situated one on either breast, inclosing the nipples, and the third, more irregularly shaped, is on the left side of the abdomen, being limited on the right border by the median line at the umbilicus. None of these patches cross the median line, while all three are limited by it. On the back they are more numerous and more oval in shape, though smaller, and seem to conform to the obliquity of the ribs, and the general direction of the spinal nerves. They have the same characteristics as those on the anterior surface, but are redder, and more clearly defined.

Upper Extremities.—As on the trunk, there are likewise ringed patches on the upper extremities, more particularly the left, where the rings are large and cover nearly the whole surface. The right arm is normal, but the forearm has ringed patches. The right hand is very thin at the metacarpus, and the third and fourth fingers are permanently flexed. There is a large bleb on the inner side of the palm, near the wrist. The nails are normal. The fingers of the left hand are congested and swollen, particularly about the joints. The thumb has lost a bone (removed by a surgeon), but a deformed nail projects from the distal extremity. On the outer portion of the second phalanx of the little finger is a deep fissure, which extends through the skin and nearly exposes the bone. This comes from drawing waxed threads over the surface while sewing shoes. There are several broken blebs on the inside of the palm.

Lower Extremities.—A large plaque completely covers the left knee, while a number of smaller ones are spread over both legs. The feet are not ulcerated, but are very red and tender. It may be said that, as a general rule, the patches on the extremities are scaly, while those on the trunk are smooth.

Sensation.—Slight anæsthesia of face (on the red spots) and on the trunk. Both hands have diminished sensation,

and a pin stuck deep into the back or palm of left hand can be felt, but gives very little pain (analgesia). The feet are anæsthetic on their outer and inner surfaces.

Urine examined and found to be normal. Patient was ordered to take chaulmoogra oil, ten drops three times a day after meals. This was increased in four weeks to twenty drops at a dose, when a burning sensation of the skin was complained of. An attempt to diminish the dose was resisted by the patient, who declared that he felt better, and seemed to prefer this new state of things to the former one, in which sensation was diminished. At this time a large blister in the right hand was noticed as the result of pressure from a walking-stick.

At the date of writing (July 29th) the patient's general condition is changed decidedly for the better. His appetite is good, his bowels regulated by the oil, and his spirits are much brighter. He is now taking thirty drops at a dose. Sensation has changed everywhere, except on the hands and feet (which are improved), from anæsthesia to hyperæsthesia, and he fears to remove his shirt lest his bare body should be inadvertently touched.

CASE 13. LEPRA TUBERCULO-ANÆSTHETICA.—White man, aged 27 years. Native of New Orleans. Resides in the Third District. Applied for treatment at the Charity Hospital March 15th, 1888.

Family History.—Father died of malarial fever. Mother is rheumatic, but otherwise in good health. Both parents born in Ireland. Mother's mother still alive and well. Has a sister and brother who are healthy. The latter is married and has one child.

Previous History.—Had never been outside of New Orleans previous to the beginning of the disease, which was first noticed fourteen years ago. Formerly ate a great deal of salt meat, mackerel, etc. Prefers salted to fresh fish. Never had dysentery and never had chills and fever before the disease manifested itself. The disease has progressed slowly up to its present stage, the patient having

noticed a swelling of the feet as the first symptom, and, from time to time, an alteration of pigment and sensation accompanying yellowish-red patches of the cheeks and chin. He complains of the constant appearance of "blisters" on the fingers, which burst and leave small ulcers. These ulcers heal rapidly and are painless. Has been seriously burned twice: once, 13 years ago, he scalded both arms with hot water, but this gave little pain; another time, 2 years ago, his left leg came in contact with a steam pipe, which scalded it deeply, but gave very little pain, and healed in about 6 weeks, leaving a long linear scar.

Condition on Examination.—The skin of the face is much thickened and abnormally dark, being wrinkled like that of a very old man. Ears thickened, but not tuberculated. There are no distinct tubercles on the face, but the nose appears deflected to the left from atrophy of one side and hypertrophy of the other. Entire absence of eyebrows and eyelashes. There is an inflammation in the right eye (conjunctivitis), which is being treated by the oculist of the hospital. The thick, red and corrugated skin about the superciliary ridges gives the face a wild and typically leonine expression. The papillæ of the tongue (fungiform) are enlarged, but there are no fissures. The soft palate and pharynx are erythematous. The voice is exceedingly harsh. There is general discoloration of the skin of the trunk, but no circumscribed patches are noticeable. Here and there the yellowish-brown color of the pigmentation is of a deep shade, being darkest on the anterior surfaces. The upper extremities are covered with a brownish discoloration. Hands are thickened in every part, presenting the appearance of deep congestion. Allusion has already been made to the scars from burns on the arms and left leg. The lower extremities are discolored everywhere, but ill-defined blotches of pigmentation, deeper than the rest, occupy the middle of the anterior surface of the thigh. The feet are swollen and darker than the

legs, and at the ball of the right foot are several ulcers the size of a butter-bean. These give no pain.

Sensation.—Sensation of the face, tested with the point of a pin, was normal, but slightly diminished on anterior surface of neck. Trunk normal everywhere except between the shoulders, where it is slightly diminished over a space four inches square. Sensation begins to diminish in the middle third of the thigh, particularly over the pigmented portions, and this diminution becomes more marked in a downward direction over the knees and legs until, arriving at the feet, it is entirely absent, with the exception of a sensitive spot on either heel behind the malleoli. Anæsthesia is so complete on the feet that a pin pressed one-third of an inch through the skin, imparts no sensation. A very dark blood exudes from these wounds. The genital organs are normal in sensation and color. The hair upon the head and pubis is normal, and has never fallen out. The patient denies having had venereal disease, and there are no symptoms now present to contradict his statement. Bowels are not regular, though appetite is good.

I saw the patient but twice and cannot say if he continued to use the chaulmoogra oil prescribed for him.

CASE 14. LEPRA MACULOSA.—White man, aged 35 years; native of New Orleans, and has lived here all his life. Applied as out-door patient in my service at Charity Hospital, January 27th, 1887. Resident of Third District. Occupation broommaker.

Family.—Parents had no similar trouble. Both dead. One brother living—healthy.

Diæt.—Frequently eats, but does not care a great deal for, salt meat or fish.

Previous History.—Disease first appeared on middle third of left thigh eighteen months ago in form of nodes, which soon were noticed on face, upper extremities and trunk.

Condition on Examination.—Has a raised, erythematous patch on right side of forehead. This is ill-defined at pe-

riphery, but seems to be the result of confluence of two reddish-yellow rings. Nose red and infiltrated, but not deformed. Red oval patches on both cheeks, the one on the left continuing down on neck. Left ear normal. Right ear red, but not swollen nor tuberculated. On dorsal surface of trunk are two rings a little larger than a silver dollar, about same size and coppery red. Patient thought for some time that they were ringworm. On the sternum and at sterno-clavicular junction are several red rings, which have grown together. On right arm is a red circular patch with pale centre, and on the middle third of right forearm is a similar patch, but paler. Patient's general condition fair; appetite good and bowels regular.

Sensation.—Normal everywhere except in centre of an oval ring, $2\frac{1}{2}$ inches in its long diameter, situated over the sternum, where it is diminished almost to complete analgesia.

Treatment.—Chaulmoogra and cod liver oil.

CASE 15. LEPRA MACULO-ANÆSTHETICA.—White man, aged 65 years, native of Ireland, and resident of this city for the past forty years. Applied for treatment as an outdoor patient in my service at the Charity Hospital, May 22d, 1888. Resident of First District.

Previous History.—Has had venereal sores several times—gonorrhœa and buboes. Never had eruption until this one came on. Never had rheumatism. Has not been out of the city for ten years. Never in country parishes. Occupation, tailor.

Family.—Father died at the age of 50 years. Had asthma. Mother died at the age of 65 years. Cause unknown. Knew only one sister, who is now dead. Cause unknown, but was not a skin disease. Patient's wife died of cancer ten years ago. Has four living children (all healthy) and eight grandchildren (all healthy). Wife had several miscarriages, but never lost children brought to term. Lives with his children.

Diet.—Eats very little salt meat now, though he formerly was fond of it. Eats fresh fish on Fridays and other days.

Condition on Examination.—On right side of forehead is an ill-defined, raised, rose-colored patch, covering nearly all of the region from median line to temple. Paler at centre than at periphery. On left of median line, just above region of eyebrow, are two patches of same color, the size of a silver 25-cent piece and a nickel 5-cent piece respectively. Scalp normal. Throat and tongue normal. On left side of neck is an oblong patch, red and thickened, which is two inches in diameter and located over sterno-cleido-mastoid muscle.

Trunk.—Two inches to left of right nipple is a patch the size of a silver half-dollar, ill-defined, flat, pale in centre. A smaller irregular patch to left of umbilicus. The remainder of the anterior surface of the trunk is normal, but on the back, just above the right gluteal region, is a large patch, fifteen inches long by twelve wide, which extends from the crest of the ilium to the thigh. It is of a dark red color, with a pale centre and scaly edge. Besides this, three ringed patches, oval in shape and about two inches in diameter, occupy the back in the region of the kidneys.

Upper Extremities.—Normal above the elbow. On the right elbow and back of wrist are ham-colored, oval patches, with pale centres. A scaly patch, seven inches long, covers the ulnar and posterior side of the left forearm. A ring the size of a silver dollar occupies the anterior surface at middle third. Left hand normal. Forefinger of right hand smooth and red. A small, ham-colored patch near root of forefinger. Skin of genital organs normal.

Lower Extremities.—A dark-brown patch, more or less circular in shape, size of palm of hand, covers the centre of anterior surface of right thigh. Covering completely the lower half of anterior surface of left thigh is a yellowish-brown patch, pale in centre, with a scaly border. Ringed patch, two inches in diameter, on right knee. Right leg

normal; left leg nearly covered its whole length with a scaly, deep-red patch, well defined in places and resembling psoriasis. Right foot normal, but left has same sort of irregularly shaped patches on outer surface as on leg.

Sensation.—Healthy tissue of face normal, but diminished on red patch over right side of forehead. Diminished on the patches which cover the trunk, arms and legs. Anæsthesia nearly complete in the patch on left forearm; anæsthesia in large patches on legs and feet, particularly the one on outer surface of left foot.

The patient has been doing well on increasing doses of chaulmoogra oil, nothing new having developed during the course of treatment but the occasional appearance of blebs upon the fingers.

CASE 16. LEPRA TUBERCULOSA.—White boy, aged 10. Native of New Orleans. Applied in my service at Charity Hospital, January 7th, 1887. Attends school. Born half a square away from present residence in Third District. Never been out of town. Accompanied by parents, who are healthy. Father is a German. Mother's father came from Germany. Has a sister and two brothers, who are in good health. Never had chills and fever. Was perfectly well up to five years ago, when parents noticed redness and swelling about forehead, followed in a year by yellowish spots on body. Two years ago a linear ulceration appeared on left leg, just below knee, due to pressure from elastic garter. The garter removed, ulcer healed slowly under a salve.

Condition on Examination.—Hair and complexion naturally very dark. Eyes bluish-gray. Face red and swollen, and covered with small tubercles, slightly raised above skin. Puckered condition of skin gives boy the look of an old man. In places on face are small depressed patches, two to five lines in diameter. Skin thickest about eyebrows, forehead and chin. Ears are tuberculated and stand out prominently. Eyebrows nearly all gone. Eyelids, particularly lower ones, markedly thickened. Has

had nasal catarrh for some months. Soft palate and uvula erythematous, but show no deposits. Tongue normal. Trunk, which is not specially emaciated, covered with ill-defined blotches or centres of pigmentation of a greenish-yellow color. Linear scars encircle the knees above and below—from former irritation of garters. One of these ulcerated places is still open.

Sensation.—Only anæsthetic spot is a smooth, soft shining patch on right patella, three inches in diameter. General health good; bowels regular. No deformity anywhere except on head.

This patient took chaulmoogra oil for more than a year and improvement was notable. When last seen the redness and tubercles had disappeared, and only the “old man” look remained, from the thickened skin.

CASE 17. LEPRA ANÆSTHETICA.—White man, aged 63 years. Native of Germany, and a resident of this city for over twenty years; Second District. Admitted into my service at the Charity Hospital (ward 27), March 10th, 1887. Patient is now in reduced circumstances, but was formerly very well to do. Has had present disease about eighteen months, beginning with numerous red plaques, scattered over the surface of body. Patient was treated by a physician, and these disappeared in the course of three months. Blebs first noticed on hand nine months ago.

Habits.—Has been a hard drinker up to one year ago. Eats fish and salt meat occasionally. Never had chills and fever. Is subject to asthma. Has had yellow fever. No venereal disease. No history of disease in family. Has healthy children.

Condition on Examination.—Superficial blood-vessels of nose can be distinctly outlined, and are much dilated. No marks on face, but outer half of eyebrows fallen out. Skin of this region thickened. Tongue coated, furrowed and denuded of epithelia. Throat normal. Trunk mottled. Skin over sternum reddened. Has a fatty tumor

below left nipple. Fingers of both hands reddened and covered with glistening skin. Nails friable, and almost completely absent on forefingers. Irregularly shaped, red and thickened patches under surface left wrist. Skin of both arms pigmented and scaly. Toes are affected like the fingers. The right great toe overlaps the others. Legs are affected like the arms, only more scaly.

Sensation.—Diminished over dorsal surface of trunk, more particularly the gluteal regions, also on forearms and legs. The plaque upon the left wrist is quite anæsthetic, and blood can be drawn by a pin prick from any portion of hands without giving pain.

This case did not progress under chaulmoogra oil, which he soon was able to take in doses of thirty drops; on the contrary, the blebs reappeared on hands and feet, and an ulcer of one of the small toes destroyed the last two phalanges. The toe was amputated without anæsthetics, for the patient had frequently struck it upon surrounding objects, and on one occasion twisted it under his foot as it hung down, and experienced no pain therefrom.

Under potassium bromide and cherry laurel water the asthma soon disappeared. Only improvement from the oil was in the fact that the patient began to sweat from all parts of his body, except hands and feet, which gave great relief, as he had not performed this function visibly for past two years.

On June 1st two ulcers appeared on nates, which were now quite anæsthetic, the ulcers being doubtless due to friction in the seated posture. These were perfectly painless, and rapidly grew to the size of a silver dollar. Iodoform salve was applied with good results. Urine, examined from time to time, disclosed nothing abnormal; specific gravity 1010; acid. Tissue removed from the toe contained the bacillus lepræ.

CASE 18. LEPRA TUBERCULOSA.—White man, aged 27; native of New Orleans. Applied in my service at Charity Hospital, June 11th, 1887. Was seen on two occasions,

but only the briefest notes could be taken. They are given in full. Occupation gardener. Resident of Third District. No one in family had similar disease, unless it be mother, who died in 1882.* Has a sister and two brothers living. They are healthy. Disease began on face just above eyebrows, and gradually spread over body in form of soft, raised tubercles of a reddish color. Skin of face thickened between the tubercles, which are still present and quite distinct in outline. There are a few on the extremities, but those on face are more marked. Capillaries of face dilated. Throat erythematous and tonsils swollen.

Sensation.—On left arm is an anæsthetic spot size of a silver dollar. Says that he has scratched this place until it bled profusely, but that it did not pain him either then or after. Red spots on face bled profusely when cut by a barber. Takes no medicine, believing himself incurable.

CASE 19. LEPRA TUBERCULO-ANÆSTHETICA.—White woman, aged 57 years; native of Germany. Applied in my service at the Charity Hospital, April 24th, 1888. Occupation, washerwoman. Resident of the Third District. Did not know parents, and knows nothing of her family. Been in New Orleans for thirty-seven years. Has never seen any one with a like disease. Was poisoned with ivy thirteen years ago, and her face became badly swollen. "Some years ago she was called to wash the body of a person who had died of leprosy, her hands having wounds on them, and her impression is that she contracted the disease by inoculation."† Has been married twice. First husband died in battle; second husband is alive and well. Has four healthy children, and has lost two in teething. Last child was born sixteen years ago, and patient has been sick about eight years. General health has been good. Never ate much fish or salt meat. Food consists chiefly of potatoes, cabbage, carrots, rice, oatmeal and coffee. Disease began upon the chest in the shape of rings and

* Reference to records of Board of Health shows that patient's mother died of "elephantiasis," doubtless of the Greek form.

† Quotation from a report of Dr. A. M. Beret to the Board of Health of Louisiana, 1887.

circular plaques, which soon spread upon the legs. The face at the same or shortly afterwards became very red and swollen. Has had blebs upon the feet from time to time.

The description of condition on examination was not recorded at patient's first visit, and as she never returned, this cannot be accurately given. Suffice it to say that this was a mixed case of macules, tubercles, and anæsthetic spots. There were no ulcers on the extremities, but a few denuded surfaces showed the tendency to form blebs.

CASE 20. LEPRA MACULO-ANÆSTHETICA. — White man, aged 27. Born in New Orleans. Resident of Fourth District. Occupation laborer. Applied for treatment in my service at the Touro Infirmary, June 10th, 1887.

Family.—Father died of apoplexy. Mother is in an insane asylum. Parents born in Ireland. Two sisters and two brothers—healthy. Has been married. Wife died three years ago.

Previous History.—Has had venereal diseases several times. Was treated by Dr. T. S. Kennedy two years ago for secondary syphilis, the eruption being accompanied by sore throat, rheumatism and fever. These symptoms passed away for a time. During the past two years patient has been working occasionally in the Têche country—up and down the bayou. Became sick about eighteen months ago, the disease first appearing on the knee like a blister, and shortly afterwards on other parts, as a gyrate, tan-colored eruption, somewhat dashed with red and slightly raised above surface. Patient does not remember to have seen a similar case. Sleeps in same bed with brother. Diet not confined to any special kind of food.

Condition on Examination.—*Face.*—Not deformed in any way, though bridge of nose appears to be somewhat thickened. On cheeks are bands of slightly raised, bright red patches, irregularly distributed. The skin and features elsewhere are normal in appearance. Tongue normal, but soft palate, studded with pin-head-sized nodules, very smooth and shiny. Uvula elongated. Voice harsh.

Trunk.—Spotted with tan-colored blotches, slightly raised, ill-defined and of gyrate configuration. The skin between them is normal.

Upper Extremities.—Same gyrate eruption as on trunk, only more accentuated. On hands and fingers the color is a deep red, and the disease appears on the knuckles as red blotches, size of a dime. On hypothenar surface of left hand is a deeply infiltrated, bluish-red patch. A few broken and unbroken bullæ cover the fingers and palms. Left little finger flexed at first interphalangeal joint, where there is a hard deposit. Patient states that this condition has obtained for past six years—long before disease began. The lump is red and of same color as other leprous deposits.

Lower Extremities.—Have same gyrate eruption as that seen on arms. The peculiar appearance of these patches can best be described by saying that they resemble in shape the interstices of an eruption rather than an eruption itself, suggesting the idea that the true disease had been resolved, and that the intervening tissue had become inflamed instead. This intervening tissue, which is normal on arms, is almost milk-white on the legs in places. A large bulla is seen on the middle third of right leg. Feet are red, smooth and infiltrated. Several bullæ on toes. On left foot are two deep ulcers—one behind heel, size of silver dollar; one under ball of foot, size of a silver quarter dollar. These give no pain.

Sensation.—Sensation of face and trunk about normal. Diminished on arms and forearms and nearly absent on little fingers and outer surface of ring fingers. Gradually diminishes from knee downward, and complete analgesia on inner and outer surfaces of feet. Is nervous all the time. Eats and sleeps well, but is very restless on waking in the morning. Hand shakes a great deal when he writes. Has dull, aching pains occasionally along distribution of left ulnar nerve. Hands very tender, and leaning on a walking-stick produces blebs. Weight, 140 pounds.

A 10 per cent. salve of ichthyol with 3 per cent. of salicylic acid applied to face and ulcers; ichthyol internally. This was continued with a few intermissions for nine months, with no visible improvement except a gain of fifteen pounds in weight. The eruption remained the same and a nasal catarrh gave much trouble.

On one occasion the patient, when made to remove a bandage from foot which had not been touched for five days, disclosed a long pin sticking through the skin, with an ulcer the size of a dime at its entrance and exit therefrom. A green deposit from the metal of the pin stained the bandage and soft tissues. The completeness of the anæsthesia will be understood when it is stated that the patient did not suspect this cause, and considered the sympathetic inflammation which gave trouble in the femoral glands as a new manifestation of the disease. Conclusive evidence from his former physician as to a previous attack of syphilis prompted specific treatment, which patient has been taking for past two months, with excellent results to the nasal catarrh and certain rheumatic pains which have caused much discomfort. The ulcers on the feet are nearly healed. This case is all the more interesting for the opportunity offered for the study of two kindred and baleful diseases, both active in the same subject. Bullæ still continue to appear.

CASE 21. LEPRA ANÆSTHETICA.—White man, aged 24, native of New Orleans. Formerly resided in Avoyelles parish, La., but has lived in this city, Fourth District, for past eighteen months. Occupation farmer. Applied for treatment in my service at Charity Hospital, March 4th, 1888.

Family.—Parents have been dead about fifteen years. Does not know cause of death. Had a sister who had “sore legs” when she died, but does not know name of disease.

Previous History.—Until three years ago enjoyed good health, when water blisters came on hands and toes.

Blisters disappeared as these became inflamed. Says his body has been *pigmented* since he was eight years old. Has felt a numbness of hands about two years, and says that the left hand and legs and feet never perspire. First two fingers of either hand have ulcerated, and bone has been removed. First two toes of right foot have been amputated on account of carious bone. General health and appetite good.

Condition on Examination.—Skin of face thickened and slightly tuberculated. Eyes congested. Nose swollen at bridge and slightly deflected to right of median line. Ears thickened. Voice harsh. No discoloration of face, but eyebrows are scanty. On trunk, legs and arms are spots of pigmentation varying in size, the largest being on the small of the back. This spot or plaque is eleven inches in diameter, oval in shape, and has a well defined, copper-colored border, level with the surface, and a centre of apigmented or pure white skin. Where the plaques are absent minute centres of pigmentation are seen about the hair follicles (xerodermic condition). The first two fingers of both hands have lost their distal phalanges, but the nails, which still remain, are clubbed and bent inward. A braided surfaces on the swollen fingers show the constant eruption of bullæ. Fingers are very stiff, but can be flexed. Right hand moist; left hand very dry. First two toes of right foot absent; third now presents ulceration and carious bone. Toes of left foot swollen, but not ulcerated. Urine, acid; specific gravity, 1015.

Sensation.—Normal on face and trunk; diminished on forearms; absent on backs of fingers and toes.

Treatment.—Chaulmoogra oil in increasing doses. For first six weeks blebs continued to appear on hands and feet; but at the end of four months these had ceased to form, the ulcers had healed, sensation had improved and both hands had begun to perspire naturally. He was then taking twenty-five drops at a dose.



CASE 22.—LEPRA TUBERCULOSA.

CASE 22. LEPRA TUBERCULO-ANÆSTHETICA.—White boy, aged sixteen years, native of New Orleans, resident of the Second District. Applied for treatment in my service at Charity Hospital June 15th, 1888.

Family.—Father born in Germany, mother in Ireland. Father died of dysentery, fifteen years ago. Mother is healthy. Has one sister, who is healthy; three half-brothers and one half-sister—mother's children by former marriage—all healthy. Never knew or saw any one with similar disease. Eats fresh fish constantly, particularly on Fridays. Does not care for salt meat. Does not go to school. Cannot tolerate bright light. Perspires freely at slightest exertion.

Condition on Examination.—Face pale and waxy. Skin thickened. Eyebrows and eyelashes nearly gone. Eyelids heavy. Conjunctivæ yellow. Flat, bluish-red tubercles abundant on cheeks and chin. Nervous expression about the eyes. Lips large, ears thickened and tuberculated.* Bridge of nose depressed. Deposit of tubercles on alæ. Neck normal. Trunk emaciated and slightly discolored with coppery patches, more particularly about pectoral region.

Upper Extremities.—Elbows sore, with a tendency to ulcerate. Arms and forearms discolored with yellowish pigment. Fingers smooth, dark and swollen. They are stiff and not easily extended on account of cicatrices from bullæ on their palmar surfaces. Thumb and forefinger of right hand have lost first phalanx, and nails are distorted. Small ulcer on left forefinger. Pigment on thigh of a coppery color. On knees are circumscribed bluish-red, smooth deposits, cicatrices of former ulceration. Feet normal on back, but bluish-red on soles. Toes red, shiny and thickened. A few blebs on toes.

Sensation.—Normal about face and neck; diminished on arms. Normal on trunk. Greatly diminished on back of hands. Entirely absent on fingers and palms,

*See illustration.

where a pin can be stuck through entire integument without being felt. A heavy pin-scratch can be felt anywhere on thighs and legs, but light touches are not perceived. Complete analgesia over entire surface both feet.

The following three cases, patients of Dr. Bemiss, I had an opportunity to examine at their residence, whither I had accompanied him on the occasion of the serious illness of the younger daughter (Case 25), who was then suffering from a high fever and great prostration.

CASE 23. LEPRA TUBERCULOSA.—White woman, æt. 45; born in New Orleans. Husband was born in Germany. Husband dead; had liver disease and dysentery (perhaps hepatic abscess); was a hard drinker. Occupation laborer. No signs of leprosy. Patient married twenty years; widow eight years. Some two years after death of husband first noticed signs of this disease. First came as a spot on cheek with tingling. Has two daughters with same disease. Appeared about same time in them. Eldest girl was then fourteen and the youngest eleven years of age. Never has seen any one with this trouble; never heard of it. Hypertrophy of skin of cheeks and forehead. No eyebrows; no tubercles. Small scars on dorsum of feet. This case was carefully noted and a history taken some three years ago (1885), but unfortunately the notes were lost. It was marked in the symptoms of leprosy then much more than at present. But it must be remembered that she has been taking chaulmoogra oil with only short intervals during all this time; and has at times, though not regularly, been using it externally, especially upon face and hands.

CASE 24. LEPRA TUBERCULOSA.—White girl, æt. 17; born in New Orleans. Daughter of case 23. Has never been out of city. This case presented marked symptoms of the disease when she first showed herself three years ago, but the notes were lost. Now she simply shows some thickening of the skin of forehead, cheeks and ears, with partial loss of eyebrows. (There were none when

first seen). Hands appear glistening red, especially towards tips of fingers. Cannot determine any anæsthesia, though it was complained of when first seen. There are no tubercles, nor any remains of any. She has taken chaulmoogra oil constantly for three years.

CASE 25. LEPRA TUBERCULOSA.—White girl, aged 15 years. Born in New Orleans. Daughter of case 23. Never out of city. Her history, taken at the same time as those of her mother and sister, was also lost. Now she shows the same thickening of skin of face and ears, with discolored hands. On right cheek is a large oval, white spot, surrounded by an area of bluish-red discoloration. She has no eyebrows. There is now no anæsthesia apparent and no tubercles. She has the stolid, fixed expression of the disease. She has taken the oil for three years, but not so regularly as her sister and mother, nor in such doses as she ought. It makes her sick, and she often fights against it. She is a sufferer from inflammatory rheumatism, attacks of which are frequently severe.

CASE 26. LEPRA TUBERCULOSA.—White boy, aged 11 years, native of Louisiana. Applied for treatment in my service at the Charity Hospital, November 9th, 1886. Resides in Third District, near the slaughterhouse. Parents healthy. No family disease. Parents have eight other children—all healthy. Some five years ago all took the measles, and a short time afterwards patient noticed swelling of hands and lower extremities, followed by gradual pigmentation of body. General health good. Gets out of breath when he runs.

Condition on Examination.—Face very dark. Skin of entire face thickened. On forehead skin is wrinkled vertically near median line, giving a frowning expression. Flat, red tubercles of various sizes on cheeks and chin. Hair dry and of a brown color, being lighter near the edge of the scalp. Ears thickened but not deformed. Eyebrows scanty. Throat normal. Tongue coated. The trunk is somewhat emaciated, and spotted here and there

with flat, brown patches of simple pigmentation, more or less round, and averaging two inches in diameter. In the gluteal region, left side, is a white patch the size of a silver dollar. Raised erythematous patches and papules abound on dorsal surface, lower third of right arm and about elbows, also lower third of forearm on both surfaces. On outer border of left forearm is a white patch of skin, two inches in diameter. Genital organs normal. A large pigmented spot discolors the anterior surface of right thigh, and others cover entirely the lower halves of the legs. Tubercles the size of a butterbean are scattered here and there over lower extremities. These tubercles have a higher temperature (surface thermometer) than surrounding skin. About the edges of the patches on the legs are a few minute white pustules. Just above the knee on the right thigh is a pale patch, surrounded by a well-defined dark border, all level with the normal skin.

Sensation.—About normal everywhere, except on white patches, which are completely anæsthetic.

Chaulmoogra oil, gradually increased to twenty-five drops at a dose caused the disappearance of the red tubercles, the pustules and much of the thickening of face. To-day the boy is stouter, and, with the exception of the discoloration of the body (less than formerly) and the aged look of the face, he seems perfectly well. The anæsthesia has not changed.

CASE 27. LEPRA MACULOSA.—White girl, aged 14 years. Presented herself in my clinic at the Charity Hospital, February 28th, 1888, with the following history: Born in the Fifth District of this city (Algiers) and has always lived there, attending one of the public schools.

Family History.—Father healthy; mother is subject to malarial fever. Is accompanied by a grown sister, who shows no symptoms of disease. Has had two other sisters and two brothers, all of whom died under the age of six years, two of them dying of scarlet fever, and the other two died while teething, after a short illness.



CASE 27.—LEPRA MACULOSA.

The girl is a stout brunette, large for her age. Gives a history of malarial fever when nearly ten years old—fever without chills. Never had marked diarrhœa. During the winter preceding the attack of malarial fever patient had an ulcer on the sole of right foot the size of a silver dollar. This was a very ugly sore, and was peculiar in that it “gave no pain even when washed and rubbed.” Her sister volunteers the information that just about this time the patient was often unnaturally drowsy, and slept a great deal, and that she was easily startled by a sudden noise or touch. After the fever there came copper-colored patches on back of neck, shoulders, thighs, legs and feet. (Ulcer of foot had healed under perfect rest and a mild ointment). The eruption then appeared on anterior surface of neck, and finally, a year ago, there was noticed a round, red spot on the forehead. Has had a swollen thyroid gland. Patient has never noticed increase or diminution of sensation beyond the points already mentioned.

Condition on Examination.—Face swollen and covered with patches of a bright bluish-red color. These are distributed over the centre of forehead, cheeks, nose, chin and superciliary ridges. The temples are normal, and there are patches of healthy skin beneath the rami of the lower jaw. The ears are unaffected, but the holes for earrings are hard and always irritated when these are inserted. Throat erythematous, but shows no deposit. Eyebrows are scanty. The trunk is covered with more or less well-defined plaques of an oval or irregular shape, yellowish-brown in color, and paler in the centre than at the periphery. These plaques are more numerous on the posterior than anterior surface, and are well shown in the accompanying lithograph, where their annular configuration may be seen in a patch between the shoulders about the size of the palm of the hand. The skin between the diseased spots is white and smooth. The skin of the upper extremities is rather mottled, and the hands are swollen a little, having red, shining fingers, the last two on the right hand being perma-

nently flexed. There are two marks of successful vaccination on the right arm. The lower extremities are covered with brownish, ill-defined pigmentation, resembling, below the knees, a mild form of ichthyosis. Feet are red, but not deformed.

Sensation.—Normal on the face, but greatly diminished to the point of analgesia on inner surface of right arm, ulnar side of both forearms and hands, particularly on the two flexed fingers of the right hand. Feels but does not complain of pain when pricked with a pin on the knees, legs and left foot. Anæsthesia complete on inner surface of right foot.

Being questioned, at a later visit, as to her diet, she declared that at the time the disease began she had eaten a great deal of salt meat, and was very fond of it still.

Treatment.—Chaulmoogra oil ordered in increasing doses, beginning with ten drops twice daily. In addition to this she was ordered to cover her face with salve of ichthyol, ℥vi; acid salicylic, ℥ss; vaseline, q. s. ad ℥ii. M. Naturally this application irritated the face, and has been discontinued occasionally. The patient has been seen from time to time up to date of writing, and shows more improvement in sensation than in the visible lesions. These latter are only less marked and less clearly defined, but the depth of color remains. She has been ordered to stop school and to sleep alone in her bed. The oil has disagreed so often that she has not been able to take more than twenty-drop doses. A chemical and microscopical examination of the urine revealed nothing abnormal.

CASE 28. LEPRA TUBERCULOSA.—White boy, aged 16 years; native of St. Martinsville, La. Admitted into my ward at the Charity Hospital, May 8, 1887. Has been in New Orleans for eleven months, treated at Hotel Dieu.

Family.—Father was a native of Louisiana, and died of leprosy in 1883, aged 61 years. Father's mother came to this State from Martinique in 1801, at age of 7 years. She was accompanied by her mother, who was supposed to

have the disease. Father of patient married three times. No children by first wife; six (or more) children by second wife, and four children by third wife, patient being one of the latter. Testimony with regard to children by father's second marriage is conflicting; several of them, however, are undoubtedly free from the disease. Mother was a relative of and descended from the person who came from Martinique and was supposed to have leprosy. So patient is liable to disease from both parents. Has two sisters who are said to be healthy. I have seen his brother and found on him no signs of this disease. Patient has two female relatives in St. Martinsville (his father's brother's children) who have undoubted leprosy.

Habits.—Does not smoke or chew. Has been in habit of eating fish, particularly on Fridays. Disease began about ten years ago. Most marked in thickening of skin of face and swelling of hands. Has been subject to chills and fever.

Condition on Examination.—Patient rather stout. General health good. Skin of face thickened everywhere, particularly in region of eyebrows, which have fallen out. No circumscribed tubercles. Leonine, fierce expression. Lips and lobes of ears thickened. Lashes of lower lids have fallen out. Hairy scalp natural. Entire face and neck slightly reddened from presence of dilated blood vessels. Tubercular deposit upon uvula and both tonsils. On soft palate, just above uvula, is a deposit of brown pigment size of a silver quarter dollar. Trunk covered here and there with yellowish-red pigment, level with surface. Upper extremities normal, with exception of hands, which are congested and swollen. On the legs the skin is dry, harsh and scaly, as in xeroderma. On middle third of left leg is a scar of a healed ulcer, pinkish in centre and surrounded by brown pigment. Both feet have a dry, scaly, unhealthy look.

Sensation.—Good everywhere, except in a patch two inches long on ulnar side lower third of right forearm,

where it is greatly diminished, and on edge of cicatrix on leg, where it is likewise diminished. Urine examined from time to time and always found to be normal.

In addition to drachm doses of chaulmoogra oil patient was treated externally with a salve of equal parts of ichthyol and vaseline, applied to the face. The salve was continued, with a few intermissions of two or three weeks, for nearly a year, and produced no better result at the end than discoloration of the skin. The oil has been stopped from time to time and the dose diminished on account of intolerance. An occasional fever, lasting a few days, and an ulcer on seat of old cicatrix (now healing), have been the only accidents.

CASE 29. LEPRA TUBERCULOSA.—White boy, aged 15 years, native of New Orleans. Resident of Second District. Applied for treatment in my service at Charity Hospital, December 1st, 1886. No history of disease in family. Accompanied by parents, who are healthy. Two sisters and three brothers, all healthy, with exception of one brother, who has the same disease. Disease began about five years ago as pigmentation of the legs, followed by tubercles on face. Mother states that there was a negro man living on premises who had an eruption on body. Does not know what has become of him. Patient is very lean, and dark complexioned. Appearance is remarkable. Mouth large, ears prominent and bent forward. Face covered with red tubercular nodes, most marked about cheeks. Ears much thickened. Eyebrows and lashes gone. Frightened expression of face. Deposit on soft palate. Voice very harsh. Pigmentary deposit all over body. Small tubercles on forearms. Fingers swollen and stiff. General health poor—has fever. Chaulmoogra oil seemed to act as a tonic and improve locomotion, but patient was very weak when last seen.

CASE 30. LEPRA TUBERCULOSA.—White boy, aged 13; native of New Orleans. Resident of Second District. Brother to case 29. Applied for treatment December 1st,

1886, at same time as brother. Sick two years—disease beginning as eruption of nodes on face. Thinks he caught it from brother, as he always slept with him. Has same physiognomy as brother, only his features are more exaggerated. Ears more twisted, and the lower eyelids, instead of gently curving towards the outer canthus, form an obtuse angle a third of an inch from it, greatly broadening the angle of the canthus. These defects are congenital. Skin of face thick and pigmented. Upper lip swollen, and left side of nose covered with tubercular deposit. Eyebrows very scanty. Eyelids waxy and heavy. Small tubercle on soft palate, near uvula. Voice hoarse. Tubercles on back of ears. Trunk and extremities lean and covered with mottled pigment. Sensation normal. Chaulmoogra oil.

CASE 31. LEPRA INOCULOSA.—White man, aged 51 years. Native of Manchester, England. Applied for treatment in my service at Charity Hospital, November 26th, 1887. In Louisiana thirty-one years, excepting three years of service in the Confederate army. Had typhoid fever in 1850; yellow fever in 1858, and chills and fever off and on—the last time ten months ago. Had syphilis twenty-five years ago, and was treated by Dr. H. D. Schmidt. In New Orleans up to 1872, when he went to St. Martinsville, where he remained from April till September, keeping a dry goods store while there. Never saw any cases of leprosy while there. Had dysentery when in St. Martinsville, but had had it before. Was a nurse in this hospital in 1883, remaining twelve months in institution. Returned in July, 1886, with malarial fever, and left again in December of same year in order to peddle dry goods in the country. Visited parishes of St. Charles, St. John and Jefferson. Reëntered hospital in May, 1887, nursing in ward 31 (for negro men), and has not been out of institution since then. A mulatto man from St. Martinsville, who had leprosy, was an inmate of this ward, but patient says that he never gave him his

medicine, the mulatto always keeping his own medicine separate from the rest. Patient has eaten with this man fruit cake made by the leper's mother, who is regarded as a suspicious case. Patient's finger has been sore and tender since coming to hospital. Thinks this is due to constant irritation from medicines. Patient cut himself while shaving six weeks ago, and eight days afterwards noticed erythema of skin where he had cut himself. Keeps his razor and soap concealed from patients, and no one allowed to use them but himself.

Family.—Parents were healthy when last seen; his sisters and brothers, ten in number, showed no evidences of skin disease when last seen. No family disease.

Condition on Examination.—A few typical syphilitic scars on trunk and extremities. Under left eyebrow and on right side of jaw are two raised erythematous spots, larger than a silver dollar and of irregular shape. Scattered over face are a number of smaller macules of a bright red color. Right ear reddened and thickened at the lobe. It is also painful. Throat slightly erythematous. Over posterior thoracic region are two oval, scaly, copper-colored patches, situated one on either scapula. Their long diameters are two and a half inches, and they are level with the surface. They are pale in the centre and have the appearance of rings. On either gluteal prominence is a patch like those just mentioned: one has a pale centre, the other is decidedly ringed. On right knee and just below are ill-defined, reddish patches, level with surface and quite anæsthetic unless severely pricked with a pin. Several irregular red patches of small size are noted elsewhere. One is just on the edge of an old syphilitic scar, but does not encroach upon it. The spots on face and trunk are not anæsthetic. On left foot is an irregular patch, red and flat and size of palm of hand. This is completely anæsthetic. Small patches of anæsthesia are also found on both knees and in middle third of left leg. Urine normal. Patient kept under observation until December

10, 1887, and as the symptoms multiplied the following was ordered for face: Resorcin, gr. 25; ichthyol, gr. 25; salicylic acid, gr. 50; vaseline, enough to make an ounce. Chaulmoogra oil was given internally until he took fifty drops at a dose. The improvement was rapid and altogether satisfactory, and in six months after its institution nothing visible remained of the disease but two patches on the nates (treated with pyrogallol and flexible collodion), and a small amount of anæsthesia on the knees. The total anæsthesia of the left foot has disappeared. The man is practically well and considers himself cured; but lest the disease should reappear at any time he is instructed to continue the oil as long as he is able to take it. Here let me say that although all the symptoms which led to the diagnosis of this case have disappeared I deem it not only rash, but unscientific, to pronounce upon the cure of a case of lepra within less than ten or fifteen years after the disappearance of symptoms.

CASE 32. LEPRA ANÆSTHETICA.—Negro man, aged 28 years, native of St. Martinsville, Louisiana. Occupation laborer. Admitted into my service at Charity Hospital, June 28th, 1887, while *in articulo mortis*. History of having been ill for eight years. Was born blind. Has lived in the city (Second District) for some time. Died within a few hours of admission.

Condition on Admission.—Emaciated to an extraordinary degree. Ulcers of various shapes cover hands, arms, thighs, legs and feet. Toes falling off with ulcerations. Fingers are all imperfect, having been destroyed from former ulceration.

Sensation.—Diminished in places on the face; *entirely absent on lower extremities.*

Friends claimed the body, and only a section of skin from edge of an ulcer on thigh could be removed. This was examined and found to be crowded with the bacillus lepræ.

CASE 33. LEPRA TUBERCULOSA.—White man, aged 54, native of Bremen. Resident of Third District. Admitted into my ward at the Charity Hospital, March 7th, 1887. Has been prescribed for at this hospital a number of times during the past seven years. Occupation iron-moulder. Been in New Orleans for twenty-one years, coming directly from Bremen, and has never been out of city since. Has relatives, but knows nothing about them. Father died of apoplexy. Cause of mother's death unknown. Never knew any one with disease. Has had a venereal disease—probably chancroids. When disease began was in the habit of eating salt meat, but has never eaten much fish. Had chills and fever occasionally, beginning seven years ago, but has not had them for past two years. Disease began with the attacks of chills and fever, accompanied by tubercular thickening of the skin of face.

Condition on Examination.—Very much emaciated. Skin of face pigmented to a dark color, and greatly thickened about superciliary ridge, with long vertical corrugations between, in median hue. Nose flattened, particularly at bridge, from either side of which extends downward a band of red, thickened skin, curving around angles of mouth and nearly corresponding in situation with the elevator muscle of upper lip. Ears enlarged and thickened, the lobes being pendant in large tuberculated tumors. Eyebrows and lashes gone. Conjunctivæ yellow. Uvula ulcerated away and scars on soft palate. Voice extremely hoarse and almost undistinguishable. Trunk and limbs pigmented almost everywhere, but patches are not well defined. Scattered over trunk, especially on anterior aspect and also on arms, are small red tubercles. On forearms there are tubercles also, but these are well raised, of purplish color and bleed easily when pricked with a pin. They are more numerous on the dorsal surfaces. Skin of thighs, legs and feet has a dry and drawn look. There is redness and infiltration on left thigh, just above knees, and the great toe is ulcerated. Knee joints swollen and

painful, and contain serous effusion. Appetite poor; bowels constipated. Patient in a condition of apathy, as if he did not care what became of him. Sight not very good. Pupils contracted.

Sensation.—Diminishes downward from elbows and knees, becoming entirely absent on hands and feet.

Ulcers which appeared from time to time have healed under iodoform salve. Attacks of articular rheumatism have been quite frequent, and are always ameliorated by iodide of potash and wine of colchicum. Urine contained granular and hyaline casts about a year ago, but has been normal for some months. Cannot tolerate chaulmoogra oil.

[TO BE CONTINUED.]

Malarial Tonsillitis.*

By CHAS. CHASSAIGNAC, M. D.

Mr. President and Gentlemen—What I have had time to prepare for this Society to-night is scarcely worthy of being called a paper. It is simply some few notions of mine which I thought I might be pardoned for presenting, because, first, they might lead to some discussion; secondly, they would have some value if subsequent observation proves them to be correct; and, thirdly, they are original if nothing else.

When I read my title the question which I suppose most of you put to yourselves was, "Is there such a thing as malarial tonsillitis?" I believe there is, and I want the rest of you to observe hereafter and help to determine whether there really is or not. Tonsillitis is a very common affection, at least in this climate. Now, how must we determine when it or any other disease is malarial in origin and character? This question has already been discussed here and elsewhere, and many have said even that anything controlled by quinine is malarial. Without going as far I will, without fear of exciting much contradiction, ven-

*Read before the New Orleans Medical and Surgical Association.

ture to say that any affection which is *periodic* and *at the same time* is controlled by *the cinchona salts* can be put down as malarial in nature. This agreed to, I assert that we do see cases of malarial tonsillitis—and why not? Without claiming, as some do, that everything in this climate and analagous ones is complicated with malaria, when we see that this poison produces not only many types of fevers, but various inflammations and neuralgias, even of internal organs, and localized œdema as shown by Dr. Matas, are we not justified in thinking that the tonsils also can succumb to its effects? If the miasm comes to us through the air those organs are certainly admirably situated to catch its first onslaught, whether we breathe through the nose or the mouth.

The first time this question presented itself to me was while treating a severe case of tonsillitis in a girl twelve years old. That is already over two years ago. When first seen in the evening the patient had a well marked swelling and inflammation of both tonsils, accompanied by moderately high fever, temperature not being taken with thermometer. Usual remedies were prescribed, including a gargle with a cooling and laxative mixture. Next morning the girl was better, so the same measures were continued. Notwithstanding this, both the fever and the trouble with the tonsils increased in the evening. The following day I did not see the case until late, as I thought it must be nearly well, judging by the improvement observed the morning before. Imagine my disappointment when I found my little patient just as bad as ever, all symptoms having recurred at about the time they did the evening previous. Then I prescribed cinchonidia, to be taken in full doses long enough in advance, and next day there was no further trouble; and the same remedy, kept up in smaller doses, prevented any subsequent return of the symptoms.

Bearing all this in mind I have since been able to observe that there are *some* cases of tonsillitis, whether

with much fever or not, in which there is a periodic exacerbation of the painful symptoms; also that those same cases are not much benefited by ordinary local treatment and yield readily to the administration of the alkaloids of cinchona; hence it is I call them examples of malarial tonsillitis.

There is a slight confirmation of this theory in an observation made on my own person. Subject for some time previous to an occasional and painful attack of tonsillitis, which I finally recognized to be of the type I have attempted to describe, nearly two years ago I began taking a little quinine once in a while, and have not had inflamed tonsils since, except on one occasion, lately, when some of the same remedy put a stop to it at once, probably leading to the writing of these facts.

I am well aware that they have not been compiled with sufficient system and accuracy to make them scientific and valuable, but if they lead you to some discussion to-night and to future observations in that direction my object will have been attained; while if these facts are corroborated I will have contributed something of a little value—in pathology by calling attention to malarial tonsillitis: in therapeutics by indicating what should be its treatment as a matter of course.

* * * * *

Since writing the above a case came under my observation which adds strength to my position.

I was called to see a white boy about seven years of age with his third paroxysm of fever, accompanied by tonsillitis, the paroxysms having come *every other day*. On the preceding two occasions simple local remedies had been used, apparently with good effect, the fever having subsided and sore throat disappeared. When there was a third recurrence, however, I was summoned and concluded I had one of my cases of malarial tonsillitis, the first one of the tertian type observed by me. As a test I did nothing for the throat locally, gave cinchonidia next day, and there was no return of either fever or throat trouble.

Spasmodic Asthma as a Reflex Neurosis Depending upon Diseased Conditions of the Nasal Fossæ.

By WILLIAM C. AYRES C. E., M. E., M. D., New Orleans, La.

Of late years the opinion that spasmodic asthma is a disease which has its causation in some pathological condition of the tissues of the nasal cavities has been steadily gaining ground. But since there is still a diversity of opinion among those whose views should be based upon extended observations any material which, in a decided manner, could lend its weight either to the one or the other side of the controversy must be of value.

It is therefore my purpose to record several cases from my practice which seem to be very emphatic in their testimony, and then to enter more fully into a narration of views and other material which I have gained from outside sources.

Therefore, if I may be allowed, I will call attention to the following cases, some of which have been treated and discharged, some of which, however, are still under my observation.

CASE I.—Mrs. E., æt. 50, has had spasmodic asthma for twenty-two years, for which she had been treated by a multitude of physicians in New Orleans and also in the North, with no benefit, except so far as temporary relief is concerned. This she gains from morphine and whisky. Her husband informs me that for twenty years “she has spent eight out of every ten weeks in bed, with a constant fight for breath.” She has taken all kinds of medicines, “quack” and otherwise, but none of them have ever been able to do more than let her sleep an hour or so at a time. At present she is very thin, weighing not more than ninety pounds.

On examining her nose we find: hypertrophy of the tissues of septum in the vicinity of tubercle on both sides of the nose; hypertrophy of the middle turbinated bones on both sides, and also of superior turbinateds on both sides. Her attacks of asthma may come on with a feeling as if having taken fresh cold, or sneezing, or may come

from over-exertion and rapid breathing. Applied the electro-cautery flat to the tubercle of septum and also to the hypertrophied turbinateds, under a thorough drenching of five per cent. solution of cocaine. In all have applied the cautery ten times at intervals, with the effect that for several weeks she has not had one single attack of spasmodic asthma; none, indeed, since the very first cauterization. She has coughing spells and a copious secretion from the throat and bronchial tubes; and also at times she feels oppressed about the chest, especially when she walks up stairs. No return of asthma to date. Patient still under treatment.

CASE II.—J. C., æt. 32, a native of Louisiana, applied for treatment, with the history of spasmodic asthma of many years standing. Had attacks almost every night and they were unusually severe. Examination of the nose displayed a large polypus attached by a linear base along the lower border of the middle turbinated bone of right nostril. This was removed, under cocaine, with a cold snare, composed of several very small wires twisted together, which I much prefer to a single wire. A portion of the bone was removed along with the polypus. No after treatment was instituted, as inconvenient. The asthmatic attacks ceased from the time of removal of tumor. Saw the patient about two weeks after and he complained of a slight return of his asthma. Examination of the nose revealed a prolapsing downward of the mucous membrane on both sides of the middle turbinated bone at the site of the old polypus. As the *polypus increased in size the asthma increased in severity*. This new polypus has not been removed to date, as I wished to apply the galvanic-cautery to the stump, and the patient has not visited my office for that purpose.

CASE III.—Master H., æt. 12, came to my clinic in the Charity Hospital with orthodox spasmodic asthma, which had existed for about two years. On examination of his nose the whole mucous membrane of both sides was con-

gested with acute catarrh. The vault of his pharynx was partially filled with the adenoid growths, easily seen with the posterior rhinoscopic mirror, as also easily felt with the finger when passed up behind the soft palate. I proposed operation to the mother, but since passing the finger behind the palate seemed to give the boy great inconvenience, he was lost sight of, and I regret to say was never operated on. He was not seen again.

CASE IV.—Mrs. M., æt. 42, of Texas, was sent to my office for examination. She had been suffering from spasmodic asthma for two years; also complaining that frequently her nose became thoroughly stopped, which stopping was generally followed by an asthmatic attack. Examination of her nose (post. rhinoscope) showed a large polypoid growth projecting from her left choana into the vault of the pharynx. It was of a very dark hue, resembling a blackberry. I removed this growth with a cold snare under cocaine, and applied galvano-cautery to its attachment to the turbinated bone. Fortunately there was only one polypus as far as could be discovered. The asthma was rapidly, I may say immediately, relieved, nor has there been any return up to the time I discharged her, which was about three weeks after the removal of her growth. I have since had a letter from her, in which she says that there has been no return of the tumor nor of the asthma, but she complains that she has *tinnitus aurium*, with occasional *violent pains in the ear*.

CASE V.—Miss R., æt. 51, comes with the history of having been a very great sufferer from asthma for twenty-three years, and I really believe she comes to me more to laugh at my attempts than with any confidence in the method of treatment; since she told me she had kept herself and all of her family poor with her pet disease, so many doctors had she consulted, so much medicine had she used in vain. Her nose was examined and there was found a cornu-like excrescence from the septum of each side, near the turbercle, which extended across so as to lie

in apposition with the middle turbinated bones. There were hypertrophies of these latter bodies on both sides. Her lungs were said to be emphysematous on both sides, so I went at her with a lack of confidence myself. She returned the next day with a smiling face, saying that so well did she feel immediately after the cautery that she took a long walk, something she had not been able to do for years without having an attack of asthma which was almost unbearable.

The lady is still under treatment, but has had no return of spasmodic asthma, although she sometimes feels oppressed in her chest. She has a cough and expectorates light, frothy mucous. The cough seems to have been increased by the galvano-cautery.

CASE VI.—Mrs. L., æt. 43, came for examination because of asthma of twenty-two years' standing. Her nose presented much the same condition as Case V. There were cornua extending from the tubercle of the septum of the nose across the entire area of the nostril on both sides, also hypertrophies of middle and superior turbinated bones. Her asthma was very violent she said, and she, too, could only find relief in going into very high and dry altitudes. Cautery applied so as to cut off the cornua and applied flat to the turbinated bones. No return of asthma to date, but the patient is still under observation.

CASE VII.—Mr. M., æt. 56, a native of Ireland, came to my clinic in the Charity Hospital complaining of his nose and also saying he had asthma. Examination of his nose revealed hypertrophy of the tissues in vicinity of the tubercle of the septum, also hypertrophy of the middle turbinated bones. Was also suffering from bronchitis, for which he had been treated for a long time. Cough very distressing. Cautery applied to all hypertrophied tissues and all symptoms relieved, but not entirely done away with. His cough continued and seemed to be worse for a few days, but not so his asthma.

After second cautery no difficulty of breathing. Was

caught in a rainstorm; asthma returned for a whole night. Cauterized and asthma disappeared, but cough continued, as also expectoration. Gave him warm vapor applications, and after five days cough also much relieved, so that now he can sleep the whole night through, a thing which he had not been able to do for years.

CASE VIII.—Miss B., æt. 21, of Louisiana, consulted me on account of a diseased condition of her nose which had existed for ten years (about). Informed me that her nose felt as if it were stopped up almost all the time, and very frequently she was attacked with asthma so that it was impossible for her to recline even in a chair. Had to “brace herself against something to get her breath.” Examination of nose revealed extensive hypertrophies of the septum of nose, also of turbinated bones, but no polypi. Applied electro-cautery, both flat and cutting, under cocaine. Energetic bleeding, because platinum electrode was too hot. *No return of asthma after first application.* Sometimes when the cocaine was instilled she immediately complained of a sense of complete stoppage of the nose, even when I could see entirely through that organ into the vault of the pharynx. This feeling was always done away with by the cautery application. Running of nose ceases when the immediate effects of cautery has passed off. No sense of stopping of nose nor of asthma for three weeks, but patient still under observation.

CASE IX.—Miss F., æt. 20, of New Orleans, was sent on account of epileptiform attacks and difficulty of breathing. She had had three or four spells a day, at intervals of about one week apart. At these attacks she would lose control of her voice and all power of locomotion, but never completely lost her consciousness—*petit mal*. Examination of her nose showed hypertrophy of the septum and turbinated bones, but more in their posterior parts. Applied the galvano-cautery flat under cocaine. No recurrence of asthma nor *petit mal* when she returned after two weeks. Applied the cautery again, and no return for

two weeks more. Patient still under observation. She is very much pleased and cheerful.

CASE X.—Mrs. W., æt. 37, of Louisiana. Consulted for a polypus which had been diagnosticated correctly by her family physician, but he and several of his confrères were unsuccessful in attempts at its removal. Examination of the nose showed a large polypoid growth completely filling the posterior part of left nostril, also protruding about one-half inch into the vault of the pharynx. Removed polypus with cold snare under strong cocaine. Tumor was about one and one-half inch long, one inch thick and one-half inch in other diameter. It filled nasal cavity so tightly that Belocq's sound had to be used, and the snare directed with a cord, and then by two fingers passed up behind the soft palate. Removal of tumor caused amelioration of symptoms, but breathing was still labored at night. Three days later removed two more polypi from same side of nose. Applied galvano-cautery flat to the places of attachment. The difficulty of breathing immediately disappeared, nor has there been any return as far as I know. Still I have not heard from patient, she having promised to return and visit me again should her misfortune return.

These ten cases will be sufficient to furnish material for the points I wish to make in the following remarks. They are not by any means all which have come under my observation within the last half year, but they will be found to be sufficient for our purpose. I may say, however, that the great majority of cases which I have in my note-book furnish conditions which are entirely similar to those just narrated; therefore a further record of them would be superfluous. At some later day they will be tabulated and presented in another paper and for another purpose.

REMARKS.

The day has come in the time cycles of our science when hero worship is a positive crime, and I am firmly convinced that in the past the blind reverence for the opinions and

sayings of men of acknowledged power and wisdom has done more towards retarding the progress of scientific medicine than the combined efforts of all those worthy workers whose only object has been the *truth and nothing but the truth* has been able to push it onward. Indeed we are not alone in our misfortune in this respect.

Can any one deny the fact, for instance, when he contemplates the various phases through which the science of optics has passed, that the ideas and writings of Sir Isaac Newton have retarded that science for nearly one hundred years? Sir Isaac Newton, one of the grandest minds the world has ever produced, the genius to whom the reverence of all future generations is due! He of all others has perhaps done us more harm in this one branch of knowledge, with his blind advocacy of the emission theory of light, than he ever did us good. Because, had the scientific world remained steadfast in their adherence to the material nature of light it is highly improbable that the grandest enunciations ever made by man would ever have been realized, viz.: the unity of force and the indestructibility of energy.

Far be it from me and my purpose to belittle the work and attainments of any one who has worked well and conscientiously; but in the views which are held in medicine to-day it is much more becoming to us and much more dignified to lay aside all matters of uncertainty and cling to what is *known* or what is simply and purely *science*.

From an historical standpoint it is well for us to treasure up the sayings of so-called great men, and even more important from a standpoint of the gradual development of scientific medicine. But let us remember that the saying of a thing is one thing and the proof of that same thing is another.

Therefore, with reference to those who have held and still hold ideas about the etiology of spasmodic asthma, which differ radically from those which are advocated more recently, I would simply ask them to consider our facts and

weigh them well. Let the facts speak for themselves, and take no man's words for their gospel; and if after a just consideration of these facts they are forced to the conclusion, which it seems to me they will be, then let them adopt the results and act accordingly. But accept no man's *opinion*, not even trust their own. Act independent of the so-called authorities. Let us work out our solutions until they become our own. And besides it has always seemed to me that those medical Micawbers who are contented to be always waiting for something to turn up and nothing more, to say the least, are to be pitied, because when that something does turn up and they gulp, they are just as liable to gulp a fiction as a fact. But facts are the building stones with which we must form our structures. An opinion is sometimes of value—that is as long as the major premise is a contingency; but a fact is a fact, and depends for its dignity upon the recognition of no mortal man.

Therefore let us to the enumeration of facts, and then to the grouping of these facts, in connection with the etiology and cure of spasmodic asthma.

If I mistake not it was Voltolini who first called attention to the circumstance that he had often cured cases of spasmodic and hay asthma by treating and curing diseased conditions of the mucous membrane and other tissues of the nose,* and since that time many authors have reported cases of like success, viz.: N. H. Daly, Roe, Hack, John Mackenzie, Lenox Brown, Dundas Grant, Sir Morrel Mackenzie, Bosworth and many others.

Sajous, of Philadelphia, in his department of that most elegant work, "Annual of the Universal Medical Sciences," 1888, page 266, says under hay asthma: "Nothing of much importance has been added to our knowledge of the etiology of this affection during the past year. Although exceedingly interesting the discussion at the annual meeting of the American Laryngological Association elicited

*Voltolini, Galvano-Kaustic, pp. 246-312, Breslau, 1871.

nothing but the fact that the divergence of opinion still exists between those who consider the affection as a pure neurosis, with a periodical exacerbation, and those who ascribe the disease primarily to an irritation of the nasal mucous membrane.”

Thus we see that on a subject closely allied to that of spasmodic asthma the *opinions* of those who have paid some attention to this special form of disease begin to differ, and honestly differ.

Then comes another galaxy of equal brilliancy who state most positively that spasmodic asthma is essentially a disease of the nose, and still another declaring that no case of asthma is caused by any other process than one which sets the Schneiderian membranes at fault. Conspicuous among these latter is our Bosworth, of New York, certainly a man of rare attainments, also of sound and honest judgment. And he goes still further, declaring that no catarrhal disease, even of the larynx, can exist without a previously existing catarrhal condition of the nose.

Lenox Brown, in referring to the production of asthma by polypoid growths of the nose, sets forth the fact that he has cured many cases of asthma in which the growths existed, but also cites cases where asthma had continued after he had removed those excrescences from the nasal cavity.

In this connection it were well worth while to state that in the great majority of cases where asthma and polypi have existed simultaneously that both asthma and polypi made a simultaneous exit, even if we do hold in reserve for the present any expression of their relation of cause and effect.

But looking over the field, and still holding ourselves in what Swedenborg would call the “*receptive state*,” we cannot but be surprised at the fact that many cases of spasmodic asthma which have resisted all medication for five, ten, fifteen and even twenty years, have quietly and rapidly disappeared with a proper treatment of concomi-

tant nasal diseases. This is a positive fact, and as such needs no apology, whether we accept it or understand it, or not.

The next link in our chain of *fait accompli* is to determine with what form of nasal disease is asthma most frequently associated; and as the general experience agrees with our recorded cases in the main, let me refer to them, as we have them in minute detail.

It will be observed that these cases, nearly all of them, exhibit hypertrophies of the septum of the nose near the tubercle, where the bony and cartilaginous tissues are in apposition. Also the same condition of hypertrophy of the middle turbinated bones; structures of erectile tissue; also the superior turbinateds. We have asthma demonstrated in polypoid growths from the middle turbinateds and from the ethmoid plates. We have it in cases of adenoid growths in the vault of the pharynx, Lusca's tonsil, etc. Again, we have cases of asthma concomitant with the lodgement of foreign bodies within the nasal cavities.

It would therefore seem that almost any condition which rendered the mucous membrane of the nasal cavities in a constant state of venous engorgement, and consequent nervous irritation would be liable to be accompanied with a reflex condition of bronchial spasm and asthmatic breathing.

Again, in my private practice, as well as in my throat clinic in the Charity Hospital of this city, I meet with many patients who have the very conditions which are usually associated with asthma, but whose breathing is entirely free and easy.

But surely we cannot hold this as in any way antagonistic to the idea that when asthma does exist with nasal irritations they are the cause of the former condition. In fact we have a multitude of instances in which an irritation in one part of the body may cause a profound nervous disturbance in another, and just where the second is a *reflex* manifestation from the first.

And, again, it often happens that a causal influence may work one way at a given time and in an entirely different way at another *in the same individual*, depending perhaps upon some momentary cachexia or fleeting idiosyncrasy. And here again are we brought with force upon the fact that when any irritation once commences to excite reflex irritations, no pathologist nor physiologist can possibly divine when, where or to what extent this reflex irritation will manifest itself. But if we are inclined to trace a path by which a trouble in the nose can cause a reflex irritation in the tissues of the lungs we are not obliged to seek in hidden ways, and the track must be open and clear to all of us.

But to exclude all possible controversy, and to base what is intended to be demonstrated in our paper upon what we know to be the truth and nothing but the truth, let us confine ourselves to an analysis of what our cases teach us, and pass on to the treatment of nasal diseases which have coëxisted with spasmodic asthma, and under which the nasal disease and the bronchial irritation have ceased simultaneously with appropriate treatment.

TREATMENT.

There are other plans of treatment, of course, which would lead in the long run to equally good results as the electro-cautery, but surely there are none which are more easily managed, more simple or more rapid in their results, and I am free to confess that so much confidence have I in it and so readily do my patients take to it that I have used no other, nor do I wish to do so.

However all who write about their experience with electro-cautery, where the current is obtained from any form of battery, are constantly complaining that this method of obtaining a current is not satisfactory, causing them a great amount of worry, because in the first place there is a deal of trouble in keeping the batteries properly cleansed and in good working order. It also frequently happens that unless these batteries are in constant use they are not

in good condition just at the time when it is desired to use them.

Therefore, to do away with all such contingencies, I have had my brother, Prof. Brown Ayres, of the Tulane University of Louisiana, to plan for me and place into position an electric contrivance, which is beautiful in its simplicity and as regular and constant in its working as any instrument could possibly be. I intend later to give a more extended narration of cases, and at that time will give the working drawings of this apparatus. At present I will only say that the current is obtained from the Edison system, and is as constant, safe and as thoroughly under control as anything could be.

If we examine our cases a little more closely we will find—in the first case a woman of fifty years has had spasmodic asthma for twenty years. Nothing relieved her except during one of her attacks, and then only that kind of medication which would act very profoundly on the mucous membrane of the nose. Morphia in large doses was of service on account of its general anæsthetic effects. Whisky was also of benefit for the same reason, and on account of its fumes passing out of the nose during expiration. Stramonium smoking was of momentary service likewise on account of its fumes coming in contact with the nasal tissues. She was *immediately* relieved by electro-cautery to the nose, but why it should have such a sudden action it is very difficult to say. It is, however, certain that now, for over two months, she has not had a single attack of spasmodic asthma, but still her nose is not in an entirely normal condition. We cannot say, of course, that she is cured, for that only time can tell.

Case two gives us a more definite reply to the question as to whether there is any direct connection between nasal pathologies and spasmodic asthma. Here we have a poly-poid growth of long standing, with asthma associated. We remove the growth and asthma is immediately done away with. The growth returns and with it the asthma, the

latter increasing in severity as the polypus increases in size. This very morning I see the patient with a severe attack of asthma, and examining the nose the polypus is even larger than before. Removed the polypus and his asthma disappears. Can anything be more definite?

Case four is equally interesting because her polypoid growth was a single one, and her asthma went like magic, along with her growth. Electro-cautery was applied to its attachment, and there has been no return of the polypus, and also no demonstration of bronchial irritation.

Case five is still more interesting, because along with her nasal pathologies she has emphysema of the lungs and bronchitis. Here also the asthma is relieved entirely, notwithstanding the fact that her lung trouble remains, and her relief comes with the very first cauterization. Are we not justified, therefore, in considering her lung troubles as secondary to those of her nose? The woman says she sometimes feels oppressed, but we can forgive her this when she has both bronchitis and emphysema of her lungs.

Case seven complains that the cautery seems to increase his cough, which is sometimes to be expected, because if there be such an immediate connection between the lungs and the nose a violent irritation like electro-cautery when properly applied, should have a profound effect upon the lining membranes of the bronchial tubes. We can also substantiate the fact that his cough only comes on after the effects of the cocaine have passed away. This case, therefore, is even more emphatic than the others.

Case eight gives an illustration of the fact that the cautery when too hot does not act as a hemostatic, and therefore should only be used at a moderate heat (dull red). But this can be regulated to the greatest nicety by the arrangement I have for the purpose and which will hereafter be described. The hemorrhage was however stopped by applying the cautery at a more moderate temperature.

Case nine demonstrates the fact that asthma was cured and also that the condition of petit mal (epileptoid attack)

suddenly ceased on application of the electro-cautery to diseased conditions of the nose. Here the pathological process was further back on the turbinateds and also on the septum, as is usually the case in epileptiform troubles, which are reflex from nasal diseases. This patient may not be considered cured, but it is now several weeks since she has had the slightest unpleasant symptom.

Case ten is also instructive, because in it we find a woman who had had asthma for several years, and from whose nose I removed a large polypus. Her asthma was much improved by this removal, but still she had slight attacks until she came to my office again (three days). At that time I removed two more polypi and the attack suddenly ceased.

In order to be entirely conservative it might be said that there still remains some doubt as to the absolute dependence of spasmodic asthma upon diseased conditions of the nasal tissues, but in the light of these cases it cannot possibly be doubted that the treatment of them has certainly cut short asthmatic attacks which no medication had been able to influence, some of the individuals having had the very best medical advice.

My own views, which are based upon a certain amount of experience, are very pronounced, and I am convinced, first, that if not all cases of asthma, certainly a large number of cases are due to nasal disturbances. This, however, I can assert as a positive fact, that every case which has come under my observation which had spasmodic asthma and nasal disease, the asthma has been quickly relieved, and no case has ever had a single attack after the disease of the nasal tissues had been conquered by proper treatment.

I am not yet prepared to accept Bosworth's dictum in toto, that all cases of asthma are caused by nasal diseases; but I must say that as far as my experience has gone I have not had a single case which I can urge up against him, and therefore, as far as I am concerned, I must hold his assertions in profound respect.

But to be perfectly fair, and to give both sides of the question, let us reproduce the general opinion as expressed by men who are not specialists, and in so doing we cannot do better than to quote from the Annual of the Universal Medical Sciences, 1888, page 383:

“*Asthma*.—Schlemmer reviews the principal experiments upon which the German physicians place their greatest reliance. *Traube* admits that in normal respiration the CO_2 which accumulates in the lungs excites the crepitant fevers. When the lungs were charged with CO_2 *Knoll* found no inspiratory movements, and *Brown Séquard* found a contraction of the bronchial muscles. *Zuntz* and *Gypur* conclude from their experiments that the blood exerts a direct regulatory influence on the respiratory centres, not only on account of the existence of oxygen and CO_2 , but also on account of an undetermined substance produced by muscular activity, the action of which continues for sometime, even if oxygen is in excess. *Bremer* has continued his experiments to discover the cause of bronchial asthma, and states that the acute distension of the lungs is now a generally recognized characteristic feature of the asthmatic paroxysm; but considerable controversy has been raised as to how this condition is brought about. His theory is that it is a bronchial spasm, and a very large number of observers, among them *Germain Sée*, attributes it to diaphragmatic spasm. *Bremer* has endeavored to show by his experiments that simple lung enlargement cannot be identified with the lung enlargement of asthma. The catarrhal symptoms and dyspnoea usually remaining after an attack of asthma are not due to a catarrhal affection, but are caused by a bronchial spasm, and on this hypothesis only can we satisfactorily explain all the clinical symptoms following an attack of asthma.

“*Lazarus*, of Berlin, says that in fifteen per cent of all the cases the disease can be proved to be hereditary. *Schadewald* maintains that bronchial or true asthma is due to a neurosis of the trigeminal nerves.

“*Fraser* states that the great difficulty in asthma seems to be to expel the air from the chest, and the respiratory muscles are strained to the utmost to accomplish this end. The normal relation between inspiration and expiration is found to be reversed; sometimes the latter is two or three times as long as the former. *Anatomical lesions sufficient to account for this disturbance have not been found,** and the theory generally accepted is the one advanced by *Cullen, Romberg* and others, that it is brought about by a spasmodic contraction of the bronchial muscles.

“*Brandau*, of Kassel, contributes a lengthy article on the relation of habitual hyperhidrosis pedum and bronchia asthma. He believes that pharyngitis, rhinitis and tumors found in the naso-pharynx, etc., have no causative relation to bronchial asthma. In a large number of patients we find hyperhidrosis antedating the asthma, and the relief of the former causes the appearance of the asthma as well as of the mucous membrane complications. He reports three cases in which the hyperhidrosis pedum being checked, the asthma was cured. He believes that the stockings being continuously wet and the feet constantly cold, frequently causes asthma.

“*Treatment.*—It is claimed by *Salter* that every case of asthma has a climate that will cure it. At the same time we have no means of judging beforehand what climate will be of benefit. It is a generally accepted fact that the dusty, smoky and dirty air of the city is of more benefit or better than the pure air of the country. *Pyridin*, introduced by *Germain Sée*, is claimed to be very efficient, whether the disease is of cardiac origin or otherwise. A drachm of the drug is placed on a hot plate in a small room, the patient paying frequent visits to the room and inhaling the vapor. After two or three séances the râles disappear, the expectoration is free and sleep at night is once more obtained. In many cases the improvement is permanent, while in others the effect of the medicine

*Italics my own.—Ayres.

passes off in five or six days. In this latter class of patients the pyridin treatment is of good service when the patient can tolerate it. *Kelamin*, of Buda-Pesth, has found pyridin successful in both inspiratory and expiratory dyspnœa, subjective and objective being alike relieved. The peculiarities of the patient seemed to some extent to influence the result.

“*Dr. Solis Cohen* reports a case of asthma cured by the *Bergeon* method. One injection caused instantaneous relief, and after six injections the patient professed herself better than she had been for years, while auscultation revealed only normal breath sounds. This report confirms the experience of *Morel* by the same method.

“*Fraser* praises the good effects of nitrite of amyl in the dyspnœa of asthma. This drug causes a dilatation of the blood vessels of the bronchi, and when administered frequently in small doses the dyspnœa, dry râles and cough soon disappear. *Fraser* believes that conclusive clinical evidence can be brought to bear that the diaphragm is not involved in the production of the dyspnœa of asthma. Where this symptom is produced by an accumulation of mucus or other inflammatory products, the nitrites would naturally fail to give complete relief or to silence the abnormal sounds.

“*Benjamin Walker*, while treating this affection on the same principles as to cause, employs different remedies. He claims that the nitrites produce only temporary relief, and calls attention to the value of hyoscyamus given in $\frac{1}{150}$ of a grain doses every half hour until the spasm disappears. Usually it requires about three doses to bring about this result. Small or tonic doses of arsenic combined with the hyoscyamus have a good effect generally, preventing the tendency to adynamia.

“Quebracho root, in doses of 5 to 10 centigrams internally, has also been recommended. *Euphorbia pilulifera* is considered by *Matheson* to be useful in asthmatic affections. *Masset* and *Séc* have found that it acts on the

nerve centres, exciting the respiratory and cardiac and then depressing. *Dujardin-Beaumez* has had success with the drug in asthma and emphysema. In cardiac and uræmic asthma all its good properties are brought out.

“The burning of nitre or the smoking of nitre cigarettes is a simple plan of relieving asthma. When employed during an attack relief is only partial, but when used just before an attack comes on it is a most efficient agent and highly extolled. A mixture of tobacco leaves with one-fourth part of stramonium will make a cigarette as useful as any of the special preparations sold for the purpose. The respirations should be as deep as possible, in order that the fumes should reach all parts of the lungs.

“*Lazarus* believes that where general scrofula, pertussis, etc., act as predisposing causes to asthma, special attention should be directed to anti-scrofulous treatment, particularly of the nose and pharynx. He regards operative treatment necessary in cases of swollen mucous membrane, hypertrophied tonsils, chronic ozæna, etc. Among the new remedies for asthma he has found paraldehyde, pyridin and nitrite of sodium of little or no value. Amyl nitrite he has found useful in several cases, in doses of four to five drops placed upon a cloth, the patient inhaling the vapor. Nitro-glycerine, cocaine and galvano-cautery have also been beneficial in some cases, but the sovereign remedy with him appears to be the iodide of potassium administered with chloral, not less than one gram. of each, once or twice during each attack. *Lazarus* also considers the pneumatic cabinet of the greatest benefit in such affections. In the discussion following the reading of this paper at the Berlin Medical Society the general consensus of opinion seemed to be that the number of cases in which asthma was benefited by cauterizing the nasal mucous membranes on the turbinated bones was extremely small.

“*Schadewald* believes that asthma should be treated by faradization of the trigeminal nerves. *Lublinski* thought that iodide of potassium deserved the name of a specific in this affection.”

The foregoing is very interesting, as presenting the recent observations recorded in medical literature, but I must say that the results therein contained and those brought about by appropriate treatment of the nose in spasmodic asthma, if they be compared, need no commentary at this time from me.

HOSPITAL REPORTS AND CLINICAL NOTES.

SURGICAL MEMORANDA FROM THE CHARITY HOSPITAL.

By RUDOLPH MATAS, M. D., Visiting Surgeon.

✓ *Symmetrical Necrosis of the Alveolar and Palatine Processes of both Upper Maxillæ in a Syphilitic Subject.*— J. Beck, white, æt. 27, laborer, presented himself for treatment at the outdoor clinic, ward 8, Aug. 29, 1887. The patient, a tall, cachectic, thin individual, complained that for some weeks past his upper gums had become very sore, and that his teeth, which heretofore had been in good order, had gradually become loosened, dropped from their sockets, so that when eating he had to be careful to avoid the risk of suddenly wrenching them away and even swallowing them. He also complained that for some days before presenting himself at the clinic his gums had become exceedingly tender and painful, especially at nighttime, and that all about the vicinity of the teeth the soft parts had become detached, giving issue to a grayish, foul pus. The patient gave an obscure history of chancre contracted some five years previously. In the meantime he had apparently failed to notice any decided syphilitic manifestations, excepting a marked alopecia, and was consequently very skeptical as to the syphilitic nature of his present trouble. There was no history of mercurialism, phosphoric intoxication or tuberculosis.

On examination it was found that two molars, two incisors and one canine, all that remained of his upper denture, were very movable, so that with little traction they could have been easily removed. The empty alveoli

of the missing teeth presented a peculiar appearance. These cavities were deep, grayish, and filled with a very fetid pus. No reparative action had taken place, the walls of the cavities remaining inert and lifeless, and exposing the dead bone. The flat end of a probe was readily insinuated between the gum and the alveolar process, revealing the fact that the alveolar semi-arches and the palatine plates of the upper maxillæ were entirely necrotic.

Diagnosis.—Syphilitic symmetrical necrosis of the alveolar and palatine processes of the upper maxillæ.

Treatment.—Operative. As a preliminary the gums and palatine mucous membranes were anæsthetized with a four per cent. solution of cocaine hydrochlorate injected interstitially. The remaining teeth were readily extracted. Then with a knife and periosteal elevator the mucous membrane was rapidly separated from the alveolar process and palate. The necrotic area was distinctly defined above by a line almost corresponding to the floor of the nares. The palatine mucous membrane was completely detached with its periosteum back to the palate maxillary suture, where the necrosis, which was entirely limited to the upper jaw, appeared to end. With the chisel and a few strokes of the mallet the large alveolo-palatine sequestrum was loosened from its attachments, so that with slight traction with bone forceps the whole mass, which was shaped like a horse-shoe, came away, leaving the nasal cavity almost completely exposed and communicating directly with the mouth. Two flaps of mucous membrane were left hanging, one vertically from above; the other, long and tongue-shaped, flapped down loosely like a curtain from the palate. After using a detergent wash and staunching the slight oozing that had followed the extraction of the sequestrum, the palatine and gingival flaps of mucous membrane were readily brought together with silver sutures, and the ugly gap remaining after the removal of the sequestrum completely obliterated. The patient was imme-

diately placed on a specific and tonic régime, and a nasal antiseptic douche and mouth-wash ordered. In spite of this considerable suppuration followed; some of the silver sutures gave way, but granulations sprang up luxuriantly and in the course of three weeks the roof of the mouth, though much flattened, had completely cicatrized, and, outside of the loss of the palatine arch, had returned to almost its normal condition.

Extensive Syphilitic Necrosis of the Bones of the Nose.—Extraction of the Sequestra through the Nares and through a Palatine Fenestra, with Relief of Ozæna and Apparent Cure.—Ferdinand Johnson, negro, laborer, æt. 48; admitted in ward 2, May 22d, 1886. Had chancre about three years before admission, but very likely the origin of his syphilis dates from a longer period. He had a polymorphous eruption, specific pharyngitis and osteoscopic pains. Attention is at once directed to the nose and mouth by the exceeding fetor of the breath. This odor is sickening and unendurable. Examination of the mouth reveals all the teeth of the upper jaw in a carious condition, a few molars, the two canines and three incisors only remaining; all are loose and can be readily removed with fingers. The gums are red, swollen, soft, evidently much inflamed. The gums can be readily detached from the alveolar border, revealing a pyorrhœic condition. The roof of the palate presents a circular ulcer, with great loss of substance, infiltrated, thickened edges, pointing apparently to an ulcerated gummatous deposit. The osseous vault of the palate is visible at the bottom of the ulcer, necrotic, eroded and suppurating. A probe can be readily insinuated between the mucous membrane and the bone, greyish pus of the most offensive character issuing freely after the withdrawal of the probe. Anterior rhinoscopy reveals the nares almost blocked up with necrotic and inspissated purulent debris. After washing these parts with carbolized solution it is discovered that the greatest cause of obstruction are the inferior turbinated bones, which are de-

nuded, thickened and movable in both nares. Evidences of still greater necrosis are also recognizable in the septum and middle meatus.

Treatment.—Without any more anæsthesia than a swabbing and interstitial injection of cocaine solution (four per cent.) the attempt is made to remove the loose necrotic fragments. The inferior turbinated bones were first seized with a strong pair of dressing forceps and detached from their connections by a few vigorous wrenches. The bones came out entire, but considerable difficulty was experienced in extracting them even through the large dilated nostrils of the negro. Further exploration reveals the middle turbinated bones to be also necrotic and both were removed in the same manner. The vomer was also exposed, and the blades of the forceps were readily insinuated between it and the diseased septal cartilage, and an attempt made to dislodge it. This was done after considerable traction had been exercised, owing to which it appeared that the floor of the nares, corresponding to the palatine sequestrum, visible through the mouth, began to move, having evidently become loosened from its moorings. In view of this the palatine mucous membrane was incised backwards and forwards in the median line, and completely detached from the palatine sequestrum, which was found to involve almost the whole osseous vault of the mouth. The line of demarcation was recognizable, and after a few strokes of the mallet on a narrow chisel the whole sequestrum was readily dislodged and seized with bone forceps, and with comparatively little traction the palate came away, leaving a large fenestra, which communicated directly with the nose and allowed a ready access to the nasal cavity. The vomer which had been deflected and almost detached by previous manipulations was now readily extracted, completely necrosed, through the mouth, and without a part of the perpendicular plate of the ethmoid. The nose and mouth now formed almost one large cavity, the blood and the secretions from both cavities mixing up as if in one.

Through the newly-made palatine fistula the whole of the nasal cavity could be readily inspected, sponged and explored with the finger, and by this a number of smaller necrotic spiculæ were removed. At least a handful of dead bone had been removed. The pain had not been as great as would be imagined, owing to the fact that the parts removed were dead. The hemorrhage was also insignificant, as the operation was almost entirely subperiosteal. The nose was thoroughly irrigated with a detergent wash, and the superior and middle meatus stuffed with cotton saturated with iodoform. The flaps of palatine mucous membrane were allowed to granulate.

The patient was placed under a vigorous antisyphilitic treatment, and the nose and mouth frequently washed out with the following, usually prescribed in our clinic for septic conditions of the mouth :

R̄. Acidi salicylici, ʒi; acidi boracici, ʒiii; hydrarg. bichloridi, gr. ii; olei eucalypts., ʒi; alcoholis et glycerinæ, ʒiii; aquæ menth. pip. q. s. ad. ʒviii. M. S. Two table spoonfuls in half a glass of water as a mouth wash every hour.

Under this régime and careful local treatment the patient rapidly improved and the palatine orifice narrowed down to a comparatively small fistula, which could be easily remedied with an obturator; and the fetor, which had been so unbearable in the beginning, finally became imperceptible. He was discharged one month after the operation almost well, the palatine fistula alone remaining.

This patient was readmitted in the same ward, March 3d, 1887, for multiple gunshot injuries of the abdomen. It appears that owing to some indiscretion committed in a camp meeting he was peppered with bird shot over the abdomen, the whole load being scattered over the whole abdominal surface. Some of the shot penetrated and peritonitis was set up. The patient became exceedingly tympanitic and delirious. His fever never rose to very great height, however, and bore no relation to the extra-

ordinary cerebral disturbance which characterized the patient's illness. The patient was in a perfectly maniacal frenzy, almost exclusively of a religious character. This led me to fear that the brain disturbance might be partly attributable to further and higher encroachments of the syphilitic disease of the nose. On examination it was found that the fistula still existed in the palate, but perfectly cicatrized; that the nose had been flattened, owing to the absence of septal support, and that there was a very slight fetor. No more necrotic bone, however, could be seen (anteriorly) or felt. The patient was placed under heavy doses of chloral, bromides and morphia, and, finally, after over two weeks of total unconsciousness, completely recovered. He was discharged April 21, 1887, apparently entirely well.

NOTE FROM ANATOMICAL ROOMS OF TULANE UNIVERSITY.

Pathological Gastro-Enterostomy (Wölfler's Operation.)
—The following curious case, illustrating nature's method in overcoming obstacles and performing conservative operations, came under my observation in the anatomical rooms of Tulane University during the session of 1887-'8.

While examining the contents of the abdomen of an adult, white, male subject, my attention was immediately directed to the existence of large cancerous deposits in the stomach, liver, pancreas and mesenteries. I could not positively determine the seat of the primary deposit, as the disease appeared to have sprung up simultaneously in many localities. I began by examining the stomach, which was smaller than usual, empty and hidden in the left hypochondrium. After laying it open it was discovered that there was a complete atresia of the pyloric orifice, so much so that not even a fine bristle could be passed through it. This was due to a very thick and hard ring of scirrhus infiltration, which involved the pylorus and first part of the duodenum, both of these parts being firmly fixed and adherent to the transverse fissure of the liver, where a large cancerous mass was already beginning to encroach upon the por-

tal vessels. On examining the stomach further it was found that at the greater curvature, at a point vertically opposite the cardiac orifice, there was a circular, smooth opening, evidently of old standing and large enough to admit the index and middle finger together. This opening lead directly into the transverse colon, with which the stomach was firmly and largely adherent. It was plain, therefore, that the contents of the stomach, whether liquid or solid, must have escaped directly into the large intestine, without undergoing absorption and almost immediately after their entrance into the first viscus; since the new pathological gastro-colic fistula had no sphincter to prevent the exit of the gastric contents. It was also noticed that the small intestines were exceedingly atrophied, small, completely empty and evidently enjoying long functional rest. The whole of the colon, and especially its transverse, splenic and descending portions, were much disturbed with gas and presented a uniformly enlarged appearance. The small intestines were bound down in many places by adhesions with the enormous cancerous masses which sprung from the mesenteric glands.

On further examination by Messrs. Kohnke and Soniat, the alumni who were dissecting the subject, confirmed by Dr. A. McShane, assistant demonstrator, and myself, the urinary bladder was found extraordinarily atrophied; so much so that its recognition from the abdominal aspect was a most difficult matter, the viscus being identified only and positively by passing a bougie through the urethra. It had shrivelled up so completely that only the beak of a No. 12 S. could be admitted into its cavity. The kidneys presented a small, atrophic appearance, though the proportions between the medullary and cortical portions were well preserved, and the capsule peeled with ease. There was otherwise no other very pronounced abnormality in the abdomen.

In spite of the tumor at the portal fissure there was no ascites. The emaciation of the subject was extraordina-

ry and in thorough keeping with the peculiar state of affairs discovered in the abdomen. It was estimated that the total weight of the subject could barely exceed 75 pounds.

The clinical history of this remarkable case would have proved deeply interesting when considered in connection with the *post mortem* facts. That the patient had survived a considerable time after the formation of the gastro-colic fistula is not to be doubted, but that he should have lived for any great length of time after the complete closure of the pylorus is quite difficult to understand. Certainly the abnormal atrophy of the urinary organs, disconnected small intestines, etc., all tend to prove that for a certain time at least eating and drinking must have been practically profitless to this man, for whatever he did admit into his stomach must have escaped almost as quickly from the anus. In tracing the case back to the hospital it was ascertained that the man had been admitted in a quasi-moribund condition, marasmus from chronic diarrhœa being the suspected cause of death.

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A CASE OF GANGRENE FROM SNAKE BITE (?)

Reported by B. D. WATKINS, M. D., House Surgeon, Natchez City Hospital.

On the morning of July 28th, 1888, there was brought to the hospital a white boy, aged 17, with the following history and in the condition described:

On the 16th day of July, 1887, while at work in a field he was bitten by a moccasin snake upon the right instep. He was made to drink a large quantity of whisky and made a prompt recovery. The immediate effect of the bite caused the foot to swell, though not to any considerable extent. A few days after, at the point where the fangs had entered, a large vesicle made its appearance. This rupturing left a shallow ulcer, which, under some simple application, healed kindly, and at the expiration of two or three weeks his foot was to all appearances in its normal condition and in every way an equal of its fellow.

The patient at this time and during the year which followed was a resident of Concordia parish. He suffered from an occasional attack of malarial intermittent fever, but nothing ever of importance, and up to the present trouble was considered to be a strong and healthy youth.

On the afternoon of July 25th, 1888, while at work in a field, he complained to his stepfather that he had a pain in his heel. The pain was not sufficient to cause him to stop work. On going home in the evening the pain still continued, and an examination showed the foot swollen, and firm pressure about the instep and ankle developed considerable pain.

On the following day (26th) the swelling of the foot and ankle was much increased, as was also the pain and tenderness. During the evening of this day there was first noticed a slight discoloration of the foot, also that the integument of the bottom of the foot was raised as by a blister. This was incised and a fluid of a dark red color was evacuated. Up to this time nothing serious was even thought of and no especial treatment was instituted, except that the stepfather, learning that the patient's bowels had not moved for two or three days, gave him a dose of calomel. On this evening his temperature was rather high and the patient became somewhat delirious. Living, as he was, several miles from a physician, he received no professional treatment.

27th, morning.—Found condition much worse, the leg beginning to swell and the foot almost black. During this evening he was taken to Vidalia, where medical attention was procured. Nothing save the application of a poultice of charcoal and Peruvian bark to the foot was done. Fever still running high, thirst excessive and delirium constant.

28th.—This morning when the poultice was removed there came away, adhering to it, all the integument of the foot and toes with the nails. The condition was so alarming that he was at once brought to Natchez and taken to the hospital, where I first saw him at 8 o'clock A. M. There

was complete gangrene of the foot and about two inches of the leg, this portion being perfectly black. The discoloration extended half way up the leg, gradually shading off into tissue nearly normal in color. The epidermis here and there around the lower portion of the leg was raised by a number of bullæ. The leg was very much enlarged, the swelling extending to the knee joint. His general condition was very poor, pulse feeble and numbering 126 to the minute; temperature, $99\frac{3}{8}^{\circ}$ F. There existed very marked circulatory stasis, the extremities being of a muddy, bluish hue, and cold to the touch. Pressure with the fingers upon the back of patient's hand, though only applied for a few seconds, left a bleached spot, which took a minute or more to disappear. Complains of thirst; asks frequently for water. His mind still wanders, though he answers questions rationally. Owing to the extreme prostration under which the patient was laboring it was evident that amputation was contra-indicated; so, after the administration of whisky, atropia and digitalis, for the purpose of stimulation, he was semi-etherized, and numerous deep incisions in the axis of the limb were made for the purpose of allowing the fluid which was distending the leg to be poured out. The limb was then thoroughly washed with a $\frac{1}{1000}$ solution of bichloride of mercury, wrapped in bichloride cotton and bandaged, after which he was placed in his ward, a hypodermatic injection of atropiæ sulph. and tr. digitalis was given, also strong milk punch—this last repeated frequently. He was troubled some with nausea, and would now and then vomit a portion of his milk punches, though the greater portion was always retained. He passed a rather restless day, being still somewhat delirious. At 4 o'clock P. M. was given by hypodermatic injection morp. sulph. gr. $\frac{1}{4}$, atrop. sulph. gr. $\frac{1}{200}$. Upon undressing the limb at 5 o'clock P. M. it was found that the discoloration had reached the upper portion of the middle third of the leg, and that the swelling had invaded the lower third of

the thigh. Upon palpation of the outer aspect of thigh, about middle of lower third, distinct gaseous crepitation was obtained.

29th.—Patient rested tolerably well during the greater portion of last night; extremities very cold and pulse and respirations exceedingly feeble; the discoloration has reached the knee, and the gaseous crepitation can be felt above the middle of thigh. During the afternoon and evening patient wildly delirious, crying out to take that snake off and striking himself in his efforts to get rid of this creation of his disordered imagination. Just previous to his death, which took place at 9:45 P. M., he showed an inclination to bite everything and everybody close at hand, his bed-clothing, self and friends. He died very quietly.

RHAMNUS PURSHIANA IN RHEUMATISM.

Reported by F. L. BROWN, M. D., Washington, La.

Since reading the article of Dr. H. R. Goodwin, Assistant Surgeon of the U. S. Marine Hospital, June 9th, 1888, relative to *rhamnus purshiana* in cases of rheumatism, I have had occasion to apply the drug in similar cases with equally fortunate results:

CASE I.—Mrs. R., white, aged 60 years, applied to me with pain in both knees, aggravated by the slightest motion; some slight tenderness on palpation; fever. Ordered a mercurial purge with bicarb. sodium, to be given immediately, followed the next morning by oil of gaultheria, ten drops every third hour, in combination with quinine sulph. and pulv. opii, two grains of former to the latter one, three times a day, continued for five days. Observing no change whatever as regards her condition discontinued the above (oil gaultheria), substituting fluid extract of cascara sagrada in half drachm doses, combined with the glycerine, to be given four times a day. At the expiration of two days began to notice decided improvement in her case, especially as regards intensity of pain, and in six days discharged case cured.

CASE 2.—That of B. T., swamper, colored, aged about 35. Applied to me August 30, 1888. Complained of deep-seated pain, tearing in character, in lumbar region, increased by movements of any kind, especially that of bending forwards, pain being continual, severest at night. Ordered hyd. chlor. mit., sodii bicarb. ää, grains x, to be given immediately, followed by extract of cascara sagrada in half drachm doses, with glycerine, every third hour; counter irritation locally by ammonia liniment. At the expiration of four days patient reported to me as feeling perfectly well.

I report these cases, simple as they are, alike with Dr. Goodwin's, hoping to hear of other medical men's experience in reference to this particular drug.

CORRESPONDENCE.

RICHMOND LETTER.

[Our Regular Correspondent.]

WARM SULPHUR SPRINGS, VA., Sept. 4, 1888.

In a recent conversation at this place with Dr. Hunter McGuire he informed me that he has made a new departure for the relief of those cases of enlarged prostate which are beyond the reach of drugs and which seriously interfere with the general health. A paper on this subject will shortly be read in Washington by the author. His procedure is based upon the following cases: A gentleman, himself a physician of prominence in this State, had been the subject of stone and also of an enlarged prostate, attended with local and constitutional disturbance. After the removal of the calculus by the supra-pubic method it was determined to leave the wound open and insert a drainage tube temporarily in order to relieve the pain and irritation caused by micturition. Owing to an alkaline condition of the urine and a deposit around the wound of

phosphates, the edges of the cut were very slow in uniting. The urine was made acid, the result being increased activity of the healing process; but after the drainage tube was removed a permanent fistula resulted. The urine, however, was well retained and passed at reasonable intervals through the fistula, proving the fact, as the operator and patient had argued, that the muscular arrangement of the viscus was such as to secure through drainage through the wounds. The patient passed at intervals a little urine through the natural channel, but the effort still caused pain. The questions occurred to the operator, "What effect will the operation have upon the parts about the neck of the bladder? And will the freedom from irritation cause a diminution in the size of the prostate?" The patient under consideration was so much relieved that Dr. McGuire subsequently established a suprapubic fistula in a subject of enlarged prostate, the result in this instance being to give great relief. Both cases remain under observation in order that the final results may be carefully noted. The writer also holds that his first case proved that *acid urine is aseptic*.

The subject of yellow fever has been exciting some interest here. Norfolk is quarantined, although the authorities have been petitioned to remove the quarantine against the city as a measure which is useless at present and which interferes with general business.

Dr. Stratton, formerly President of the Board of Health of Richmond, is in Alexandria at present, his duty being to inspect the passengers on trains bound for Washington. The health of the State at large is good. Typhoid fever, ascribed by the local physicians to defective drainage and impure drinking water, has prevailed in and around the village of Wachapreague on the seaside. Steps have been taken to have these causes removed. The health of Danville has materially improved since the adoption of the sewer system, and little or no malarial fever has been known in that place during the summer. Charlottesville has had a

good deal of sickness of late, the cases, however, being mild. An epidemic of typhoid fever prevailed during July in the town of Madison, Amherst county, opposite Lynchburg.

Dr. Maurice Fitzgibbon died in Norfolk, August 19th. He repeatedly served as a valuable member of the Board of Health in that city. Dr. H. D. Bell, a prominent physician of Pittsylvania county, is also dead.

Assistant Surgeon John F. Uric has been ordered to the navy yard at Norfolk.

The health of the visitors at this place during the summer has been unusually satisfactory—to the visitors. We have had quite a group of doctors here—Drs. Martin, of Savannah; Finney, of Accomack; Ancrum and Simms, of Charleston, S. C.; Walker, of Baltimore; Aiken, of Louisville, and McGuire, of Richmond. The very presence of these healing gentlemen seems to have had a prophylactic action. People look at them—and are cured. Yet the R. P. usually has something to do, and the present season has been no exception to the rule. It is unfortunate, however, that our healing resorts are not conducted upon more scientific and reasonable principles. Patients go upon the drink-and-bathe-as-you-please regulation, and help the doctor by trying to dodge him. The Meteorological Bureau of the United States is sending out circulars to the various watering places asking for a great deal of information which is not easily obtainable; and it is to be hoped that in the future the owners of these invaluable fountains of health will manage them in such a way as to make them redound to the benefit of many who abuse or misunderstand them.

W. S. G.

Merck now gets out a *Bulletin* of new drugs and their action. It is rather too technical to be of any such value as was *Squibb's Ephemeris* to either the journalist or physician.

LEADING ARTICLES.

THE TRANSACTIONS OF THE LOUISIANA STATE MEDICAL SOCIETY.

Tenth Annual Session, Monroe, La., April 25, 26, 1888.

After some delay, the Transactions of the last Annual Meeting of the Louisiana State Medical Society have made their appearance in a fair-sized, paper-covered, well-printed volume of 103 pages.

It may be said first and foremost, that the volume is the best the society has issued for many a long year. It opens with the minutes of the session, giving a sketch of a meeting, from a business point of view, meagre and unsatisfactory enough. The reports of the Recording Secretary, Treasurer and Auditing Committee are of course routine papers and beyond criticism. The report of the chairman of the Committee on Organization and the State Medical Library deserves commendation as evincing a rare sense of appreciation of the chairman's duties. We regret, however, that so much is said concerning the library and so little of any efforts which may have been made to push on the organization of the profession in the State. We approve the plan for the establishment of a national sanitary and quarantine code, and this is one of the things that the society should not simply talk of, but take steps to consummate.

Two of the sub-committee reports in the report of the Committee on Legislation and State Medicine—the one on medical education and the other on public institutions—are good and interesting, but not a word is said on the subject of medical legislation, the most important subject the society has in hand. This is lamentable. We agree with all the chairman of the sub-committee has to say on medical education; there can be no doubt that the standard is rising, but its progress is very slow. Undoubtedly, to our minds, the establishment of State examining boards is *the* instru-

ment for the acceleration and final perfection of this progress. In none of the old and highly civilized countries are the teaching and licensing functions permitted to remain in the same hands, and the vast benefits conferred upon both the public and the profession may be readily observed in those States in which they have been divorced. In and out of sessions this is the first great object which the society should bend every energy to compass, and this achieved it will have deserved well of every citizen of the State, though its history be never again marked by a useful act.

The President's address is a remarkable paper. He chose for his theme the "Philosophical Principles of Education and their Scientific Application to the Development of Medical Science," and the subject is considered in every possible light. The limited space at our command precludes all attempt at review or criticism. Some idea of its exhaustiveness may be had when we state that it occupies 112 pages of the 301 which compose the volume.

The annual oration, together with the greater number of the papers completing the work, have already appeared in these pages, and our readers have had opportunity to form their own opinion of them. To this department the President, who certainly spared no labor to make the session a success, also contributes an elaborate paper on teratology, containing the clinical history of two remarkable cases—the four-legged girl and the so-called double-headed Carolina nightingale.

THAT QUARANTINE.

On the morning of September 16th the people of this city were astounded to hear that Texas had declared an absolute quarantine against New Orleans, affecting both passengers and freight. No one knew what to make of it. Some thought perhaps yellow fever did exist here and the Board of Health had gone back to barbarous days of concealment. Others thought that, though the board

was innocent, physicians were concealing cases. Of course these were of the class of people who are easily panic-stricken, and they began packing up to hasten away before all escape was impossible. But the vast majority of our citizens who had kept pace with affairs of the city and had deserved confidence in our board, looked upon the whole transaction as an uncalled for outrage. Indeed the Governor of Texas himself stamped it as such by compelling the health officer of that State to remove all restrictions within twenty-four hours after the issuance of his edict.

It made no difference to Dr. Rutherford that his board had joined in the interstate conference of 1884, and had promised to place all due confidence in the boards of other States; or that all the boards had pledged themselves to promptly report every case of infectious disease. He *heard*, or *says* that he heard, that there was a case on such and such a street in New Orleans, and forthwith orders this city quarantined; and he does so without even notifying the Louisiana Board, much less stopping long enough to inquire of this board if there were any grounds for his fear.

We can see no use of the boards of the various Southern States going through all the forms of a solemn compact if it is to be turned into a farce in this peremptory manner. Indeed, we have come to think that such matters as these should be placed in charge of a body more responsible and with a broader conception of its duties and relations to the people of this country than seems possible in the case of a single individual in charge of a single State. We are aware of the fact that we are touching upon the sovereignty of States, but what other recourse have we when the health authorities of the States themselves violate, as in this instance, the most sacred of pledges?

The days of concealment are passed; the National Board of Health educated the people out of that relic of barbarism. Dr. Rutherford knew all of this and he should

have trusted to the honesty and truthfulness of our board. The fact that he did not places him in a very unenviable position, and fastens a reproach upon every board of health that took part in that conference.

THE YELLOW FEVER.

Last month we expressed the hope that the fever in Jacksonville would soon be under control. The occurrences of the last few days show us how utterly unfounded that hope was. New cases are occurring at the rate of seventy-five and upwards daily. This means a great deal when we consider that the population has been reduced by emigration northward and by the formation of camps of refugees from 17,500 to almost 12,000. Fortunately, however, the death-rate is low compared to that of other epidemics, being almost 11 per cent. The total number of cases to the 26th is 2134, and the total number of deaths 221.

The panic of which we spoke in our last issue is over, and the people there, all that is left of them, have settled down to fight the scourge as best they may. They are fighting it, too, with the weapons which time and experience have shown to be the most effectual, namely: careful nursing by experienced nurses and only such medicine as the symptoms call for. The firing of cannon to frighten off the germ and other such nonsense have ceased to have any advocates now that the terror of the first few days is over. Money is flowing into the stricken town from every quarter, and physicians and nurses are furnished as called for; and, save the fact that more cases and more deaths must yet occur, we can now say that the terrors of the epidemic are over—no more instances of persons dying for want of care, of men and women fleeing from their own flesh and blood from insane fear.

One matter that we think should be attended to at once is the going to Jacksonville of unacclimated physicians and nurses, and the word unacclimated also means inexperienced—at least in this instance. Both the doctors and

the nurses must have time to learn something of this new disease—new to them, but ten to one before they do they will themselves succumb to the fever, and end by being a charge upon the town until long after frost puts an end to the epidemic. We honor and admire the humanity and self-sacrifice of the physicians, but we think they will do most good by remaining at home and allowing those to go who are suited to the work.

It is not right *now* to say “I told you so,” but when the fever is over for this year we shall have occasion to make a few suggestions which we hope will be timely and be acted upon.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

SANITATION AND PUBLIC HEALTH.

NEED OF PURE DRINKING WATER IN NEW ORLEANS.

The need of pure drinking water in New Orleans has long been felt. In private residences people who consume cistern water frequently delude themselves with the belief that they have the purest of beverages. Let them but once in a while have the deposit at the bottom of the cistern pumped out and the cistern cleaned, and they will begin to wonder at their illusion. This water, laden with the washings from the roof, composed of dust and pulverized manure from the streets, is compared with Mississippi water and imbibed by thousands in preference to this muddy alternative. It must be confessed that our river water is not pleasing either to sight or taste. It is healthy, however, and when deprived of its sediment one of the best of drinking waters. Prof. Ordway, of the Tulane University, in an admirable paper read before the New Orleans Academy of Sciences, has this to say, after a careful study of specimens of our river water: “The water after (standing) many weeks is still opaline. It contains bicarbonates of calcium and sodium, and probably by reason of its alkaline character it keeps suspended a minute amount of hydrated silica. If we neutralize the alkali the effect seems almost magical. The fine matter

immediately coagulates and becomes flocculent, and it settles completely in a few hours. It is well known that alum and perchloride of iron are very efficient in this way. In making trials with various proportions we found the best results were obtained by using at the rate of one pound of perchloride of iron to 1000 gallons of water. After such an addition the water may be filtered with great ease and the filtrate contains no iron; or if the coagulated liquid is allowed to stand 24 hours it becomes perfectly clean. There are other means of producing a rapid deposition, but no other substance seems to possess the advantages of the perchloride. It is absolutely harmless, for it leaves nothing in the water except chloride of sodium in the place of the carbonate, and water containing a trace of salt is better for domestic uses than pure water. Perchloride of iron can be made on a large scale at a low cost. Having manufactured muriatic acid for many years I feel warranted in saying that it can be made here for less than two cents per pound, and the other material, hemitate iron ore, is abundant enough. Were our waterworks company to establish chemical works for the manufacture of the perchloride they could afford to furnish us perfectly clear water at a very slight advance on present prices. Indeed, with the increased consumption which would naturally ensue on providing a clear and pure water, they should make profit enough without any increase in the price.''

LIABILITY TO SCARLET FEVER.

Liability to scarlet fever, according to an analysis of six thousand cases is very slight during early infancy, reaches the maximum about the fourth or fifth year and then constantly diminishes.—*Journal American Medical Association.*

HEALTH RULES.

The Nashville *Journal of Medicine and Surgery* prints the health rules formulated by the Davidson county board of health:

1. At the head of disinfectants we place cleanliness; water, air, soap for general use, are invaluable agents.
2. Chloride of lime freely sprinkled (in powder) in in and about surface privies, gutters, sinks, cellars, etc., is of great value.

3. Copperas—a solution of two pounds to the gallon of water, freely used by sprinkling about privies, floors, kitchen, etc., is healthful.

4. Never allow your privies to overflow and become offensive to your neighbors, and each time they are used cover the deposit with a shovelful of dry dirt, a barrel of which keep on hand in the privy for the purpose. Remove contents frequently.

5. Keep your premises clean and urge your neighbors to do likewise.

6. Never throw garbage, decaying vegetables, and kitchen accumulations into the streets, alleys, commons, backyards or branches, but put same into barrels and sprinkle with lime daily, and remove same regularly two or three times per week, and dump into the river or bury.

7. Stable manure must not be allowed to accumulate on the premises, or be thrown into alleys, but removed as other offal.

8. Hog pens must be kept free from foul odors by liming, cleaning or closing.

9. Never suffer carcasses of cats, dogs, etc., to decay and rot away in the open air or little streams near you, but bury them.

10. Cisterns and wells must be closely observed and thoroughly cleaned out at least once a year, and springs oftener.

11. Report all nuisances to the health authorities.

GOOD HEALTH OF NEW ORLEANS.

The chief sanitary inspector reports that, with the exception of the 49 deaths from diphtheria in August, the city was unusually healthy. Deaths from malaria in 1886 were 64; in 1887, 45; in 1888, 33. With one exception August was the healthiest summer month in the past three years.

OPHTHALMOLOGY.

LITHIA SALICYLATE IN EPISCLERITIS—LEMON JUICE IN CONJUNCTIVAL DIPHTHERIA.

M. Dufour, of Lausanne, at the recent meeting of the French Ophthalmological Society, stated that in episcleritis he had found the salicylate of lithia, in doses of two grammes (gr. xxx), given in powder or solution, to be of far greater benefit than any other remedy. This was con-

firmed by Panas, of Paris, who said that Vulpian had first suggested to him the use of this drug.

Upon the same occasion M. Petresco, of Bucharest, commented upon the usefulness of lemon juice in diphtheria of the conjunctiva; whereupon M. Abadie, of Paris, said that lemon juice, first recommended by Fieuzal, endorsed by Coppez, he now regarded as absolutely a specific against conjunctival diphtheria. He had made a comparative test in a case in which both eyes were affected. On the one he had used lemon juice, on the other powerful antiseptics—iodoform, boracic acid. The eye treated with lemon juice recovered much more rapidly. M. Abadie cauterizes the whole conjunctival surface freely with the juice, without paying much attention to the cornea, and repeats the applications every six hours.—*Recueil d'Ophthalmologie, May, 1888.*

With us both episcleritis and conjunctival diphtheria are happily very rare, the latter even rarer than the former. For this very reason, however, it may interest our readers to know what men of large experience have found useful, so that, should it be their misfortune to meet with a case of either of these most dire maladies, they may not be wholly unprepared.

GYNECOLOGY.

DILATATION OF THE URETHRA TO RELIEVE RETENTION OF URINE FOLLOWING DELIVERY.

Schatz has called attention to a simple method of relieving retention, which he considers preferable to the ordinary practice of repeatedly using a catheter until the patient develops cystitis. He employed an instrument like a glove stretcher, which was introduced into the bladder and opened, the sphincter vesicæ being dilated so that the tip of the little finger could be passed through it. The pain was slight and ceased immediately after the operation. There might be slight hemorrhage. A second dilatation was seldom necessary, as the urine was passed the next time spontaneously. Schatz believed that the practice would become general, since it was so much less harmful than the frequent use of catheters.

He was unable to give a satisfactory explanation of the *modus operandi* of the operation, but he was led to test it by comparing the physiology of vesical with that of uterine

contraction. In normal urination the detrusor was not to be regarded as the antagonist of the sphincter vesicæ, but the former could, however, relax the sphincter. In most women the bladder was actually in diastole during micturition, so that it was necessary to infer the presence of some other mechanism for relaxing the sphincter—either a passive relaxation of the latter muscle or active contraction of its antagonists, which were inserted somewhere on the pubic bones. If these muscles were torn during parturition they might be powerless to relax the sphincter. Passive relaxation of the sphincter itself would naturally take place more rapidly if, after being swollen or irritated, it was rendered more pliant by stretching. Dilatation was also applicable to retention in the non-puerperal woman, but it was more uncertain in its results. It was especially applicable to retention after operations.—*Centralblatt für Gyn. June 16th, 1888.*

MENTHOL IN PRURITUS LABII.

The *British Medical Journal* of September 1st, 1888, has the following: "Having seen some time since in the *Journal* an interesting paragraph by Dr. Routh, Jr. on the value of peppermint water in cases of pruritus, I gave it a trial; but finding it only gave slight relief, and acting on the principle 'when you hit, hit hard,' I applied the crystalized menthol as sold by Shirley and others, for relieving neuralgic pain. The application produces some burning pain at first, but is followed by a most comfortable sense of coolness and relief, which relief I find lasts for days in some cases, and the congested color of the vulva almost altogether disappears. I should be glad if the treatment will be tried by others in these distressing cases; and, reasoning by analogy, I fancy it would also prove of use in the pruritus ani. The menthol is applied by rubbing the surface over three or four times with the solid menthol, and I can certainly testify as to its value."—*Alexander Duke, F. K. Q. C. P., Dublin.*

DERMATOLOGY.

LOCAL TREATMENT OF SYPHILIS.

Dr. Zeisler, in a paper read before the American Medical Association, says of the local treatment of syphilis: Patients generally desire the visible manifestations to

disappear from the face and forehead. For this purpose a 10 to 20 per cent. white precipitate ointment is used. For the palmar and plantar papular syphilis the so-called psoriasis specifica chrysarobin has been recommended by Reumont. Mosenzell used 10 to 20 per cent. strength. Sigmund speaks highly of a 1 to 2 per cent. solution of sublimated collodion, painted once or twice daily on the infiltrated places, avoiding the fissured places. Gilles de la Tourette recommends warm baths, with an addition of one part each of sublimate and of ammonium chloride to 2000 parts of water. Mucous papules yield to silver nitrate.

More important are topical applications for moist papules or condylomata, which are especial sources of infection. For the removal of vegetations so often developing on such places different caustic pastes have been recommended, but are very painful. I prefer cauterization with the silver stick, previously anæsthetizing the parts by a strong solution of cocaine.

There is rarely occasion to treat lymphatic gland swelling. For suppurating buboes surgical interference is necessary.

During mercurial treatment the mouth requires attention, as saliva soon becomes impregnated with the drug and causes mercurial stomatitis. Care of the teeth and gums, abstinence from tobacco and the use of an astringent mouth-wash, will delay this. Sometimes it is necessary to suspend mercury.

In the later stages of the disease local treatment is imperative, and is regarded by Hutchinson as more important than the constitutional. Iodides will not arrest the destruction caused by skin and mucous membrane ulcers. Here local treatment is followed by most brilliant results. What has been said of the value of local treatment of the skin applies still more to the eye, nose, throat, larynx and other organs. When one of these is affected there is no time to wait for the effect of internal treatment.—*Chicago Medical Standard.*

HOW TO USE IODOLE.

Merck's bulletin gives these suggestions as to the mode of using iodole :

Iodole Solution (according to Mazzoni) : Iodole, 1 part by weight; alcohol, 16; glycerine, 34; dissolve.

Iodole Gauze (for antiseptic dressing): Iodole, 1; resin (colophonium), 1; glycerine, 1; alcohol, 10; impregnate sterilized gauze with this solution.

Iodole Collodion: Iodole, 10; 94 per cent. alcohol, 16; ether, 64; pyroxylin, 4; castor oil, 6. Internally iodole has also been given similarly to idoform, in five grain doses, without accessory effects.

IODIZED OIL.

A new preparation known as iodized oil is being well spoken of. It is stated to be a solution of pure iodine and to contain ten grains of iodine to each fluid ounce. The iodine does not, however, exist in a free state, but in a combined form, and hence causes no discoloration of the skin when applied as a paint or as a liniment. The so-called oil is used in all cases in which the employment of tincture or liniment of iodine is indicated, excepting where strong counter irritation is required.

It is mixable with spirit or water, so that when necessary its strength can be increased by the tincture of iodine, or diminished by the addition of water.—*Correspondence Jour. Amer. Med. Ass'n.*

TREATMENT OF ACNE.

Dr. Unna, of Hamburg, has this to say on the subject of the treatment of acne: "The horny layer can best be removed slowly by means of sulphur and resorcin, while the hyperæmia associated with all efforts at reducing cornification is lessened by the application of oxide of zinc. Resorcin has this advantage over sulphur, that corrosive sublimate, the best agent for destroying micro-organisms, can be combined with it; carbolic acid, on the other hand, goes best with sulphur.

"Twice or thrice a week the whole surface should be gently scraped, the pustules punctured and the comedones pressed out. The effect of treatment should be observed at frequent intervals. Every acne patient must wash with soap and employ water as hot as he can bear, in order to soften the horny layer."

The following is one of the prescriptions suggested by Unna: \mathcal{R} Ung. zinci benzoati, \mathfrak{z} ij; sulphuris præcipitati, \mathfrak{z} ijss; ferræ salicæ, \mathfrak{z} i. M. Ft. optime terendo pasta. Together with this, either spirit of soap or over-fatty marble soap, to wash with.

BOOK NOTICES.

We have just received a pamphlet on the *Report of a Case of the Mycosis Fongoïde of Alibert*, by Henry W. Blanc, M. D. We congratulate the author on the excellence of the report. The painstaking manner with which the history of this case has been followed leaves nothing to be desired. Could all medical work be done in this manner medicine would advance with much more rapid strides. The drawing of the microscopic sections are real masterpieces and come from the crippled hands of Dr. Schmidt, our eminent pathologist of the Charity Hospital. We are justified in feeling proud of this pamphlet as a specimen of our Charity Hospital work.

Atlas of Venereal and Skin Diseases. By Prince A. Morrow, A. M., M. D., Clinical Professor of Venereal Diseases, formerly Clinical Lecturer on Dermatology, in the University of the City of New York, Surgeon to Charity Hospital, etc. New York: Wm. Wood & Co., Publishers. New Orleans: Armand Hawkins. Fifteen parts, \$2.00 per part.

With Dr. Morrow as editor, Messrs. Wm. Wood & Co. are publishing a complete atlas of venereal and skin diseases. We have received seven fasciculi, from I to VIII, the seventh being omitted, and have examined them carefully. They consist of imperial folio parts, illustrated by exquisitely finished chromo-lithographs, accompanied by reading matter descriptive of their leading features. The text is also illustrated by drawings of the pathological appearances under the microscope. The publishers are evidently exerting themselves to produce something extra fine in this department, which presents so much that appeals to the sense of sight. The work will appear in fifteen parts, containing seventy-five large colored plates. Thirty-five of these plates will be devoted to venereal diseases and syphilis, and the remainder to other cutaneous manifestations. Careful finish and accurate delineation recommend these plates to all who would inform themselves on a subject of importance so little studied and so often prescribed for by the general practitioner.

H. W. B.

Questions and Answers on the Essentials of Physiology. Prepared especially for students of medicine. By H. A. Hare, B. Sc., M. D. 1888. Philadelphia: W. B. Saunders. Pp. 164. (Forming No. 1 of Saunders' Question Books).

A Compend of Human Physiology. Especially adapted for the use of medical students. By Albert P. Brubaker, A. M., M. D. Fourth edition. Philadelphia: P. Blakiston, Son & Co. 1888. Pp. 168. New Orleans: Armand Hawkins, 194 Canal street. Price \$1.

Dr. Brubaker's compend has already run through three editions, and is therefore no stranger to medical students. Dr. Hare's book is a new contestant for the favor of students. In the latter the text is arranged in the form of questions and answers, but in the former there are no questions. In point of scope and merit the two books are twins, and we may bespeak for Dr. Hare's "Essentials" the same degree of popularity acquired by Dr. Brubaker's "Compend."

A. McS.

The Best Surgical Dressing. How to Prepare it and How to Use it, with a Consideration of Brach's Principle of Bullet-Wound Treatment. By Otis K. Newell, M. D., Assistant Demonstrator of Anatomy at the Harvard Medical School, etc. Boston: Cupples & Hurd, 94 Boylston street. 1888.

This book is interesting and instructive as showing what iodoform can do and how best to use it. The author has had extended experience in its use and has given us the results of that experience, and we can say we finished the book feeling well repaid for the time spent in its perusal. There are two qualities which specially contribute towards recommending iodoform to the favor of surgeons. It has a bright canary-yellow color, which makes it pleasing to the eye and, we were going to add, that it was pleasing to the nose, but that would hardly express the satisfaction which its pungent odor produces. It has rather a clean smell, and, as surgeons, we feel that the patient on whom it is applied must be convinced that something energetic is certainly being done to defend him from the terrible array of germs which are ready and waiting for an opportunity to devour him. We have always thought that the fatal objection to iodol was its dirty color and lack of smell.

The author's advocacy of the expectant plan of treatment of bullet-wounds is certainly sound surgery, and if he can only persuade surgeons to restrain their ardor in their search for bullets he certainly should feel repaid for his labors.

G. B. L.

A Manual of the Minor Gynecological Operations. By J. Halliday Croom, M. D., Lecturer on Midwifery and the Diseases of Women, at the School of Medicine, etc., etc., Edinburgh. First American edition from the second Edinburgh edition. Revised and enlarged by Lewis S. McMurtry, A. M., M. D., formerly Professor of Anatomy in the Kentucky School of Medicine, etc., etc. Philadelphia: Records, McMullin & Co., limited. 1888.

Like all minor gynecological surgeries, by the time the second or third edition comes out they include about all the operations known to gynecology. Also we have long questioned the separation of disease and its treatment into different works. Beyond this criticism we can only say that the different gynecological manipulations are explained in a clear, concise and forcible manner.

G. B. L.

The Physician's Leisure Library, 1888.—Abdominal Surgery. By Hal. C. Wyman, M. D. Geo. S. Davis, publisher.

Into a very short pamphlet the author has managed to crowd a large amount of valuable information. No better manual could be desired for students who wish to perfect themselves in abdominal surgery by practical work. We must differ, however, with the author as to the amount of experimental work necessary to be done before one can be justified in undertaking operations. It is something like saying that a person must read a piece of poetry five times in order to memorize it.

G. B. L.

Intubation of the Larynx. By F. E. Maxham, M. D., Professor of Otology, Rhinology and Laryngology, College of Physicians and Surgeons of Chicago, etc. Chicago, Ill.: Charles Truax. 1888.

It can be said, without detracting from Dr. O'Dwyer's well-merited fame, that no man can write with more authority than Dr. Maxham on intubation of the larynx. We are glad to be able to announce this volume of Dr. Maxham as the best and most complete work on the subject.

G. B. L.

MEDICAL NEWS AND MISCELLANY.

IMPRESSING THE PUBLIC.

LOUISIANA.

Inspector (to sanitary officer)—Are you still fumigating and disinfecting the house where the child died of diphtheria?

Officer—Yes, sir; the chickens are all dead now from drinking the bichloride water: the sulphur fumes have made the mother very ill; the father has vacated the premises, and the remaining children have been nearly suffocated. They cannot stand it much longer.

Inspector (with a look of satisfaction)—Very well; fumigate for twelve hours more. The public must be made to appreciate our thoroughly scientific methods of disinfection and fumigation.

TEXAS.

Health Officer (to train inspector, Sept. 18th)—Did you detain the Smith family near Texarkana and ascertain if they came from an infected locality?

Train Inspector—Yes, sir; they came directly from Quebec and await your orders in the swamp near a railroad switch. But I ascertained that Mrs. S. received a postal card from New Orleans week before last.

Health Officer (triumphantly)—Detain them where they are for twenty days and burn their baggage at once. I dare not take any chances, but must give the people of my State the benefit of any doubt.

THE *Annals of Gynecology*, Vol. I, No. 2, is at hand. The first number certainly augurs well for the future. We wish it success.

Medical Student (to tramp)—What happened to you? You seem to be suffering from shock. *Tramp*—Yes, sir; I fell against a wire fence that wasn't insulated.—*Judge*.

ON September 13th ult., in Texarkana, Texas, Dr. A. L. Montgomery was married to Miss Lena S. Kelley, daughter of Mr. Henry B. Christian. We return thanks for an invitation.

A LITTLE girl four years old walking in the country, and seeing a lot of black cows and a few white ones in the fields grazing, remarked: "Papa, don't those white cows give milk and the black ones tea?"—*Fact*.

WE have received the *Toledo Medical and Surgical Reporter*. Its contents seem to be all that can be desired, and it will no doubt succeed. It is unfortunate, however, that it starts on its career with a fight on its hands. The *Medical and Surgical Reporter*, Philadelphia, very justly claims the name, and is protesting strongly against what it believes to be criminal trespassing upon its ground.

MORTUARY REPORT OF NEW ORLEANS

FOR AUGUST, 1888.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial, unclassified	9	14	13	10	9	14	23
“ Congestive.....	2	5	3	4	7		7
“ Continued.....							
“ Intermittent.....	1		1		1		1
“ Remittent.....	1		1			1	1
“ Catarrhal.....							
“ Typhoid.....	2	3	1	4	3	2	5
“ Puerperal.....							
Typho-Malarial.....		1		1	1		1
Scarlatina.....	1			1		1	1
Small-Pox.....							
Diphtheria.....	28	21	22	27		49	49
Whooping-cough.....	5	1	2	4		6	6
Meningitis.....	7	4	6	5	1	10	11
Pneumonia.....	8	3	7	4	5	6	11
Bronchitis.....	1			1		1	1
Consumption.....	31	33	33	31	63	1	64
Congestion of brain.....	5	1	6		3	3	6
Diarrhœa.....	6	3	5	4	6	3	9
Cholera infantum.....	8	1	5	4		9	9
Dysentery.....	8	3	3	8	10	1	11
Debility, General.....	3		3		3		3
“ Senile.....	15	4	8	11		19	19
“ Infantile.....	1	3	3	1		4	4
All other causes.....	176	83	148	111	166	93	257
Total.....	318	183	270	231	278	223	501

Stillborn children—White, 36; colored, 16; total, 52.

Population of city—White, 180,000; colored, 68,000; total, 248,000.

Death rate per 1000 per annum for month—White, 21.20; colored, 32.44; total, 24.23.

Respectfully,

HENRY WM. BLANC, M. D.,

Chief Sanitary Inspector.

METEOROLOGICAL SUMMARY—AUGUST.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP ^r RE.			Precip. in inches and hund.	GENERAL ITEMS.		
		Mean	Max	Min		Mean barometer, 29.99.	Highest barometer, 30.10, 11th.	
1	30.00	82.5	93.7	77.8	.00	Lowest barometer, 29.54, 19th.	Monthly range of barometer, 0.56.	
2	30.00	82.0	92.5	76.8	.16	Mean temperature, 75.0.	Highest temperature, 93.7, 1st.	
3	30.01	78.5	91.5	76.8	.33	Lowest temperature, 69.5, 20th.	Monthly range of temperature, 24.2.	
4	30.00	80.0	89.9	77.0	.06	Greatest daily range of temp., 18.2, 7th.	Least daily range of temp., 4.4, 15th.	
5	30.00	80.0	90.5	74.8	.47	Mean daily range of temperature, 12.8.	Mean daily dew-point, 73.8.	
6	30.00	81.0	92.7	77.0	.09	Mean daily relative humidity, 86.7.	Prevailing direction of wind, s. w.	
7	29.98	79.0	92.7	74.5	.37	Highest velocity of wind and direction, 60 miles, east, on 19th.	Total movement of wind, 56.44 miles.	
8	30.00	77.5	80.5	74.0	1.06	Total precipitation, 22.74 inches.	Number of days on which .01 inch or more of precipitation fell, . . .	
9	30.03	76.5	86.0	72.5	.21	No. of clear days, 17.	No. of fair days, 13.	
10	30.08	79.0	89.8	75.1	.00	MEAN TEMPERATURE FOR THIS MONTH IN		
11	30.15	79.5	88.4	77.0	.00	1874... 83.8	1879... 80.8	1884... 82.3
12	30.12	77.5	87.0	75.8	.00	1875... 79.1	1880... 81.1	1885... 80.4
13	30.02	80.0	89.3	75.0	.00	1876... 81.9	1881... 82.8	1886... 81.4
14	29.98	77.5	86.0	75.9	.04	1877... 82.8	1882... 80.5	1887... 81.0
15	30.00	74.5	76.4	72.0	3.67	1878... 83.6	1883... 83.3	1888... 75.0
16	30.04	76.5	86.2	73.8	.72	TOTAL PRECIPITATION (IN INCHES AND HUNDRETHS) FOR THIS MONTH IN		
17	30.02	79.5	90.5	76.0	.30	1874... 4.82	1879... 10.44	1884... 0.87
18	29.90	78.0	90.5	73.5	.48	1875... 8.61	1880... 4.60	1885... 4.25
19	29.69	76.5	78.0	70.0	.94	1876... 4.42	1881... 4.21	1886... 2.40
20	29.77	75.5	82.0	69.5	8.90	1877... 2.54	1882... 9.47	1887... 7.42
21	29.90	79.0	86.5	76.0	.00	1878... 5.31	1883... 4.12	1888... 22.74
22	29.95	77.0	87.3	73.5	.91	DATES OF FROSTS: { Light, none.		
23	30.04	76.0	87.3	72.0	.19	{ Killing, none.		
24	30.07	76.0	86.0	70.5	2.78			
25	30.06	77.5	85.0	74.5	.07			
26	30.06	78.5	87.0	74.0	.03			
27	30.04	79.0	87.5	75.5	.04			
28	30.00	77.0	85.6	74.5	.05			
29	29.92	78.0	89.1	75.5	.32			
30	29.90	77.0	87.7	74.9	.20			
31	29.90	77.5	85.7	75.5	.35			
Sums	.....	.....	.....	.....	22.74			
Means	29.99	75.0	87.4	74.6	....		

R. E. KERKAM, Signal Corps Director.



In the season now almost upon us, when Cholera Infantum and other formidable diseases of children, incident to climate are usually so fatal,—BOVININE will be found a sheet anchor in its ability to sustain the strength of the little ones and enable them to recover from the prostrating effects of diseases and pernicious feeding so rife in the Summer Solstice.

A knowledge of the merits of BOVININE is of the greatest importance to physicians whose daily practice brings them in contact with children who are suffering from acute exhaustive diseases or are in the critical stages of development.

Made as it is from the juices of lean, raw meat, it affords to the blood making organs the necessary material for new and vitalized blood in a condition for immediate utilization. For this reason, when given alone or in addition to the regular diet, it is especially efficacious in restoring convalescents to a normal condition of health. It contains all the active tissue-building materials of lean, raw meat in a soluble and palatable form, and furnishes a more easily digested food than milk, and, given in equal quantity, three times as much nutriment. It contains also all the meat salts so necessary to the proper growth of the body and its organs. To these facts may be ascribed its effectiveness in conditions of mal-nutrition.

It builds up pale and sickly children, increasing both weight and strength, gives color both to cheeks and lips, makes the flesh firm and rosy, nourishes the nervous system properly, removing a frequent cause of fretfulness and crying, supplies material for bones and teeth, and lays the foundation for a vigorous and healthy childhood by providing those elements required to sustain the body and build up sound tissues.

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It is retained and assimilated by the weakest stomach when all else is rejected. By injection alone it will sustain life for many days, when from the condition of the throat, as in diphtheria or severe scarlet fever, *nothing* can be swallowed. Milk is the best vehicle for its administration.

When the vital powers of nursing mothers are severely taxed, and the system is breaking down because of the drain upon it, BOVININE is of the greatest service by its tonic and food properties. It stimulates the appetite, betters digestion, sustains and invigorates the overtaxed powers, and increases the quantity and quality of the milk.

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taste, acceptable to the stomach, and harmless under prolonged use.

It has **Sustained a High Reputation** in America and
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Chronic Bronchitis, and other affections of the respiratory organs, and
is employed also in various nervous and debilitating diseases, with
success.

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lent, Tonic, and Nutritive qualities, whereby the various organic func-
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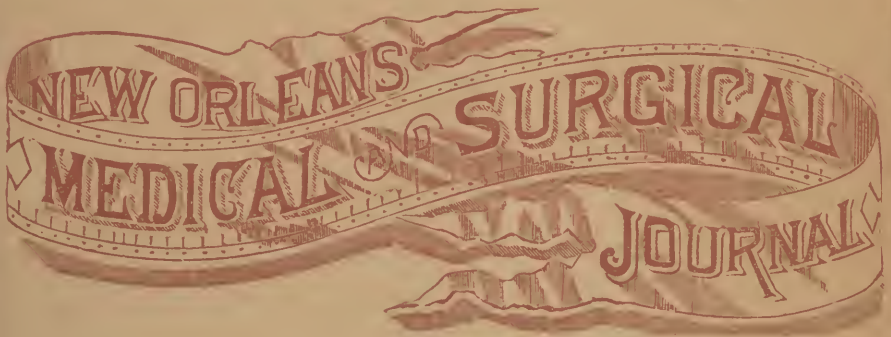
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NOVEMBER, 1888.

WHOLE No. 287.

No. 5

The



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*Paullum sepultæ distat inertia
Celata virtus.—HORACE*

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NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

NOVEMBER, 1888.

ORIGINAL ARTICLES.

No paper published or to be published in any other medical journal will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

Leprosy in New Orleans.

PART III—CONCLUDED.

By HENRY W. BLANC, M. D., Dermatologist to the Charity Hospital; Lecturer on Dermatology, Tulane University of Louisiana; Instructor in Skin and Venereal Diseases, New Orleans Polyclinic; Dermatologist to the Touro Infirmary.

CASE 34. LEPRA TUBERCULOSA.—White girl, aged 18 years, native of New Orleans; resident of Third District. Applied for treatment in my service at Charity Hospital, August 15th, 1888. Resided in New Orleans until five years ago, when she moved with her family to New Iberia, La. Took up her residence in this city again six weeks ago, residing in the Third District.

Family.—Father born in Germany, but has been in Louisiana for many years. Mother was a native of New Orleans—died in child-bed. Father has married again, and stepmother accompanies patient to Hospital. Patient's stepmother has had eight children—five are dead, and three are living. The former died of heart disease, small-pox, and infantile debility. Stepmother and three living children are perfectly healthy. Patient's paternal uncle and grandmother are alive and in good health.

History.—Eats fish and salt meat sometimes. Formerly

attended school. Felt perfectly well when she left New Orleans five years ago, and did not have any trouble for some months afterwards. Sickness began as a swelling of legs about four years ago, and was supposed by relatives to be approaching puberty. It was then noticed that the face would flush when the slightest exercise was taken. Had chills and fever occasionally while in New Iberia. Pigmentation and thickening of skin came on, but menses never appeared.

Condition on Examination.—Height, four feet two inches. Weight, eighty-five pounds. Body emaciated and of dark complexion. Patient's disposition is morose, and her intellect is evidently stunted. Though eighteen years old her development is that of a child. Mammary glands are as rudimentary as a boy's, with the exception of a slight tumefaction at the nipple. No axillary nor pubic hair, and has never menstruated. Two marks of a successful vaccination on arm, said to have been done when patient was six months old.

Face shows no tubercles, but is dark and of a slightly reddish tint. Nervous, frowning expression of face. Eyebrows and lashes nearly entirely gone, particularly lashes of lower lids. Bridge of nose thickened; ears normal; trunk and upper extremities slightly pigmented. Fingers, feet and toes swollen. Scars on elbows. Legs smooth and scaly below the knees. Toes of right foot sore from friction of shoes. Smooth, soft, tissue-paper-like scars on knees similar to those on elbow, and are the remains of an earlier ulceration.

Sensation.—Occasionally has a numb feeling in forearms and legs. Sensation tested with a pin and found to be normal.

CASE 35. LEPRA TUBERCULOSA.—Mulatto man, aged 21 years; native of St. Martinsville, La. Admitted into my service as an inmate of the Charity Hospital in the summer of 1887.

Family.—Paternal grandfather was a white man. Father

and mother are mulattoes; both parents living. Mother examined in May, 1888, when the Louisiana Board of Health investigated this disease in St. Martinsville and pronounced it a "suspicious case." I saw her at the time and noted that she was covered with a number of slightly raised ringed patches and had a spot of anæsthesia on one of the lower extremities. Examined more recently the rings were noted to have entirely disappeared, *but the anæsthesia remains.* She is known to have communicated frequently with a leprous family. Patient is the only child by this marriage, but the mother has lived with another man for over fifteen years, and has had by him a number of healthy children, including a stout and hardy baby two years old. Disease began on the son some months ago as nodes upon the face, with considerable thickening.

Condition on Examination.—Tall mulatto, of good physique. Tubercular nodes on face everywhere, including ears. Eyebrows scanty. Eyelids thick and lashes nearly gone. Throat red; voice husky. Trunk normal. Hands and feet swollen and skin thickened, but not pigmented. Small ulcer on left forearm. Genital organs normal. General health and appetite good.

Patient was given pills of ichthyol (gr. $\bar{i}ss.$ each), and ointments of ichthyol and salicylic acid were rubbed on the face twice a day. The immediate effect was to smooth the face and produce general amelioration of symptoms for about three months, when the tubercles began to reappear during the treatment, though ichthyol was used locally as strong as he could bear it. This plan of treatment was continued nine months with few intermissions, when chaulmoogra oil was resorted to. Patient in the meantime was frequently given cinchonidia for chills and fever, the medicine always breaking the chills. After fifteen months' residence in the Hospital the patient left it, in many respects much improved; when he was taken with an acute disease, producing dropsy, and died after a weeks' illness. The immediate cause of his death could not be

ascertained. This patient was an inmate of the ward where case 32 was a nurse.

CASE 36. LEPRA TUBERCULOSA.—Patient referred to me by Dr. Bemiss in May, 1888, but the doctor's notes, taken five years ago, being quite complete, I shall give them nearly in full. The symptoms when noted by me were much more marked than those here recorded, the disease being more advanced. White man, aged 21 years (1883); native of New Orleans. Parents born in Ireland and there married. They moved to New Orleans in 1852, and patient was born in 1862. Father living and healthy. Mother died of a fever in 1878. Has three healthy sisters living. Two of them are married and have healthy children. Patient has never been away from city but once; then to Memphis, in May, 1882, returning before the end of the month. Only other relative in the United States is an aunt, who lives near Charity Hospital. She is well and has healthy children.

Occupation.—Sack-sewer at oil works in Algiers. No one in works had this trouble. A queer-looking passenger was accustomed to travel daily on the ferry with him before he was afflicted, who had swollen features very much like those which patient now has.

Personal Habits.—Temperate as a rule. Uses tobacco; chews. Was not very loose in his habits. Once had gonorrhœa for two months. Never had syphilis. Accustomed to spending much time in Royal street saloons and in back part of town. Eats fish on Fridays, on other days beef and vegetables; of the latter chiefly potatoes and cabbage, but not much, if any, rice. Occasionally eats ham.

Previous Disease.—Chills and fever in 1879 and 1880, being treated by a physician both times.

History of Disease.—First thing patient noticed was about ten copper-colored spots in vicinity of navel. Three months afterwards spots began to appear on left arm, near wrist, and then on right arm, as diffused reddish flush. Something like a month later very fine desquamation of the

cuticle of face and ears took place. Companions accused him at this time of powdering his face. Spots on abdomen appeared about April, 1882, as near as he can remember. In September, 1882, face and ears, in the course of two or three days, became red, simulating sunburn. Three or four weeks later face began to swell and become lumpy. Hands became blue (i. e., capillary congestion) about January, 1883. In about October, 1882, first noticed blebs on upper radial side of forearm. They appeared very suddenly, were oval in shape and about one-half inch long. They were not at all painful, and were very sluggish in healing.

Present Condition.—Height, five feet eight inches. Weight, 145 pounds. Stout, muscular man. Hair and beard black; eyes brown; skin characteristic copper tint. Skin of whole face hypertrophied and infiltrated, especially that of brow, nose, malar region, lips, chin and ears. Discoloration and thickening gradually fades towards neck. On left side of neck is a reddish, oval spot, size of a silver quarter-dollar. Arms to elbows quite natural, with exception of being covered with numerous light brown spots from size of a pea to that of a hand. These are quite regularly distributed from apex of one shoulder to middle of sternum, and then to apex of other shoulder. No spots posteriorly. Right forearm and hand have dark, bluish spots. On fingers of both hands and ulnar side of right wrist are a few blebs and a number of scars where blebs have been.

Sensation.—Greatly diminished in hands and feet. On ulnar side of forearms two points cannot be distinguished closer than six and one-half inches. Sensation is diminished to about the same extent as this on both legs, and is complete on the great toes, varying in degree here and there upon the feet.

CASE 37. LEPRA TUBERCULOSA.—White boy, aged 17: native of New Orleans. Occupation, newsboy. Resident of Third District. Applied for treatment in my ser-

vice at Charity Hospital, August 20th, 1888, accompanied by his mother.

Family.—Father born in Germany and has been living thirty-one years in New Orleans. Mother born in Alsace and has been in New Orleans for thirty-five years. Both healthy and never heard of a similar disease in family. Mother has four other children—two boys and two girls—all healthy. One boy is 14 and the other 23 years old. Lost two children, the causes of death being scarlet fever and dentition.

History.—Has had chills and fever off and on for three years. Had them also when much younger. Delicate as a child. Boy formerly worked in a brush factory in Third District. Has been withdrawn. Never had dysentery. Seldom eats fresh fish, but eats salt meat about once a week.

Condition on Examination.—Boy tall and thin, and of dark complexion. Is just arriving at puberty. Noticed one year ago a few irregular blotches on the cheek resembling a bruise, and which appeared afterwards on chin. Face slightly swollen, but features not deformed. Nose, ears and lips normal. Eyebrows thick, lashes long and curled. Skin of face of a bluish-red color, here and there in irregular blotches. Tongue shows enlarged fungiform papillæ. Follicular pharyngitis. Trunk is lean, and skin very slightly darkened here and there. Bluish-red, ill-defined patches on nates. Genitals normal; also thighs. On lower half of rear of both legs is a red, clear-cut, scaly eruption, diminishing in depth of color toward anterior surface, where it takes on a xerodermic appearance. Fingers slightly swollen and pigmented.

Sensation.—Anæsthesia not complete anywhere, but sensation greatly diminished on legs and feet.

Treatment.—Gurjun oil to be increased five drops a week.

CASE 38. LEPRO MACULOSA.—White woman, native of New Orleans, aged 36 years. Unmarried. Applied for

treatment in my service at Charity Hospital, September 29th, 1888.

Family.—Father born in France. Is dead; cause unknown. He had for some years an itching eruption called eczema. Mother born in Cuba; died of cholera. Father married twice; patient is by second marriage. Father had two children by first marriage and both are dead—one from consumption and one from pneumonia; also two other children by second marriage—one dead and one living. Patient had eczema as a child.

General Considerations.—Appetite good; bowels regular. Teaches school. Lived at present residence in Third District since childhood. Eats fish and salt meat occasionally. Has been subject to pains in shoulders for four years. Disease began about four months ago as a rose-colored macule on left cheek; it then appeared on other parts of body.

Condition on Examination.—Face is natural in every respect, with exception of an oval, rose-colored spot just to left of nose, size of a silver dollar, and a small spot near left eye three lines in diameter. A few small patches here and there on neck. Trunk and right upper extremity normal. On upper part of left forearm and elbow are red, scaly patches, with well-defined borders, slightly raised. On lower part of left forearm and hand is a single patch of same character, changing in the palm to an erythematous patch. Hands slightly swollen. Nothing on thighs nor right leg. Left leg covered with red, scaly patches from two to five inches in diameter, and having pale centers. Feet are red, but show no special eruption.

Sensation.—Diminished in all the patches except that on the face. No complete anæsthesia anywhere, but considerable analgesia on left hand.

Treatment.—Twenty-drop doses of chaulmoogra oil in capsules. Frictionings with same.

Brief notes upon the three cases following were furnished me by Dr. A. M. Beret, assistant sanitary inspec-

tor, and were taken by him in 1887, and forwarded with a report to the Board of Health :

CASE 39. LEPRA ANÆSTHETICA.—White man, aged 30 years ; native of Italy. Occupation, wagon-driver. Family consists of mother, two brothers and a sister, all of whom are robust and healthy. Has never heard of the disease occurring in his family. Patient is unmarried. Lives in Third District in a healthy locality. This is an exceptionally severe case. The man appears to be rotting away, being covered with ulcers, and is a terrible sight to look at. There are three persons occupying the same premises.

CASE 40. LEPRA ANÆSTHETICA.—Negro woman, aged 45 years ; native of New Orleans. Can give no information relative to family history. Married and has two children in good health. Resides in Second District. Cistern water and general condition of premises where she resides are as they should be.

CASE 41. LEPRA ANÆSTHETICA.—White woman, aged 48 years ; native of France. Occupation, grocery-keeper. Says the disease is unknown in her family, and has no idea how it was contracted. Is married and has three children, all in excellent health. Lives in a healthy locality in the Second District. Seven persons live upon the same premises.

CASE 42. LEPRA ANÆSTHETICA.—Negro man, aged 19 years ; native of New Orleans. Carpenter by trade. Both parents living and in good health. One sister died of *leprosy* about three years ago. No history of disease in family, and does not know how the disease was contracted. Resides in Second District, in a low, swampy locality.

Having completed the relation of cases, in which it is feared the unavoidable repetition of symptoms has proved somewhat monotonous to the reader, it may be well to place certain salient points of each case before the eye for rapid reference and comparison. Accordingly the following table has been arranged and will explain itself :

CASE.	AGE.	NATIVITY.	COLOR.	SEX.	VARIETY.	NATIVITY OF PARENTS.	DURATION.	RELATIVES WITH LEPROSY.
1	60	Germ.	W.	F.	A.	Germany.	1 year.	
2	16	N. O.	W.	M.	T.		2 years.	
3	35	Germ.	W.	F.	M.-A.	Germany.	5 years.	
4	29	N. O.	W.	M.	T.		3 years.	
5	25	Mo.	W.	F.	T.		7 years.	
6	26	N. O.	W.	F.	M.-T.	Ireland.	7 years.	
7	26	La.	B.	F.	T.	{ Father in Italy, moth- er in La.	3 years.	
8	75	La.	W.	F.	M.-T.		2 years.	
9	48	Germ.	W.	M.	M.-A.	Germany.	5 mos.	} Step-mother and two half brothers.
10	35	Germ.	W.	M.	T.-A.	Germany.	10 years.	
11	47	La.	W.	F.	T.		6 years.	
12	46	A'tria	W.	M.	M.-A.	Austria.	10 years	
13	27	N. O.	W.	M.	T.-A.	Ireland.	14 years	
14	35	N. O.	W.	M.	M.		18 mos.	
15	65	Irel'd.	W.	M.	M.-A.	Ireland.		
16	10	N. O.	W.	M.	T.	{ Father and moth's fath- er from Ger.	5 years.	
17	63	Germ.	W.	M.	A.	Germany.	18 mos.	
18	27	N. O.	W.	M.	T.			} Mother.
19	57	Germ.	W.	F.	T.-A.	Germany.	8 years.	
20	27	N. O.	W.	M.	M.-A.	Ireland.	18 mos.	
21	24	N. O.	W.	M.	A.		3 years.	Uncertain.
22	16	N. O.	W.	M.	T.-A.	{ Father Ger- man, mother Irish.		
23	45	N. O.	W.	F.	T.		6 years.	} Two daughters Mo'th'r & sister Mo'th'r & sister
24	17	N. O.	W.	F.	T.	Moth'r in N. O.	over 4 ys	
25	15	N. O.	W.	F.	T.	Moth'r in N. O.	over 4 ys	
26	11	La.	W.	M.	T.		5 years.	
27	14	N. O.	W.	F.	M.		4 years.	} Father and several rela- tives.
28	16	La.	W.	M.	T.	Louisiana.	10 years	
29	15	N. O.	W.	M.	T.		5 years.	Brother.
30	13	N. O.	W.	M.	T.		2 years.	Brother.
31	51	Eng.	W.	M.	T.	England.	5 weeks.	
32	28	La.	B.	M.	A.		8 years.	
33	54	Germ.	W.	M.	T.	Germany.	7 years.	
34	18	N. O.	W.	F.	T.	{ Father in Ger., moth'r in N. O.	4 years.	} Mother is a s u s p i c i o u s case.
35	21	La.	B.	M.	T.	Louisiana.	over 1 yr	
36	21	N. O.	W.	M.	T.	Ireland.	1 year.	
37	17	N. O.	W.	M.	T.	Germany.	1 year.	
38	36	N. O.	W.	F.	M.	{ Father in Fr'ce, moth- er in Cuba.	4 mos.	
39	30	Italy.	W.	M.	A.		years.	
40	45	N. O.	B.	F.	A.			
41	48	Fra'ce	W.	F.	A.			
42	19	N. O.	B.	M.	A.			Sister.

Age of Cases.—We see from the tabulated statement that there were no cases under 10 years of age. There were thirteen between 10 and 20; eleven between 20 and 30; five between 30 and 40; six between 40 and 50; three between 50 and 60; three between 60 and 70; and one between 70 and 80. Though none were seen younger than 10 years, three of these cases developed the disease before that age; and though all ages are represented, more than half of the cases were between 10 and 30 years. The oldest patient was 75 years old, and is still alive.

Nativity.—Of the forty-two cases twenty-nine were natives of Louisiana, including twenty-two natives of New Orleans. Natives of Germany, seven; of other foreign countries, five; of other States, one.

Color.—The majority of the thirty-seven white persons were of dark complexion, and the majority of the colored persons were mulattoes.

Sex.—The males were in the majority, being twenty-six in number, while there were only sixteen females.

Variety.—For the sake of systematic classification the form of the disease has been given in every case, but it should be understood that this simply indicates the most prominent symptoms; for nearly all of the anæsthetic forms were accompanied by macules and tubercles, and the tubercular forms by nerve lesions and pigmentation. Leprosy which is purely tubercular, macular, or anæsthetic, is very uncommon.

Nativity of Parents.—It is a significant fact that in Louisiana, where a large proportion of the oldest inhabitants are *natives*, we find that as many as eighteen of the cases here reported are children of foreign-born parents, and as many as twenty are children of at least one foreign-born parent; from which we conclude that if the disease is hereditary it must be derived from a variety of foreign sources; and if acquired then it seems to attack the children of immigrants as often as those of the older native families.

Duration.—The figures here recorded can give no idea of the expectation of life in this disease, for a large majority of the patients are still living and may live on for many years. But experience with these cases has already shown that proper medication and wholesome diet can greatly ameliorate symptoms; and it cannot be denied that the greatest ravages of leprosy are upon those who are least able to resist them physically. Three cases are here reported in which the first symptoms appeared five months, five weeks and four months, respectively, before applying for treatment. These are brief periods, but as leprosy has no known initial lesion, like syphilis, it is impossible to say how long the patients were diseased before the first symptoms attracted attention. After careful inquiry upon this point the author has come to the conclusion that in certain cases the disease has lain dormant through an exceedingly long period of incubation before the skin lesions made their appearance, and that the duration of this period of latency in leprosy is greatly modified by the diathesis or resisting power of the individual. It is probable that a stout, healthy man is as little apt to become leprous as he is to become tuberculous, unless there be hereditary taint.

Relatives Afflicted.—We find that there were ten patients who had other relatives afflicted in the same manner; while, on the other hand, these ten have lived and come in constant contact with many other relatives and friends who have not contracted the disease. Some of the patients have had perfectly healthy children after the disease began, but the rule seems to be in females for pregnancy to end in a miscarriage or in a weak, delicate child.

Diet.—Questioned as to food the majority of patients have shown that they live on a mixed diet of the usual meats and vegetables that can be procured by the poor. Salt meat and fish, when they can be procured, are eaten by the poor all over the world. In the warm summers of New Orleans it is probable that much of the meat and fish

eaten by the poorer classes is not as fresh as it should be; and it is said that the various viscera and stale products of the butcher's stand, sold under the name of "cat and dog meat," and fit only for such animals, are purchased by the lower classes of New Orleans and used as articles of food by them. This is certainly a possible source of disease.

Intercurrent Diseases.—The two maladies which have complicated the cases here reported are malaria and syphilis. Nearly all of the patients complain of having had malaria, and on several occasions these attacks have been observed. Most of them were the ordinary leprous fevers, coming irregularly and easily broken with quinine, but re-appearing while the quinine was still being taken. But not a few of them had regular intermittent fever, which was preceded usually by a chill and followed always by a sweating stage. This fever yielded to quinine.

Case 20 is syphilitic. His symptoms were becoming aggravated until iodide of potash was used, and then improvement was immediate, though the blebs of leprosy continue to appear as usual.

Case 31 has had syphilis, and, though not treated with anti-syphilitic remedies, improved to a wonderful extent on large doses of chaulmoogra oil. The syphilis was of long standing.

Case 33 has probably had syphilis, though the history is not clear. He is subject to muscular and articular pains, often with swelling of the joints, and iodide of potash and colchicum give immediate relief.

Etiology.—Tainted animal food as a possible cause of this disease has already been alluded to; another and much more certain one is heredity. But the cases here recorded, in which a child inherits from a parent or ancestor, are so very few that we are forced to look for some other solution of the question. We find here a large number of persons, not related to one another and having an entirely different ancestry, coming from a variety of countries. It is probable that several of these persons may

have developed in this State a malady which was inherited or acquired from others in older countries. But it is *improbable* that so large a number of ancestors should have been tainted with a disease which is exceedingly rare in Germany, Ireland, France and Austria, and that their descendants should have met at this time all in one particular locality, which certainly presents no special inducements to persons suffering from leprosy.

Now, though possessing no absolutely reliable history of direct inoculation, there are several cases here reported which would lead one to suspect that the disease may have been acquired by contact with another person afflicted in a like manner. Sometimes the evidence is weak, but let us see what it amounts too. It is well known that the Louisiana Board of Health has, on two different occasions, sent its officers to examine and report upon cases of leprosy said to be on the banks of the lower Lafourche* and in the town of St. Martinsville.† The investigations showed that there were from twelve to fourteen cases in the parish of Lafourche, and only three positive and three doubtful cases in St. Martinsville.

Referring to our histories we find that case 3 acquired dysentery and first noticed leprous spots while living in Houma, a town situated but a few miles from the infected district on Bayou Lafourche. Case 20, while suffering from a recent attack of syphilis, was in the habit of riding up and down Bayou Tèche to St. Martinsville. Case 36, before taken with the disease, traveled daily on the ferry with a passenger whose deformed visage suggested that here was a similar disease. Indeed the physiognomy of leprosy is a remarkable one, easily recognized, and we have more than once had our attention attracted to the Dromio-like manner with which these cases eye one another on meeting accidentally in the ward. Cases 32 and 35 were colored men from St. Martinsville. Little is known

*Report of Board of Health for the year 1880, p. 217.

†Results reported May 2, 1887.

about the former, but his dark skin showed that both parents were probably negroes, and it is believed that he worked for a family there afflicted with the disease.

Case 31, an Englishman, had likewise been to St. Martinsville; lived there five months in 1872. This same patient also nursed during several months in a ward of the Hospital which sheltered a person who had leprosy (case 35).

With the exception of his mother the family of the young mulatto (case 35) were healthy as far back as his grandparents, and we have been told that his mother nursed and washed for the father of case 28—a man who was a subject of this disease, as well as his son. These facts suggest several possibilities, even probabilities: 1st. If the mother (the “suspicious case”) has the disease she may have acquired it directly from the man she nursed, or indirectly from the clothes she washed. 2d. If she has *not* the disease she may have been the means of conveying it to her son in her own person about her clothes, or else in the soiled clothes of the diseased man. 3d. Again, the son may have acquired the disease either by inheritance from his mother, by contact with his mother, or by contact with the diseased man referred to or some of his belongings. 4th. Even granting that the mother is a leper it is hardly probable that the son, who is her eldest child, would have been the only one to inherit a disease which did not manifest itself in her until she had borne a number of other children, all of whom remain healthy. 5th. It seems to be a much more plausible theory that the disease of the son came from one of the known sources of contagion, and the disease of the mother, if her’s be leprosy, also from a similar source.

The statement of case 19 that she washed the dead body of a leper while her hands “had wounds on them,” and afterwards contracted the disease, looks very much as if this was the origin of the disease. Unfortunately the name of the physician who diagnosed the case of the dead person

is not given, but on being questioned recently she reiterated this statement.

It is customary after rehearsing testimony to draw conclusions. We have seen that a few of these cases are of inherited disease, but the majority give no such history; on the contrary there is usually a flat denial of having ever seen or heard of a similar case. The evidence that the disease has been acquired in an infected district, or by association with other cases, or by actual contact, is more or less valuable. It is not entirely conclusive, however, though the history of the woman washing the dead body of a leper when her hands were in a condition to absorb infective virus, and the Englishman nursing in a ward with a leper while his thumb was sore, points very forcibly in the direction of *inoculation*.

Treatment.—Unna's plan of treatment with the so-called *resolvents* has been pretty well tested as regards ichthyol, pyrogallol, resorcin and salicylic acid, the latter being usually combined with one of the former. Their action upon the face has been in no case permanently satisfactory either in strong or weak ointments. Made into a paint for the body, with traumaticine or flexible collodion, they have been very useful. Ichthyol, administered internally, either in liquid or pill form, as much as six grains a day, has given entirely negative results. Chaulmoogra oil is still the best remedy which the author has tried, acting at times almost as a specific, and always (when tolerated) as a tonic and regulator of the bowels. Old cases, particularly those of the anæsthetic variety, are not much benefited by the oil, but if pushed rapidly in recent cases to the point of toleration (thirty drops to a drachm may be given at a dose) visible improvement may be looked for. Under this treatment case 31 made such rapid improvement that nearly every erythematous or disfiguring spot had disappeared in the course of six months. Chaulmoogra oil as an ointment has been used very little, on account of its high price, the majority of patients being very poor; be-

sides, the resolvents are more generally beneficial as external applications.

Gurjun oil is now being tried in several cases, but its effects have not yet been accurately ascertained.

CONCLUSION.

These cases have not been seen and studied in a corner. In the milder ones the author has added to his diagnoses the unqualified concurrence of Dr. J. H. Bemiss and Dr. F. W. Parham, who are both familiar with the disease.

Leprosy is undoubtedly increasing in this city—slowly, but steadily; and the author is not aware that any Louisiana physician has ever before reported half as many cases in New Orleans. To what we should attribute the spread of this loathsome disease it is impossible to say with any certainty. Malaria, syphilis, debilitating diseases, unsanitary surroundings, improper diet, etc., were undoubtedly predisposing causes in some cases, but beyond this all is obscurity.

It is not intended to discuss here the contagiousness or infectiousness of the disease. Suffice it to say that, after a the study of these and other cases, the writer believes that leprosy may be communicated from a leprous to a non-leprous person by means of a specific virus, which acts somewhat like the specific poison of syphilis, depending upon thin or denuded surfaces for its absorption, and which remains potent, very probably, for an indefinite period of time. Syphilis, on the other hand, runs a much more rapid course, and virulence of the poison diminishes with age, even when the disease is untreated. But howsoever the disease may be acquired the question to be decided is, *What shall be done with the lepers?* To leave them at their homes were to create just so many possible foci of disease, liable to communicate it to others about them, and by marriage or otherwise leave their puny offspring as a burden to relatives and a menace to the community. The present practice of admitting them to the Charity Hospital is an imprudence justified only by the necessities of the case.

A separate ward for them *within* the institution would still be a great risk to the inmates, and complete separation under the circumstances would be impracticable.

The only plan that seems likely to prove of permanent benefit to all concerned is *complete and permanent isolation of the lepers*. Science has moved very slow in this matter, and the ancient methods of Moses have not been superseded by anything better at the present day.

It is the universal experience, tested time and time again, that whenever hospitals for leprosy have been formed and the lepers separated from the rest of the community the disease has ceased to spread. This method was practiced long ago by the Jews; it was practiced in Europe in the middle ages; it is practiced now at Bergen in Norway, and at Molokai in the Sandwich Islands. Indeed there was once a hospital for lepers in the city of New Orleans,* which continued in existence until all its inmates were removed by death or transportation.

To accomplish segregation of lepers in Louisiana stringent laws must be enacted and certain general rules observed, for the creation of which the following propositions are suggested:

1. A hospital or lazaretto to be conducted at the expense of the State, and situated on high ground in the rear of the city; the same to be surrounded by a plot of ground, which the inmates may utilize as a truck farm and for outdoor exercise.

2. Physicians throughout the State to be compelled by a law more urgent than the one now existing in Jewell's Digest (ordinance No. 6022, A. S., art. 41) for the city of New Orleans, to report to the Board of Health all cases coming under their knowledge, as well as occurring in their practice, of persons suffering from symptoms of leprosy or suspicious thereof.

3. A committee of experts, appointed by the Board of

*Gayarré's History of Louisiana, Spanish Domination, p. 167.

Health, to which shall be referred for diagnosis all persons so reported, and whose decisions shall be final.

4. When a case is decided to be leprosy it shall be sent to the lazaretto, to be there confined at the expense of the State; all personal communication with the outside world to be interdicted, and intercourse with friends permitted only where bodily contact is impossible.

5. With clean, hygienic surroundings, substantial and wholesome diet, together with the means of active diversion and intelligent medical treatment, the pangs of separation from relatives will be felt less by the victims of the disease (who are too glad to hide themselves during its latter stages) than by relatives on the outside; and the lives of patients, to which they are entitled, will thus be materially prolonged.

6. Lastly, by such segregation only can the community rid itself of a most loathsome, repulsive and unclean disease.

Prophylactic Dietetics.

By W. IRVING THAYER, M. D., Brooklyn, N. Y.

The subject of infantile nutrition was considered of so much importance at the late meeting of the American Medical Association that one of the most complete reports of that meeting was that made by the special committee on dietetics.

It is many times a puzzling question, What is best to do and how to feed an infant deprived of its mother's milk? Such have been the difficulties that have met the writer, and his advice has been frequently solicited. While the profession admit that human milk is the *best* nutriment for a child under fifteen months, if it can have a *well-fed* pabulum to go to, physicians have inquired and are to-day investigating the different methods that have been suggested for the feeding of infants.

The most frequent substitute that has been offered is cow's milk. It is not, however, a good substitute. We believe from extensive experience that it is possible to manufac-

ture a substance that will closely resemble mother's milk, and if so it should be used to supply infants deprived of their natural food.

Certain and specific objects should be sought for in searching for an artificial food—such as the quality of easy digestion, proportions of nitrogenous matter which will supply most of the tissues, the calcareous salts and phosphates that alone go to construct the bony, petrous and muscular tissues. The importance of the inorganic constituents of mother's milk is too frequently overlooked. This fluid cannot have the necessary amount of lime salts unless *especially fed* to her who nurses.

It has been stated that cow's milk was not a good substitute for mother's milk. We will append an analysis of forty-three different women's milk and contrast it with that of the cow :

	Human Milk. Mean Composition from 43 Different Women.	Average Composition of Cow's Milk.
Water.....	87.163	87.780
Fat.....	4.283	3.759
Casein.....	1.046	3.022
Sugar.....	7.407	4.949
Ash. Salts.....	101	490
Total.....	100.000	100.000

It is plain from an examination of the above table that there is a great difference in the composition of these two fluids.

One of the component parts of cow's milk that requires strong digestive powers is its casein. This ingredient of cow's milk coagulates by the action of the gastric secretion into a *tough, leathery and cheesy* mass; while the casein of human milk is thrown down quite light and flocculent, so that it can be easily disintegrated by the gastric ferments. The quantity of this tough casein of cow's milk over that of woman's milk is 288.91 per cent. It is true that water, which should be boiled, can reduce to any extent the amount of casein that is presented to the child's digestive apparatus, but its nature (toughness) cannot be changed except it be partly predigested with pancreatine.

If the quantity is reduced then the albuminoids and nitrogenous matter are also reduced, and the child, in the same proportion, poorly nourished.

In an artificial food like Carnrick's Soluble Food this is obviated by *partly predigestion* before it is brought in contact with the hydrocarbons in this food. There is quite a marked difference in the carbohydrates (sugar) between human and cow's milk, as shown above. There is 149.6 per cent. more sugar in human milk than in that of the cow; also over 113.8 per cent. more of fat. It is quite clear by the above that cow's milk is not as good a substitute as can be made artificially, using partly predigested cow's milk to supply the nitrogenous matter, and converting the starch in the wheat into dextrine by long baking (nine hours), at a temperature of 350 to 400 degrees F.

In 1886 Prof. Stutzer made an analysis of eight different infant foods, and published the same in the *Pharmacuet, Central Halle*, Berlin, which will assist one in forming an opinion of the relative value of some of the foods for sale in the shops. Three of them are starch foods; two are malt foods; three are milk foods.

Starch Foods.—Dr. Ridge's Food contains of the albuminoids 8.76 per cent.; cellulose, which is indigestible, 0.73 per cent.; lime salts, .48; phosphoric acid, 0.260, and ease of digestion, 7.97. Lactated Food, albuminoids are 9.05; cellulose, 1.54; lime salts, 0.390; phosphoric acid, 0.688, and digestion, 8.35. Imperial Granum's albuminoids are 10.73; cellulose, 0.97; lime salts, which are very low, 0.37; phosphoric acid, also low, 0.167. These two last constituents are very important elements, as they are the true petrous tissue builders. Ease of digestion is 9.55.

Malt Foods.—Two: Mellin's albuminoids are 8.34 per cent.; cellulose, 0.58; lime salts, 3.53; phos. acid, 0.583; disgestion, very low, 7.38. Horlick's, albuminoids 11.30; cellulose, 0.55; lime salts, 2.76; phos. acid, 0.421; digestion, 10.85.

Milk Foods.—Three: Nestlé's, albuminoids 11.46

per cent.; cellulose, 0.10; lime salts, 1.75; phos. acid, 0.630, and ease of digestion, 11.09. Anglo-Swiss Food, albuminoids, 12.38, quite high; cellulose, 1.09; lime salts, 1.95; phos. acid, also high, 0.800, and ease of digestion, 11.20.

Carnrick's Soluble Food contains of the albuminoids or nitrogenous matter 18.45 per cent.; woman's, 17.08 per cent.; cellulose, *none*; lime salts, 2.991; phos. acid, 0.874, and ease of digestion, 16.45, similar to human milk.

Thus it will be seen that by Stutzer the milk foods are the most valuable and capable of nourishing *every tissue*. This is especially true of Carnrick's Food.

The starches are not a proper food for infants, from the fact that children under eighteen months do not possess enough of the amylolytic ferments to dissolve the starches. These carbohydrates are disposed of by the amylolytic ferment found in the salivary, pancreatic and intestinal secretions.

Malt foods, as such, are very relaxing, and if used as a continued food produce diarrhœas and frequently cause hiccough.

The pregnant woman, then the nurse, should confine herself in her bread foods to the coarser varieties; breads constructed out of the *unbolted* product of the grain used—the WHOLE of the wheat, the rye, the corn and oat. The tegumentary coats of all of our grains are rich in calcareous matter that go to make *strong, flint-like, undecaying teeth*. The average deposit of calcareous matter in good, strong teeth in enamel is 98 per cent., cementum 70, and in dentine 80 per cent. There is no other form of food where the earthy basis rests so well balanced and so easy of digestion, absorption and appropriation, as it does in our cereal foods—THE WHOLE OF THE GRAIN!

The teeth begin to form very early, and it is *when forming* that they require material to build with. These *organs are built up once for all*. The teeth of rodents

will grow after being worn away, but not so with man's. Therefore, it is a very important matter to send the very best of pabulum through the *funis umbilicalis* or *mammary glands*; and no less important is it to consider what goes into and out of a *child's nursing bottle*, to the intent that every tissue may be fully nourished.

Those who are compelled to use a nursing bottle should be correctly informed and instructed how to avoid the dangers that lie concealed in the nipple and in the half-cleansed bottle. A common four-ounce bottle is large enough for the first eight weeks, and after that two or three six-ounce bottles should be in possession of the mother or nurse, so that after use they can be thoroughly scalded, completely immersed in hot water and boiled and kept under water until used. No less care should be exercised in regard to the nipple. It should be turned wrong side out, soaped, boiled and made thoroughly aseptic, then sunk and kept under water that has been boiled.

The fluid that comes from the breast is quite thoroughly aseptic. So can a good artificial food be constructed that shall be well sterilized and kept so if guarded with zealous care. It must not be exposed to the air any more than is necessary; and if there is any question it can be soon settled by exposing the food to a high temperature in a range or stove oven for a short time, avoiding any scorching.

It is within the purview of the profession to so direct its clientage in relation to the dental organs as to insure good, strong, serviceable teeth to those who come under its benign influence. This can be easily done if the patient is *started aright* and *kept in* a reasonable path, whereby the now needy, half-starved petrous tissues can be supplied with a pabulum *that they must have* to build themselves up into a reasonably healthy and *lasting condition*.

In only twenty-four out of five hundred and thirty cases of acute rheumatism in the report of the British Medical Association did the salicylate of soda treatment fail.—*Ex.*

* The Surgery of Gummatous Growths of the Nasal Cavities.

By A. G. HOBBS, M. D., Atlanta Ga., Professor of Eye, Ear and Throat Diseases in Southern Medical College.

I will report the following cases of gummatous growths occurring in the nasal cavities—(1) because of their comparative rarity, and (2) because my treatment of these four cases has not been according to the conventional mode if I may judge by the text-books and journals, as well as by my own early teachings. I believe it has been the general rule not to resort to surgical procedures to reduce gummatous tumors when found in the nasal cavities, from fear of causing destructive ulcerations.

The following four cases are all that have come under my observation during the past three years, and the treatment resorted to gave me entirely satisfactory results; this cannot be said of the few cases I saw and attempted to treat previous to this time:

Case 1.—In June of 1888 Dr. Robinson, of Atlanta, brought a patient to me to be treated for nasal stenosis, with the following history: A young married woman had had syphilis for three years, with the usual treatment, no symptoms having shown themselves during the past year. Three months before I saw her she began to feel a “stiffness” about her nose, in one nostril particularly, which gradually increased until she breathed entirely through her mouth. An anterior examination revealed a purplish-red growth, which filled the right nasal space completely, and pressed itself into the left cavity till the stenosis was almost, if not quite complete. I could not ascertain much by a posterior examination on account of an extremely irritable throat and rebellious tongue. From the history of the case and the appearance of the growth its gummatous nature was suspected; hence it scarcely occurred to me at this time to attempt its removal by any surgical means, for fear of producing a destructive ulceration. She was

* Read at the Sixth Annual Meeting of the American Rhinological Association, September 14.

placed upon increased doses of potassium iodide, together with biniodide of mercury. This treatment was continued for four weeks, when she returned unimproved; indeed, she was in a still worse condition from being compelled to breathe entirely through her mouth. The tumor presented no changes; it had at least not decreased in size.

I determined to undertake the immediate removal of the growth after explaining to her the possible results. I cocainized the nasal passages with a five per cent. spray as thoroughly as was possible, when I attempted to introduce a Blake's snare, but found it impossible to engage the tumor in the loop. A cutting spoon was then introduced and several large masses of the growth cut away. I was surprised at the small hemorrhage, which did not amount to more than a drachm or two. When the flow had ceased she could breathe through the left nostril. Four more sittings at intervals of three days were necessary to remove the entire growth. The attachment was by a broad pedicle at the posterior part of the septum, which I seared with the galvano-cautery, when the last particles of the growth that could be seen had been extracted. Considerable more hemorrhage, possibly two ounces altogether, followed the succeeding sittings. The patient was furnished with a spray apparatus. No ulceration followed. Dr. Robinson reported six months afterward that there had been no recurrence, and that she had regained her health completely. She was kept on anti-specific treatment during the six months.

Case 2.—In November, 1885, Dr. Abry referred to me a gentleman, aged 44, whom he thought was suffering from hypertrophic nasal catarrh, stating at the same time that he had treated him two years previously for syphilis. I treated the hypertrophy daily for about a month, when it had responded so promptly to the treatment that he considered himself sufficiently recovered to leave for California. He did not return for more than four months, when he presented himself, remarking that his nose was almost

completely closed—entirely so when lying down. It gave him such utter discomfort that he insisted upon my doing something—anything to relieve him. An anterior examination revealed a purplish-red growth (one on each side) attached to the posterior part of the septum. These growths had not existed four months previously. He thought his nose had been closing up, as he expressed it, about two months. After a thorough use of cocaine I again attempted to use the snare, using Jarvis' this time, and with more success than in the first case. I succeeded in removing a large piece from each nostril at one sitting. The screw was turned very slowly and the hemorrhage was inconsiderable. Three days afterwards I pinched off and scraped away the last remaining trace of the growths and seared the stump with the cautery. No ulceration followed, but it required a two months' use of the spray to heal the resulting catarrh. He was then dismissed, with a *succus alterans* and iodide alterative to be continued six months. There has been no recurrence to this date.

Case 3.—A young mulatto woman of very nervous temperament and the usual scrofulous diathesis was brought to me by her family physician for nasal stenosis. There was no distinct syphilitic history, nor any symptoms other than some copper-colored skin blotches on her neck and shoulders that were somewhat suspicious. Her physician had suspected syphilis, but had not given her any anti-specific treatment. The nasal tumor that occupied the right nasal space and insinuated itself into the left presented a very similar appearance to case one. In consequence of being unable to sleep with her mouth closed she arose in the morning after a night of snoring with a dry, parched mouth and throat, and a dull heavy headache. She had first noticed the closing of the right nostril about four months previous to her first visit to me in March, 1887. The growth presented all the characteristics of a gummatous tumor, notwithstanding the absence of specific symptoms. After thoroughly cocainizing I

removed the greater part of the growth with cutting-edged forceps. Considerable hemorrhage followed on account of the use of the forceps, perhaps, but I had been unable to engage the loop of the snare, so completely was the space filled and so broad was the attachment. Three days afterwards I removed all the remaining portion of the tumor with the curette and forceps, and seared the broad base. She was provided with a vaseline spray and instructed to return if she had any more trouble. Two weeks afterwards she returned, complaining of a soreness and "stiffness" in the nose. I found upon examination a deep ulcer occupying the seat of the tumor's attachment. It caused me considerable trouble during the next two weeks. I treated it with applications of nitrate of silver, full strength, on a cotton probe. Some bony necrosis followed, but healing had taken place in the course of three weeks, and the resulting cicatrix was not an ugly or an inconvenient one. She was advised to continue a specific alterative of potassium iodide and succus alterans for six months. When I heard from her some weeks afterwards she had gained eight pounds in weight, and her health was completely restored.

Case 4.—Was an old Scotchman, aged 66. If he had ever had syphilis he did not know it by that name. Said he had ulcerated sore throat with a skin eruption in Scotland twenty years ago, which lasted many months, and for which he was treated six or eight months. Ugly cicatrices covered his pharynx, and the velum was adherent in more than half of its extent to the posterior wall of the pharynx. He came to me to be treated for deafness and tinnitus in his left ear. Upon examination of his nasal cavities anteriorly a growth was found in the left nasal space, which presented all the characteristic appearances of a gummatous tumor. As the specific history and symptoms were meagre I pinched off a small piece for microscopic examination. It presented all the peculiarities under the microscope of the preceding cases, and corresponded with

a Heitzman specimen of a gummatous growth in the nasal cavities in my possession. My first attempt at extracting it produced great pain and decided hemorrhage, notwithstanding cocaine was applied as thoroughly as possible. I succeeded, however, in pinching away about half of it at the first sitting. I concluded the second day afterwards, when he next returned, to cocainize and try the application of chromic acid. I repeated the applications of chromic acid, fused upon the end of a platinum wire, daily for ten days, when the entire mass was extracted principally in small pieces. Much less pain and no hemorrhage was produced by this method. The middle ear catarrh, which had been caused by the pressure of the tumor at the Eustachian orifice, became very much worse after a few days' application of the chromic acid to the growth, but it finally passed away, as the stenosis lessened, without producing a rupture of the drum membrane. The resulting nasal catarrh was treated with vaseline sprays for six weeks, when he was dismissed. He was not placed upon a specific treatment, but was advised to return to me at once when he discovered any nasal trouble. I have heard nothing further from him since his dismissal in May of this year.

My deductions from these cases, occurring in my practice during the last three years, are:

1. Surgery is not only admissible in most cases of this character, but in many instances it becomes urgently necessary.

2. The fear of producing destructive—at least uncontrollable—ulcerations has not a sufficient clinical foundation.

3. Alterative anti-syphilitic treatment is too slow to be depended upon alone when the stenosis is producing so many reflex symptoms—such as asthma, cough, sleeplessness, headache, loss of weight, dry, parched throat, etc.

4. The loss of blood from instrumental means is not dangerous, nor even alarming; and while] the pain is considerable, as is the case in removing most nasal growths, it can be greatly mitigated by cocaine.

HOSPITAL REPORTS AND CLINICAL NOTES.

A CASE OF SPLENECTOMY.

Reported by DR. G. B. LAWRASON.

The patient, J. S., aged 31 years, was admitted to the Charity Hospital March 12th, 1888. She had been married ten years, had six children, youngest being three years old; no miscarriages. Her menstruation had been normal since its commencement until six years ago, when she had a very copious metrorrhagia, without pain or other inconvenience. The hemorrhage stopped after three days. About ten months afterwards she flooded again, and since then the hemorrhages have recurred several times at irregular intervals. She enjoyed perfect general health until about four years ago, but since that time has lived in a malarial district and suffered with fever every year. The patient stated that about two years ago a physician had told her that she had an "ague cake." About that time she began to suffer from severe pains in the back, sides and pelvis. The pains referred to the womb were periodical in their occurrence and cutting. Her health declined rapidly; menses became very painful and profuse; there was loss of appetite, sick headaches and insomnia.

At the time of admission the patient looked pale, but not much emaciated, and had the general appearance of one suffering from malarial cachexia. She was suffering from pains in the pelvis and the left side. She stated that her courses were regular, but very copious, lasting six or eight days. She suffered much pain a few days before and during the flow. The abdomen was enlarged and she said that she felt uncomfortable while standing or walking.

A few days after admission she was examined by Dr. Ernest Lewis, who made a diagnosis of uterine fibroids, which was corroborated by Drs. Parham and Lee. On April 2d she was examined by me. The uterus was found low down in the pelvis, apparently inverted and

very much enlarged, both in its transverse and longitudinal diameters. The cervix was lacerated, hard and enlarged, and the womb, apparently about the size of a child's head, reached above the umbilicus. It was hard, tender and perfectly movable. The cavity of the uterus measured about four inches in length. The diagnosis of uterine fibroids was confirmed, and it was determined to try electrolysis as a means of treatment. A gold sound electrode was introduced into the uterus, the positive pole of the battery connected with it and a current of 75 m. a. was applied for eight minutes. The patient suffered considerable pain after this application, and had quite a copious hemorrhage, lasting about two hours.

From April 2d to May 12th electricity was applied regularly twice a week, the positive and negative poles being applied to the uterus at alternate sittings. After each application the patient always complained of increased pain in the pelvis, and had to remain in bed three or four hours. By that time the uterus had been reduced to a measurement of three inches, and could be just felt above the pubis. The menstruation had become normal. On May 13, while running in the ward, she was suddenly seized with a cutting, excruciating pain, referred to the left side. She was put to bed and could only be quieted by very large doses of morphine. On May 14, the next morning, she was examined by me, and a tumor found to the left of the median line of the abdomen, presenting the appearance of an enlarged spleen. It was entirely unconnected with the uterus, and was very movable, and could be pushed upward under the left ribs. Electrical treatment was discontinued, and as there seemed to be periodicity in the paroxysms of pain large doses of quinine were ordered to prevent them. On August 15th, the pains having become more continuous, hypodermic injections of strychnine and codeia were made twice daily into the spleen.

The patient obtained no benefit from the treatment and

strongly begged to have the tumor removed. After some hesitation, the great pain which it was causing and the comparatively favorable prognosis from the fact of its being a floating spleen, extirpation was decided upon. On August 2d the patient was chloroformed, and with the assistance of Drs. Souchon and Logan and members of the Hospital staff the operation was performed. An abdominal incision was made in the median line, extending from about an inch above the umbilicus towards the symphysis, about seven inches in length. The spleen was found under the incision and removed by slipping it sideways. The pedicle proved to be about eight inches in length, and was very much twisted. The return circulation was so impeded that the veins were dilated to the size of intestines. Two ligatures were applied about an inch apart and the pedicle divided between them, leaving a stump about six inches in length, the arteries and veins were tied separately in the stump as an additional safeguard against hemorrhage. No blood was lost, so the peritoneal cavity was closed immediately with fourteen sutures. The spleen weighed $54\frac{1}{4}$ ounces, measured $12\frac{1}{2}$ inches in length, 7 inches transversely and almost 4 inches at its thickest point.

On being drained of its blood it shrank nearly to normal size. On microscopic examination nothing abnormal was found. The recovery of the patient was uninterrupted until the 14th, the temperature not having risen above $99\frac{3}{5}$. On that date she had a severe chill, the temperature rose to 101, and there was great pain referred to the left side. This was all easily controlled by quinine. On the 16th the patient was allowed to get up, the temperature and pulse were normal, and the appetite very good, but not exaggerated. The patient returned home the first part of October, feeling perfectly well. During the operation after opening the abdominal cavity the pulse became very weak and rapid, but after removing the spleen it resumed its normal strength immediately. Also

during the treatment three hypodermatic injections were given to produce rest; each time an abscess was formed at the seat of puncture. Dr. Sabatier applied the electricity during the treatment, and it was due in a great part to his unremitting care and attention that such a favorable result was obtained. I am also indebted to him for the notes from which this history was compiled.

*AN UNUSUAL CASE OF UTERINE POLYPUS.

Reported by P. MICHINARD, M. D.

Believing that a true history of an unusual case in a special branch of medicine would prove of more interest than an attempt at theorizing on some abtruse question in the scientific part of medicine, the following is presented:

Case.—A colored woman, aged 48, was brought to ward 37 of the Charity Hospital, giving this history: Has had twelve full term children and three miscarriages. Last pregnancy ten years ago. In May, 1887, became troubled with menorrhagia, and metrorrhagia of a severe character. Three months ago all bleeding ceased. In the meantime she noticed a large, hard tumor in the hypogastrium.

Eight days prior to admission there were initiated pains not unlike those accompanying labor. Five days later these culminated in complete prolapse of the tumor, which her physicians called the womb and vainly endeavored to replace.

When admitted, September 10th, 1888, her temperature was $102\frac{1}{2}$ degrees, due to the partial decomposition of the tumor. This tumor, which might be described as being pear-shaped, was completely prolapsed, with its base closely impacted against the vulva. It measured at the base fourteen inches in circumference, at its apex (which was the free extremity) four inches; was eight inches in length, and weighed three pounds fourteen ounces. At its free end there was an opening resembling a dilated *os*, and which permitted the introduction of the index finger

into a canal that extended to its base. It greatly resembled an enlarged uterus.

Before stating why a diagnosis of uterine polypus was made it may be well to mention what some writers have said of hollow polypi. Colombat speaks of Bourdon, Collin and Cloquet having removed hollow polypi while under the impression that they were extirpating an inverted uterus. Bedford in his work says: "Polypus of the womb may be confounded with inversion and prolapse of the organ. In prolapse the apex of tumor is downward, and the *os tincae* is felt by the finger." Goodell, after devoting one and a half pages to differentiating between inversion and a hollow polypus, concludes by saying: "The tale told by the existence of an *os externum* and of a uterine cavity should never permit a completely prolapsed womb to be mistaken for a polypus." This is the "tale" told by the tumor here reported. Thomas speaks only of hollow polypi resembling inversion. But neither he nor Emmet speaks of a polypus having an opening at its free extremity with a canal communicating with it.

Diagnosis.—The diagnosis of tubular polypus was made from the history of long-continued metrorrhagia; from the absence of any associated prolapse of vagina, which would have existed had the case been one of prolapse of uterus; from its being tubular, and that careful digital examination discovered a short thick pedicle attached to the right side of uterus, which was somewhat inverted.

The treatment was removal with the *écraseur*.

The peculiarities of this case consist of its being unique; of probably no mention having heretofore been made of such a growth; of its differing from that polypus which resembles inversion in having its apex downward, being shaped like the uterus, and in having an *os externum*; lastly, in its being liable to be mistaken for a complete prolapse of the uterus. As to the formation of such a peculiar form of polypus it might be suggested that it probably originated as a submucous fibroid occupying the entire area

of the interior of the uterus; that it gradually increased in size, while the uterus, with even step, enlarged with this increase. Uterine contractions eventually detached it from the organ itself, except at the point of attachment of the pedicle. The continuance of the contractions, together with the increased weight of the tumor, dilated the *os uteri* and aided escape.

It may be fair to conclude this report with the statement that the patient is doing very well.

CORRESPONDENCE.

PARIS LETTER.

[Our Regular Correspondent.]

M. Budin, in a clinical lecture at the *Clinique d'Accouchement*, Paris, recently gave a most interesting and useful lesson on the different methods of suckling infants. In those cases where the mother or the child presents any of the many impediments to that process that are frequently met with M. Budin recommends using M. Auvard's suckler, which has been improved by the lecturer. We will first describe M. Auvard's apparatus and then indicate Prof. Budin's modifications.

M. Auvard's biinspiratory suckler consists of—1st. An elongated conical glass cupola, to which two small tubes are attached close to the extremity of the cone. [See figure 1.] The exterior opening of one of these tubes is directed upwards; that of the other downward. 2d. An India-rubber tube, terminating in a teat intended for the infant. This tube is fixed on the lower of the small tubes above described. The teat contains a safety valve, which opens to let the milk through when the infant sucks, and shuts when the inspiratory action is exercised in a contrary sense. 3d. A second longer India-rubber tube, terminating by a mouthpiece intended for the mother. This tube is fixed to the upper

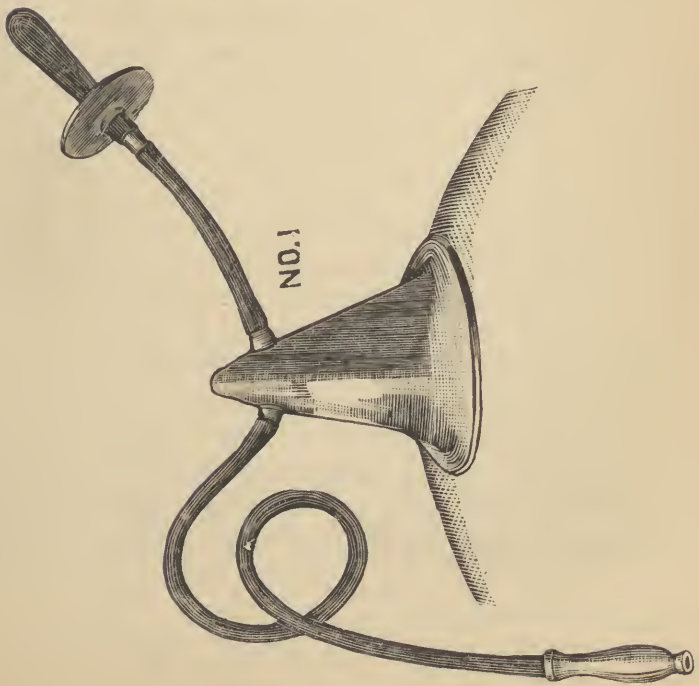
small tube, which is close to the extremity of the glass-cone. M. Auvard's apparatus is used in the following manner: The cupola glass receptacle is placed on the breast; the teat intended for the infant is placed in its mouth; the mother sucks through the mouthpiece adapted to her use, thus creating a vacuum in the cupola or receptacle; the milk spurts forth into it and passes into the India-rubber tube leading to the child's mouth. The effort of suction required from the infant is thus insignificant.

Prof. Budin has modified this little instrument in the following manner, and has completely rectified the disadvantages that attended its use. [See figure 2.] Instead of a conical or cylindro-conical cupola he substitutes a spherical glass receptacle, somewhat resembling a cupping glass in shape. On one side is an opening, which is applied to the breast. The edges of this receptacle are wide and on an incline, so that the nipple cannot be strangulated. At the two extremities of the large diameter of the glass receptacle, on an axis which would be perpendicular to an axis passing through the centre of the largest opening, are placed two orifices, which communicate with the outside air through two hollow glass passages or tubes. An India-rubber tube for the mother, to the extremity of which a mouthpiece is fixed, is attached to the upper glass tube. On the lower is fixed an India-rubber tube with a teat for the infant; a safety valve may be placed in this teat. The mouthpiece intended for the mother is made of china. The India-rubber tubes are closely attached to the apparatus with thread. The dimensions of this spherical glass should be carefully graduated. The concaved portion, which is applied to the breast, is six centimetres in diameter at its base, and twenty-four millimetres at the portion where it opens into the apparatus.

Prof. Budin's sucker is used in the same way as that of M. Auvard, its predecessor; but owing to the shape of the glass receptacle and the arrangement of the two tubes the milk can never be drawn up into the mother's mouth. It



No. 2



NO. 1

can also be employed in the case of weakly infants, incapable of making the necessary effort of suction. The safety valve in the teat, intended for the infant, is removed; the glass receptacle is then placed on the breast; the mother then presses the tube leading to the infant's mouth; she then, through her mouthpiece, exercises an aspiratory action, and the milk flows into the spherical glass receptacle and occupies its lower portion. When a sufficient quantity of milk has passed the mother ceases to press the tube, and the milk passes by virtue of its own weight into the teat, which is perforated with small holes, and thus enters the child's mouth. When the milk is swallowed the mother again presses the tube, milk again passes into the tube, thence into the child's mouth, and so on until the infant has received sufficient nourishment. The apparatus has no longer the safety valve, which is difficult to clean and often works imperfectly.

M. Budin has at present in his wards a child with ill-formed lips and without a palate. It is therefore incapable of taking the breast, and the mother nourishes it by means of the apparatus modified by Prof. Budin. The infant develops satisfactorily and increases in weight. This apparatus can also be used for children who are able to take the breast, but the holes in the teat are replaced by lateral incisions, in order that the infant may not lose the habit of sucking. It is necessary that every portion of this apparatus be kept scrupulously clean. It is easily unmounted and cleansed by means of an *ecourillon* (cleansing brush) fixed to a movable rod, which should be kept immersed in a solution of naphthol (0.40 centigrammes naphthol beta and one cubic centimetre of alcohol to one litre of water). Before using the brush it should be dipped into boiling or filtered water. The system of feeding children with the *gaveuse* usually adopted is as follows: After introducing the tube of the apparatus into the œsophagus and the stomach, the mother or nurse, by pressing the breast, causes the milk to flow gently into the glass receptacle.

The tube being pressed between the finger and thumb the milk collects in the apparatus. When a sufficient quantity of milk is accumulated pressure is suspended and the milk falls into the stomach. The gaveuse is then withdrawn. This system offers certain drawbacks. Some nurses find great difficulty in pressing out the milk from the breast; furthermore, the repeated pressure may determine traumatism and pain, resulting in inflammation of the breast. The infant rarely suffers from the use of the artificial feeder, but if the India-rubber tube remains too long in the pharynx and œsophagus nausea ensues, and the milk is vomited if it be not withdrawn directly the milk enters the stomach.

With the aid of M. Budin's modified suckler the process of "gavage" or artificial feeding is greatly facilitated. The nurse presses between her finger and thumb the lower India-rubber tube, and to which no teat is attached. She sucks through the other tube and the milk spurts forth. When the spherical glass receptacle is sufficiently full the infant is held on the lap of another person, who introduces the tube into the infant's stomach. The nurse places the extremity of the India-rubber tube of the suckler on to the cupola of the gaveuse; she ceases to press the tube and the milk flows through into the infant's œsophagus and stomach. The tube passed into the infant's stomach is immediately withdrawn. This method of artificial feeding does not cause either fatigue or any disagreeable result. It is thus evident that M. Budin's modifications of M. Auvard's suckler are so important that they constitute an invention. Its adaptation to the gaveuse renders it doubly valuable.

LETTER FROM SAVANNAH.

[By Our Special Correspondent.]

The excitement caused here by the prevalence of yellow fever in Florida has almost subsided. Persons who have been frightened from the city are daily returning to their duties. Much apprehension has been felt that the disease

would enter Savannah, but all seem to breathe easier now. Savannah has not yet raised her quarantine against Jacksonville and other infected points in Florida, and will not until frost appears in these localities. Dr. Sheftall and several nurses, who were sent by Savannah to Jacksonville and Macclenny, and who have been rendering very efficient services while there, have not yet returned.

This city has been unusually and distressingly healthy this summer, much to the detriment of both physicians and druggists, who say they have never seen so little practice in the summer months before.

Our new health officer, Dr. Brunner, is a great success; indeed Savannah could not have made a better selection, as he has given universal satisfaction since he has been in office. He has had filled all dry wells, and is now waging war against the pumps, artesian water being used now altogether. To Dr. Brunner undoubtedly belongs the credit of our escaping the yellow fever this summer, as he was most prompt and untiring in his efforts to combat it.

Drs. Brandt and Devan of this city were married some time ago—the former in Savannah, the latter at New York. Dr. Devan is of the U. S. Marine Hospital service, and comes to Savannah to take Dr. James White's place, who went to Sapalo Island.

Dengue is the most prevalent disease here at present. The health of the State generally is good. Atlanta and Athens, however, during July and August, were visited by typho-malarial fever, which succeeded in carrying off quite a number of persons, but that must be expected until both places learn the value of a good sewerage system. The fever seemed to be most fatal, however, in Athens.

Mrs. Crawford W. Long, wife of the discoverer of anæsthesia, was killed in a railway accident near San Antonio, Texas, Sept. 22d.

October 10, 1888.

LETTER FROM LEXINGTON, KY.

Seeing in the October number of your JOURNAL an article on "Malarial Tonsillitis," by Dr. Chas. Chas-saignac, and agreeing with him, I write the following facts: During the month of June we had an endemic of tonsillitis in this city, in which Dr. Stucky and I treated probably as many as thirty cases. The usual history of these cases was that they began with a chill or at least chilly sensations, followed by high fever, aching of extremities and back, complete anorexia and very painful tonsillitis and pharyngitis. Having had considerable experience with malarial troubles while practicing in Texas I saw good reasons for attributing at least part of the trouble to malaria, and prescribed quinia and salicin, with a spray locally of listerine diluted, with very satisfactory results in every case, generally completely relieving the patient in from twenty-four to forty-eight hours. How long the disease would have lasted without periodics I cannot tell, but am satisfied for a much longer period. In all cases of acute tonsillitis I find that the listerine spray gives great relief.

October 14, 1888.

N. F. PENN, M. D.

LONDON LETTER.

[Our Regular Correspondent.]

The medical schools opened this week and are now in full swing. The societies also are getting under way, but up to the present time medical interests have been sleeping, and there has been little or nothing to write about since the annual meeting of the British Medical Association closed. There has been, indeed, the annual meeting of the British Association at Bath, and in the biological section there a few topics of medical interest arose. Prof. Roy, for instance, ventured to assert that tight lacing to a moderate degree, perhaps, was useful, inasmuch as it assisted in emptying the abdominal veins, and so increased the blood supplied to the heart and through it to

the muscular and nervous systems. The abdominal vessels will, it is known, hold nearly all the blood in the body, so that the theory might appear to afford a plausible explanation of the almost universal resort to stays by ladies and to waist-belts by men when engaged in severe physical labor. Prof. Roy's paper, however, was founded on a single experiment made on a dog, and in order better to observe the effects of abdominal pressure on the heart the chest was opened! I cannot help expressing some surprise that the Professor of Pathology in the University of Cambridge should have ventured to found a sweeping theory on a single experiment, performed under conditions so very far removed from the normal. Dr. Garson, who reported to this same meeting the results obtained at the anthropometrical laboratory last year, advanced strong evidence that the vital capacity of the female thorax was very seriously diminished by the presence of tight stays.

The sanitary affairs of London are managed on a system different from that of the rest of the country, and owing to the numerous boards which have to do with it, and the extreme complexity of the special sanitary legislation of the metropolis, many anomalies exist. One of them is, that though the metropolitan asylums board has provided ample accommodation for isolating, in specially constructed hospitals, all forms of infectious fevers, except measles, it is prevented from admitting cases of diphtheria, owing to an eccentric interpretation of a clause in one of the acts which has been adopted by the Local Government Board. Consequently all cases of diphtheria occurring in the metropolis have either to be treated in their own homes or in the general hospitals; the disease is consequently spread by contagion with most regrettable frequency. An agitation is now on foot to induce the Board to revise its decision.

Nothing is talked about so much just now as the "White-chapel murders." Even the Irish question was about forgotten for a few days until Mr. Balfour aroused some fresh

interest by his little story about the sandwiches of Mr. O'Brien. I may remind you that the special features of the murders are that they have occurred in a series; that the victims are prostitutes; were found in some dark corner with the throat cut, and with, as a rule, mutilation of the abdomen; in one case the uterus was removed; in another, part of the uterus and one kidney. The coroner started the theory that the murders were committed for the sake of obtaining the uterus, and related a wonderful story of an American physician (name unknown), who had applied to the museums of several of the London hospitals for a series of uterus, offering to give as much as £20 apiece. The story on investigation turned out, of course, to be all nonsense, being founded on a conversation overheard and misunderstood. However, it was supported by the occurrence of some fresh murders, evidently of the same class, but in which the mutilation of the abdomen was evidently the work of a brutal maniac.

A dismembered trunk has been found in the cellar of a building in course of erection on the Thames embankment, and is supposed to be the remains of another victim of the same miscreant. I mention it chiefly because it affords an illustration of the great amount of information which may be obtained from skilled examinations of such remains by medico-legal experts. In the first place, it was proved, by careful comparison of the skin incisions and of the hair, that an arm found some days earlier in the Thames belonged to the same body. The amount of subcutaneous fat and the condition of the remains showed that the body was that of plump, well-formed, youngish woman, who had not suckled. The condition of the rib cartilages rendered it probable that she was not much more or less than twenty-four or twenty five years old. Calculations founded on the length of the arm make it probable that she was five feet eight inches, or five feet nine inches high. The condition of the hands and fingernails prove that she was not accustomed to hard, manual labor. Careful examination of the:

cutaneous structures showed that she had a fair skin and dark hair; and the condition of decomposition proved that the woman had been dead about six weeks and that the body had decomposed in the air, not in the water. Finally, the condition of the heart—empty, pale and without any trace of blood staining—proves that death was not due to strangulation or drowning, but was attended by copious hemorrhage. The pelvis and pelvic organs were missing.

It will thus be seen that the medico-legal experts were able to inform the detective that a tall, well-made and nourished young woman of about 25, of fair skin but dark hair, unaccustomed to manual labor and careful of her personal appearance, had died about Aug. 20 from some cause which had led to great effusion of blood. Probably if the throat was not cut she died of uterine hemorrhage. The examination was made by Mr. T. Bond, Surgeon to Westminster Hospital and to the Westminster Division of Police, who has had a large experience in post-mortems for medico-legal purposes.

A great number of theories have been started to account for the murder and mutilation: the American medical enthusiast I have already mentioned; then there is the theory that the murderer is a Malay sailor, who had been robbed by a prostitute and vowed vengeance on her class; there is the theory that the mutilators are to be traced to an old thieves' superstition, said to be prevalent in Germany, that a candle made from human fat will send any person in whose bed chamber it is burnt into a profound slumber; there is the theory that there is a mad Texan cowboy, who perpetrated a series of murders in San Antonio, Texas, some time ago; then there is the theory that the murderer is a homicidal maniac; finally, there is perhaps the maddest theory of all, that the murders have been organized by the Fenians to produce a scare.

A great many people have been to Sweden this year to get instruction in Sloyd. A friend of mine, who went last year, had a very pleasant holiday among congenial people

and learned—to carve a spoon. The idea is to give children training in handiwork by taking advantage of the inborn desire to whittle something. Sloyd is whittling with a purpose, and is likely to be very popular with boys—at least if the expressed intention of introducing it into this country is carried out. It is found to afford a useful change from brainwork, and trains both hands to some dexterity in wielding a knife.

The Sanitary Institute and the Parke's Museum of Hygiene have been amalgamated, and the first meeting of the new council was held this month. The museum will be maintained and improved, and the work of both institutions carried on with renewed vigor.

We are beginning to hear from time to time of faith-healing. The last case was at Clifton, where a woman was permitted to be unrelieved of a strangulated hernia. Her case was watched by a homœopath, "who keeps his mind open" about faith-healing, having learned that openness of mind from Mr. Gladstone's attitude to vaccination, no doubt. The homœopath is stated to have expressed the opinion that there was a good deal of resemblance between the position of faith-healers now and of homœopaths fifty years ago. Very likely, indeed.

Sir Morell Mackenzie's book, "The Last Illness of Frederick the Noble," is to appear simultaneously in England and America on October 15, so that you will know all about it by the time this reaches you. Though it may injure Prof. Bergmann, I doubt very much whether it will enhance Sir Morell Mackenzie's reputation.

The wrath of the medical students of Owen's College, Manchester, at the appointment of an Edinburgh demonstrator as professor of surgery there, over the heads of numerous local candidates, seems to have evaporated during long vacation.

Prof. Hare met with a cordial reception from his class when he delivered his first lecture the other day. The

chair of physiology was actually filled by the election of a Scotchman, with the inevitable result that none of his countrymen came the same way. The clannishness of the Scotch is well illustrated by a story of a Lord President of the Court of Session, when the members of that court were notorious for their partiality to their own kinsmen and for their corruption. Somebody praised the probity and impartiality of the English judges in Cromwell's time to the then Lord President, who exclaimed, "Diel thank them, kinless loons!"

You will have seen the new medical paper started this month in London, but whether you have admired its chromo-lithograph I cannot surmise. The *Illustrated Medical Journal* possesses a chromo-lithograph every month, and numerous woodcuts in the text. The difficulty has been, as might have been anticipated, to get the drawings; the rest is only a question of money. Good process on wood blocks can be had for ready money, and so can hot-pressed paper and a colored wrapper. A circulation is a more difficult matter, more difficult to get even than advertisements, though that has evidently not proved easy. The first number was sent round with a free hand, an edition of 10,000 having been, it is said, printed. This will not of course be kept up, and I must confess to feeling some doubt as to the possibility of establishing another medical paper in London. The *Medical Times and Gazette* died because Messrs. Churchill found that they made no profit out of it; the *Medical Press and Circular* lives on its advertisements, and the circulation of the *Lancet* has contracted so much that it is living on its reputation and the splendid advertising clientele which that has earned for it. The future of medical journalism in Great Britain it is difficult to foresee, but it is impossible to view without some apprehension the probable extinction of all individual enterprises by the irresistible competition of a corporate organ.

LEADING ARTICLES.

DOES THE OPIUM HABIT PREDISPOSE TO
TETANUS?

In this day of multitudinous medical journals, a tendency to rush into print with ill-supported hypotheses and crude conjectures is certainly a growing evil, and one against which a timely word of warning may well be spoken. For though long incubated and carefully matured theories, by affording rallying points for thought, discussion, observation and experiment, serve to aid the attacks of science upon the outworks of ignorance, rash inductions from insufficient data only strew the field across which the forces of knowledge must advance with small but numerous and harassing impediments. The number of men who are capable of a long sustained and carefully guarded induction from a vast array of cautiously selected facts is, alas! in any department, small; in medicine still smaller. Those who can wield, to clinch and fasten their induction, the other great, perhaps greater, sledge-hammer of thought, the deductive method, are yet fewer; in medicine fewest. Medical practice trains men to narrow and particular inductions from limited data, and this process doctors often perform with exceeding shrewdness. But this very aptitude unfits them as a rule for deductive thinking, and may cause failure to appreciate the vast variety of data necessary to secure a generalization of even moderate extent.

The nucleus of these reflections, and an excellent illustration of their meaning, is a paper read by Dr. C. W. P. Brock before the Richmond Medical Society and published in the *Virginia Medical Monthly* for April. To this paper our attention was particularly called while visiting Richmond during the past summer. It is entitled: *Morphinic and True Tetanus—their Etiology*. In the latter pages of his essay Dr. Brock discusses the germ theory of the

etiology of the disease, and upon this subject we have nothing to say; it is figuratively, as literally, in the air. In the first portion of his title and paper the author throws forward the suggestion that the use of morphine, and especially its habitual hypodermatic use, may constitute a predisposing cause of tetanus. Examining the ground upon which Dr. Brock rushes towards this opinion, what do we find?

1. That three cases of tetanus occurring in victims of the morphine habit had come under his observation within a few years.

2. That it is (he says) a well-observed clinical fact that the long-continued use of opium begets in some persons convulsions of a tetanic character; that the sudden withdrawal of the drug from the habitu  is sometimes followed by convulsions; that Dr. Phillips of Westminster Hospital, London, reports three cases of complete tetanic rigidity, with opisthotonos, lasting from twelve to forty-eight hours, following the use of opium; that last summer there was reported to him a case of convulsions following the use of morphine hypodermatically for the relief of neuralgia.

3. Certain utterances of Dr. T. Lauder Brunton on the physiological effects of opium and its alkaloids in his great work on Pharmacology, Therapeutics and Materia Medica.

Before taking up this evidence *seriatim* let us premise by saying that Dr. Brock confesses himself wholly unsupported by any authority, written or spoken. We are aware that this is not a strong argument against his theory, but its feebleness is not so marked when we consider the tenuity of that by which the theory is supported. The case would be different if he had brought to its support many and convincing facts.

To Dr. Brock's we can add our own negative evidence. Not one of twenty physicians, among whom were several of age and large experience, had ever dreamed of the causal connection he supposes. Nor does an examination

of the text of Agnew (*Principles and Practice of Surgery*, 1883), Ashhurst (*Cyclopedia of Surgery*, art. Tetanus by Nicaise), Erichsen (*Science and Art of Surgery*, 1878), Billroth (*Surgical Pathology*, 1879), Reynolds (*System of Medicine*, art. Tetanus by Radcliffe), or Bristowe (*Practice of Medicine*, 1876), reveal any hint of it.

When we reflect that the disease, though comparatively rare, has been known for a great length of time, is confined to no portion of the globe, and by reason of its terrible and mortal nature has been carefully studied by numbers of competent men; when we recall at the same time the wide prevalence of the morphine habit, with its unhappy victims scattered through every clime, it seems well nigh impossible that the relationship suggested by Dr. Brock should have been overlooked. To appreciate the full strength of such an impression one should read an article like that of Nicaise (*Ashhurst's Surgery*), referred to above, in which the etiology of the disease is considered from every point of view.

Let us return now and consider the arguments one by one.

1. Against the first, the considerations we have just stated, and others like them, militate with great force. The habitual use of opium in some form or the other is not uncommon. Most practitioners of average experience see a fair number of cases of tetanus, and yet among a score of medical men questioned by the writer not one had ever had reason to suppose any connection between them. Medical writers are mute on the subject. Yet the opium habit being common, a certain number of its victims must from time to time die of tetanus; but as the habit after all embraces only a minority of all populations, and as tetanus is a comparatively rare disease, the number must be extremely limited. This is exactly what we should expect if the connection be merely one of chance. To prove a causal relationship Dr. Brock should have ascertained, ap-

proximatively at least, the number of opium habitués per 1000 of population, of the United States let us say, and next the number of deaths of tetanus per 1000 occurring in the same population. A very simple calculation (John Stuart Mill's System of Logic, p. 312 *et seq.*) would then have shown whether the deaths exceeded the number to be accounted for by chance. But until this has been done Dr. Brock's three cases of coincidence prove absolutely nothing.

Nicaise mentions an attack of tetanus following the hypodermatic injection of quinia sulphate (nowhere can I find mention of its following morphine injections), but he is not to be led away into supposing that quinine may constitute a predisposing cause.

Very striking in this connection is the fact that negroes, who are rarely if ever habitual users of opium, are particularly prone to tetanus. This is noted by both Nicaise and Radcliffe, and was at once urged as an argument against Dr. Brock's theory by a very intelligent confrère, who has had no little surgical experience with this race in the wards of our great Charity Hospital and elsewhere.

2. In Dr. Brock's second argument the phrase, "it is a *well observed clinical fact** that the long-continued use of opium begets in some persons convulsions of a tetanic character," has a tendency (we doubt not unintentional) to mislead. Such observations must be of extraordinary rarity, for they are at variance with the whole experience of the profession. There is no drug upon which we all rely so implicitly to allay irritable and explosive conditions of the nervous system. Opium is *the* narcotic *par excellence*. The testimony of three of the greatest of modern therapeutists, Bartholow, Woods and Brunton, is perfectly clear that by reason of its action on the spinal cord opium may act as a convulsant in animals of the lowest order (batrachians). As we rise in the scale this effect diminishes, until in man it has become a vanishing quanti-

*Italics ours.

ty. *Pari passu* its narcotic action on the brain grows stronger, in the human being almost completely over-slaughting all other physiological effects.

“Opium,” says Brunton, speaking of its effects on mammals, “lessens, first, the conducting powers of the spinal cord, then the reflex functions, producing, first, in-coördination of the movements of the hind limbs, and then paralysis of reflex action.” In man, he says, death is *very rarely* preceded by convulsions.

Billroth (*loc. cit.*) in the treatment of tetanus uses large doses of opium or *morphia* hypodermatically.

Wood gives among the “chief indications for the use of opium,” “to allay irritation,” and adds that “in various forms of nervous erethism opium is most valuable.”

In the “Clinical Indices” appended to the works of Bartholow and Brunton, opium (or morphine) is set down as a remedy in spasmodic affections, epilepsy, chorea, hydrophobia and tetanus.

Bartholow states particularly (p. 392) that of three patients treated by Demarquay during the siege of Paris by deep injection into the muscles of solutions of morphia “two recovered and one died, but the death was due to pyæmia and not to tetanus.”

That Dr. Phillips saw fit to report his three cases is proof in itself of how rare he must have considered them; for bearing in mind the universal and continual use of opium and its preparations by medical men, many similar instances must have found their way into print were they at all common. We doubt if Dr. Brock could duplicate the case reported to him by the most extended inquiry among medical men.

In reply to some questions I addressed to him Dr. J. B. Mattison of Brooklyn, who devotes his whole time and attention to the treatment of cases of opium addiction, and who has had an enormous experience, says that convulsions brought about by the habitual use of opium are rare. They may follow the sudden withdrawal of the drug, but not fre-

quently. He has never known a case of tetanus to follow from the habitual use of morphia hypodermatically. This testimony, for the reasons above indicated, I consider of the greatest value.

3. Dr. Brock quotes from Brunton a table in which the alkaloids of opium are arranged with reference to their physiological effect, and strives to make use of its indications to prove that the habitual hypodermatic use of morphia may constitute a predisposing cause of tetanus. Says Brunton :

“ It is certain, however, that morphine is in mammals almost entirely narcotic, whilst thebaine is purely convulsive. Between these extremes the other alkaloids probably range themselves in such an order that they may be divided into two sub-groups, the first of which may be called the morphine group, characterized by the prominence of the narcotic stage, while in the other, which may be called the codeine group, the tetanic stage is more prominent and the narcosis less so. The members of these groups may be arranged as follows, so that each subsequent member has a weaker narcotic, and in the codeine group has at the same time a stronger convulsive action :

Morphine Group.

Morphine,
Oxydimorphine.

Codeine Group.

Papaverine,
Codeine,
Narcotine,
Thebaine.”

Now, if this proves anything, it proves too much ; for, if the preparation of morphine used be pure, we see, according to the very highest authority, that it “ is in mammals almost entirely narcotic.” On the other hand, should an impure article be used, thebaine and the members of its group are so purely and positively convulsive that it is hardly possible all symptoms of their activity should fail of observation. Hence it appears quite certain that if

the sulphate of morphia commonly dispensed were frequently contaminated by more than a trace of the convulsants, such contingencies as Dr. Brock contemplates would be constantly occurring—the unfortunate victims being often attacked by convulsions. We have already said enough, we believe, to show that such is not the case. Dr. Brock should at least have brought to the support of this portion of his argument a few statistics upon the average purity of the morphine sold in our markets.

THE REPORT OF THE COMMITTEE ON DISINFECTANTS.

Whatever may be the ultimate outcome from the study and general application of the germ-theory of disease, it is an undisputed fact that, as a starting point for investigation and as a working theory, it has proved of inestimable value to the sanitarian. Enough is already known of the causative relations of certain micro-organisms with familiar diseases to enable us to apply the theory, by a process of inductive reasoning, to a much larger number of ailments; and it cannot be said that the results have proved anything but favorable from a prophylactic point of view.

Few men in this country have studied these small but vicious organisms more thoroughly and drawn more practical conclusions with regard to them than Dr. Geo. M. Sternberg of the United States Army; and when the American Public Health Association appointed this gentleman, in October, 1884, as chairman of a committee *to examine the subject of disinfectants, antiseptics and germicides, in their relations to preventive medicine and sanitation*, they displayed a rare wisdom, which is thoroughly attested by the committee's report. This report has just been issued and appears as a neatly covered volume, with 255 pages of interesting matter, including a bibliography compiled by the secretary, Dr. Rohé, of Baltimore. Several members of the committee have contributed ex-

perimental data, but the bulk of the report is the work of the chairman and secretary.

The report is valuable in that it supplies a need that has long been felt by practical sanitarians, and interesting in that it represents to us the exact status of the sanitary science as it is to-day, with all of its astounding possibilities for the future.

The committee found it impracticable to make a separate study of antiseptics, and have limited their investigations to disinfectants—those agents which are capable of destroying the infecting power of infectious material.

This power of the agent to destroy was considered complete whenever the test-organisms, previously treated with the disinfectant, failed to multiply in a suitable culture medium.

After a careful study of the most available disinfectants, these are classified according to their relative strengths, and the percentage necessary for making the most potent solutions is stated.

Various apparatus for disinfection by heat are described and illustrated, and not the least interesting of these descriptions is one of the quarantine system of Louisiana as applied at the upper station, mouth of the Mississippi river. The article from the pen of Dr. Joseph Holt, who instituted the system is familiar to our readers, all of whom are acquainted with its processes of germ destruction, and of the admirable and effective action of superheating chambers as disinfectant to such articles as bedding, mosquito nets, carpets, and all personal and wearing apparel, which are subjected to a moist heat at a temperature of not less than 230 degrees Fahrenheit.

As a sample of efficient and laborious study for the sake of science the report of the committee is deserving of the praise of all sanitarians, who must regard it as the last mile-post in the progress of a study which has recently advanced with enormous strides.

A NATIONAL QUARANTINE BUREAU.

Our readers will remember the report of the special committee of the College of Physicians of Philadelphia, appointed to investigate the efficiency of our quarantine arrangements for the exclusion of cholera and other epidemic diseases. They will also recall the severe strictures of the committee upon our existing quarantine systems. It was therefore nothing more than proper that, following its criticism, the committee should offer some suggestion or plan by which the evils complained of could be removed. This the committee accordingly did in an address issued to the medical societies of the United States, in which it again points out the deficiencies of local stations and urges the necessity of national control of maritime quarantine.

Space forbids a full abstract of the report, but the main points against independent quarantine stations were: Inadequacy of establishment; faulty administration; paucity of appropriations by State legislatures and city councils, and, especially, tardy appropriations, money being given only when danger is imminent or disease has actually occurred; clashing of political or commercial interests with endeavors at protection; the disregard by independent organizations of the interests of distant communities, and jealousy on the part of local authorities of any investigation or suggestion.

On the other hand, the committee claimed that a national system of quarantine is necessary, because it is only by this means that *all* ports may be protected, and uniformity of administration and equipment be assured. Since the whole country is benefited by quarantine the national treasury should bear the expense. A national quarantine, administered by trained officials accustomed to the work, would prevent panics and undue anxiety, and render unnecessary interstate quarantine. A national quarantine need not supersede any existing arrangements deemed

necessary by local authorities, but itself would be without any cost to shipping.

The report mentions several other points of minor interest, such as the facility the government has for doing the work promptly and efficiently, and its ability to command the aid of consuls and agents abroad. It then says that a national quarantine system should consist of a central bureau at Washington, under the control of the proper department, and should have a full corps of medical officers, assistants, nurses, sanitary police, buildings, vessels, etc., and all paid for by regular appropriations by Congress.

Our position in a matter of this nature may be inferred from our record in the old National Board of Health controversy, and the part we took in favor of that organization. We favored the Board then and thought the move a right one in the right direction. Unfortunately the people were not educated in sanitary matters to that point where they could appreciate it. Shot-gun quarantine, a policy of concealment and absolute non-intercourse, were the foundation stones of the quarantine of that day. The open democratic methods of the National Board, its candid announcement of the prevalence or presence of contagious diseases, were too much for the ignorance and selfishness of the day, and it died because of its premature birth; but not before it had left as part of the sanitary creed of the day the principles which guided it.

We would then favor a National Quarantine Board or a National Quarantine Bureau, organized on the same broad principles and imbued by the same humanitarian sentiments as governed that grand old man, Prof. James L. Cabell and his associates of the National Board of Health.

Grant that our quarantine below New Orleans is the best in the world—and we believe it is—does any one suppose that it, aided only by the three at Baltimore, Philadelphia and New York, can begin to protect this whole country? And yet the whole country seems perfectly oblivious of the necessity of any more, and is ready in a moment to

anathematize any or all of the systems if danger threatens. The question naturally follows: Who will establish stations at Charleston, Norfolk, Galveston, in Florida, North Carolina, along the Rio Grande, along the Pacific, the Canadian border and all other exposed places? Certainly the people of those localities show no such tendency.

Again, is it fair to expect New Orleans or the State of Louisiana to be the guardian for the whole of the Mississippi Valley? If the matter of self-protection had not compelled this city to establish a quarantine at the mouth of the river a suggestion that she should assume such an office and alone bear the expense would be looked upon as absurd. As things are now, though, quarantine has come to be looked upon as a State's right, and any interference as tampering with State sovereignty.

We should like to ask if any question is of more national importance than national health, and further if the States can delegate any power to the national government with more grace than that of national health? Not individual health, not individual cases of yellow fever or cholera, but matters of general importance, such as the importation of a contagious disease which is no respecter of State lines and constitutions.

Moreover, it would seem eminently the duty of the general government to take charge of matters which, in addition to being so national in their bearing, so far as we are concerned, also include in the prosecution of them questions involving the commerce and maritime laws of every country on the globe.

Let each community then look to the prevention of the spread and the stamping out of any disease which may enter it, but let the general government look to the prevention of its entrance.

The only objection that could be urged to national control of health matters, either in the shape of a National Quarantine Bureau or a National Board of Health, is the possibility of either the one or the other, or both, falling

under the control of one section of the country, and the interests of other section or sections be made to suffer in consequence. It will therefore be the duty of promoters of the movement now on foot for the formation of such organizations to see to it that this point is carefully discussed, and, further, that those sections, such as the South and Southwest, most exposed to danger, and whose trade is most prone to be affected, should have full representation on any board that must be called upon to consider matters affecting them more frequently than any others.

THE YELLOW FEVER.

Winter is now at hand and we may confidently hope that in a few days more the fever of 1888, with all its manifold horrors, will pass into history. This hope will certainly be confirmed of all localities north of Florida, but what of that State? We all remember how rudely shocked we were when last year, as late as October 7, we were told that yellow fever had been epidemic in Tampa for weeks, perhaps months. And our readers will remember, too, that we expressed a fear that the disease would continue active throughout the winter, because of the low latitude of Tampa and the mildness of the climate, and that when summer again opened it would be only a short time before yellow fever would be of epidemic proportions throughout that locality, and endanger the whole State and the whole South. How well we prophesied it is not necessary to state. And now to the end that our forebodings may not prove true we would prophesy again.

Yellow fever has been so prevalent in that part of Florida east of longitude 6° west of Washington and north of latitude 28° , that the whole of that region may be infected; but let us say and let us hope that it is confined to Tampa, its starting point, Plant City, Gainesville, Jacksonville, Fernandina and one or two other points outside of Florida. It was epidemic at Decatur, Ala., and a focus

was formed at Jackson, Miss. Now what is the outlook for the summer of 1889? In our opinion very discouraging. So far as Decatur is concerned the disease may be radically destroyed if severe measures of disinfection are employed throughout the localities of the infection, and the houses in which cases occurred are frequently aired and otherwise exposed to the intense cold of that latitude. But this must be strictly attended to, for there is no question but that the poison can be carried through the winter if furnished a modicum of protection.

In the case of Florida this is far different. Last winter was an average one, and yet so far was the poison from being destroyed that new cases were occurring throughout the whole cold season, and at no time during that period was Plant City free from one or more foci of infection. The same may be said of other towns than Plant City, but in this town the evidence is undoubted.

Now what is it to prevent the reënactment of the tragedy of 1887-'88? Whose duty is it or will it be to prevent it? Some may answer Florida's. But that State has shown its inability or its unwillingness, as the case may be, to cope with the problem. It has no board of health; it has no machinery capable of battling against the scourge. The only other present power is the M. H. S. Is this body equal to the occasion? We hope the sequel will prove that it is; but we submit, first, that it was never intended that the M. H. S. should assume such duties, and, second, that its record in the epidemic of 1888, though one of conscientious endeavor, was not a brilliant success, nor of a character to inspire absolute confidence in its ability to meet the urgent needs of the hour.

We do not thus express ourselves simply in order to adversely criticize the service. This is not our purpose. We believe that the service should not have thrust upon it work so utterly foreign to its original conception and its daily experience; and we think we only add strength to our position when we point to the fact that yellow fever was

scattered broadcast throughout the South because of the inadequacy of the means adopted to prevent it, and that a general epidemic, equal to that of 1878, was only escaped because of the lateness of the season. We consider it a grave error of judgment that people and their baggage should be carried by the train-load from such a deeply infected place as Jacksonville, and dropped at any place in the country that was not locked against them. And we think it clearly proven, too, that after detention and disinfection were practiced, the results do not show that the plans followed were of a character to render refugees and their baggage harmless to other communities. Certainly those boards of health in the South most experienced in battling with yellow fever, so thought, for not one would receive the nurses which it was sought to pass on to New Orleans.

It may be that it is hard to shut people up in an infected city such as Jacksonville, but it is just as cruel to make them the carriers of infection to other and healthy places. We therefore think that in the case of a town becoming infected the proper thing to do is not to scatter the people and the disease broadcast throughout the country, but to establish camps at a safe distance from the infected place and convey the inhabitants to them. The camps may be classified according as the people may or may not have been exposed to infection. Thus there may be a camp where cases of fever have actually occurred; another where some, perhaps all, of its members have been exposed to and are liable to develop the fever, and a third of persons so far as known unexposed and presumably in no danger of having the disease. In addition to the camps around the infected point a fourth should be established far up North, in some isolated place of high altitude, such as the Adirondacs. To this northern refuge all should be taken by steamer and rail, or rail alone, just as soon and as fast as they had passed their periods of probation. There they would soon become innocuous to them-

selves and others, and could then go out in the world at will. But until they have strictly followed the course in the camps around the infected town and then at the northern station all persons should be carefully watched and prevented from escaping to points on the way.

Had this plan been *consistently* followed this summer Florida would have been the only State to suffer from yellow fever in 1888.

But to return to our query, who will undertake the stamping out of the fever in Florida? The M. H. S. must do it and it should get to work at once. Every town, every village, every country house in which a case occurred must be visited, and a most thorough system of cleaning up and disinfection practiced. Low, squalid hovels should be burned to the ground; every variety of filth and garbage removed and destroyed; bedding and clothing of cases, whether recovered or dead, should if possible be burned, otherwise carefully treated with the bichloride solution and sulphurous acid gas; furniture and the walls and floors of rooms should be washed with the bichloride solution, and then subjected for twelve to twenty-four hours to sulphurous acid gas. It would fill a book to enumerate them all, but carpets, curtains, everything upon which the poison may lodge and in which it could find a hiding place to hibernate, should be vigorously attended to. And above all every case of fever should be looked upon with suspicion until proved to be or not to be yellow fever, and as soon as the case is over, if it turned out to be the enemy, the sanitary officers set at work upon the locality.

It will be a long fight and a hard fight, but in this way only can we be made safe for 1889. It will be an expensive fight, but we much mistake the people if they refuse, either through Congress or by subscription, to furnish all that is needed for such a purpose. Perhaps when the people of Florida awake to the fact that the winter tourist is a thing of the past to them they will themselves awake to the necessities of the occasion and lend valuable aid. Per-

haps we don't know, but perhaps they will yet establish a Board of Health out of some of the noble material, such as Neal Mitchell and others, it has within its borders. Then we should indeed feel that the end of the scourge was near.

BRUNS-LOGAN.

DR. HENRY DICKSON BRUNS, for so long the presiding editor of this JOURNAL, and to whose energy and ability the JOURNAL owes so much for its position to-day, was married October 17 to KATE, the daughter of GENERAL and MRS. THOMAS M. LOGAN of Algoma, Virginia. To the Doctor the JOURNAL tenders its heartiest congratulations and its most earnest wishes that he and his lovely bride may have fulfilled unto them to the very utmost all of the happy anticipations of the future which they and their friends have pictured and hoped for.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

NOTES ON ITALIAN MEDICAL LITERATURE.

Translated by DR. DELL'ORTO.

An Epidemic of Diphtheria Caused by Pigeons.—In the *Bolletino Medicale* there is a very interesting report of an epidemic of diphtheria which occurred in 1887 at Skiatos, a small island of four thousand inhabitants, situated in the Greek archipelago. The first case was observed by Dr. Paullinis at the commencement of June. The child died on the fourth day of the disease. In a few days seven more children were attacked and five died. The diphtheria rapidly spread through the whole island, and in five months it caused a mortality of 36 out of 125 patients. The sudden appearance of this disease on that island was quite a surprise to Dr. Paullinis, who had not seen a single case of diphtheria during thirty years. After a careful investigation of its origin he discovered that some days previously to the death of the first child a peasant, living

in the neighborhood of the house, had received from Salonica a dozen pigeons. Two were very sick during the voyage and died of diphtheria as soon as they reached the island. A few days afterwards seven more pigeons died of the same disease. The place is situated at the north end of the island, and the doctor's theory is that the north wind, which constantly blows there in summer time, brought the germs of the diphtheria of pigeons to the nearest houses, and thence it spread among the human beings; and we are inclined to believe in the truth of this theory. That the false membranes of diphtheria in fowls are identical with those of the diphtheria of man has been demonstrated by Loeffler, Cornil and Babet; and that the disease may be directly communicated from animals to man has been practically proved since 1870 by Nicati in France, by Cozzolino in Italy, and by Flemming, Bouchard, Emerich and others.

A Case of Displacement of the Heart.—At the meeting of the Athénée of Brescia (June 3, 1888) Dr. Emmanuele Anselini related a case of a young man whose heart is situated in the right side of the thorax. The functions are normal and the man enjoys good health; he only suffers from a slight dyspnœa when he walks too fast. As a matter of course the right thorax is more dilated and arched than the left one. The beats of the heart are heard under the sternal margin of the fifth right intercostal space. The sounds of the large vessels are normal and are heard between the second and third spaces.

Fungous Osteosinovitis of the Right Knee.—Dr. Angelo Negrotto had a case in the hospital of Treviso of a fungous osteosinovitis of the right knee, complicated with a large periarticular abscess, in a young man of 25. A complete resection of the knee was performed. The peculiarity of the case is that no sutures were used. The doctor nailed into the bones, by boring three holes, three ivory nails. The result was very satisfactory; the recovery was rapid, with a good use of the limb. The doctor believes that by these means the displacement of the bones is impossible.

A Large Effusion in the Cavity of the Right Pleura Cured by Pressure of the Chest of the Left Side.—In the number of August 5, 1888, of *Gazzetta Medico di Torino*, Dr. V. Andrenelli reports the following case: The patient is a man, 50 years old, who, seven years ago, had an attack of pneumonia, from which he completely re-

covered. Since that time he has been in good health up to six or seven months ago, when, on account of exposure, he felt some difficulty in his breathing. Lately, seeing that the dyspnœa was increasing, and moreover that he could not lie down on the right side, he sent for the doctor. Patient does not have any fever and does not feel any pains.

Diagnosis—A large collection of fluid into the right pleura. From an exploring puncture made into the sixth intercostal space a liquid of a Malaga wine color was withdrawn, and this was quite a surprise to the doctor, as the patient did not have any signs or symptoms of having had any internal or external injuries as the cause of this bloody liquid.

After an unsuccessful internal treatment of several days thoracentesis was performed with the apparatus of Potain; five *litres* of the same kind of fluid were slowly extracted, the operation lasting three hours. The relief obtained was not so good as the doctor expected. In a few days the cavity was refilled. Another operation was performed; one and a half *litres of liquid extracted*. No benefit from this second operation. On the contrary patient grew worse; the cavity very soon was filled again with liquid, and symptoms of the most serious character appeared.

The doctor decided to try the method recommended by Prof. Concato, of making a pressure on the healthy side of the chest, as the best means of causing a rapid absorption of the liquid. He commenced by pressing the left side during five minutes for the first day. The pressure was renewed every day, and the time of the pressure was gradually increased from five to twenty minutes every twenty-four hours, and it was continued for one month. The result was: After the tenth day a great improvement was noticed in the whole symptoms, the patient was able to lie on the right side, diuresis became abundant, dyspnœa quickly disappeared, and in a few weeks he was perfectly cured.

This kind of treatment, which was suggested by Concato several years ago, has failed in the hands of other physicians. Fraentzel speaks very bitterly against it. It is to be regretted that Concato died before he could publish the results of his experience; but the fact of such an authority as Concato was having recommended it is a guarantee of its efficacy in some cases, and the benefit obtained by

the case which I have just related is encouraging, and makes the method worthy to be known by the profession and to be tried.

Treatment of Aneurisms by Prof. D'Orenzi of Naples.—In the general report that Prof. D'Orenzi of Naples makes every year about the patients treated at his clinic in the hospital, there are related several cases of aneurisms in which he shows the benefit obtained by the following treatment:

1. Absolute rest in bed during the first days, as recommended by *Tufuel*. The nourishment is given in small quantities four times a day, and great care is taken in causing the least possible movement of the body.

2. Constant application of ice to the tumor. The doctor seems to have great confidence in this application, as it causes rapid decrease in the pulsation. But the tumor must never be left without ice, otherwise the treatment may be dangerous.

3. The internal administration of iodide of potassium in doses of from one to three grams. every day, diluted in a large quantity of water, as recommended by *Balfour*.

Remarkable and very rapid was the improvement in all the cases.

CONGENITAL CYANOSIS.

In *Le Progrès Médical* for Sept. 15, 1888, Dr. J. Comby has a very interesting article on *la maladie bleue* (cyanosis). He gives a resumé of the researches and conclusions of Dr. Fallot of Marseilles.

Congenital cyanosis is attributed by all physicians to a persistence of the foramen of Botal, and a consequent mixture of arterial and venous blood in the cavities of the heart. This error, for such it is, has in a manner become classical. The more credit then to Dr. Fallot for having overthrown it by bringing forward proofs derived from pathological anatomy and clinical statistics.

In the great majority of cases (74 per cent.) cyanosis is caused by the following lesions:

1. Stenosis of the pulmonary valve.
2. Interventricular communication.
3. Deviation of the root of the aorta to the right.
4. Hypertrophy (almost always concentric) of the right ventricle.

The absence of obliteration of the foramen of Botal may

exist with the above lesions; but it is not necessary to the production of cyanosis, and in all cases it is merely accessory. Pulmonary stenosis is the primary lesion from which the other alterations of the heart proceed.

How does this stenosis arise? It is not due to a simple arrest of development, but very probably to a pathological process set up during intrauterine life, at the level of the pulmonary semilunar valves and of the contiguous part of the infundibulum. In other words, cyanosis is the consequence of a fœtal endocarditis, which almost invariably attacks the right side of the heart. The mechanism of the lesions is as follows: The inflammation causes stenosis of the pulmonary valve; if this stenosis exist before the seventh week of intrauterine life it prevents the occlusion of the interventricular orifice, and causes hypertrophy of the right ventricle and deviation of the aorta.

Dr. Fallot's conclusions can hardly be set aside, but they have not the seal of perfect novelty which he assigns to them. In 1882 Cadet de Gassicourt, in the first edition of his *Traité Clinique des Maladies de l'Enfance*, put forth a theory concerning congenital cyanosis, which is completely borne out by the observations of Dr. Fallot.

DERMATOLOGY.

SKIN DISEASES IN THE NEGRO.

Dr. Morrison, of Baltimore, read a paper on the skin diseases of the negro at the recent meeting of the American Dermatological Society in Washington. The *New York Record* states: "Tables were presented of 500 cases of skin disease in the negro, covering a goodly variety of affections. The skin of the negro he has found less sensitive to heat, poisons, irritants, etc., and seems less liable to diseases of a severe type than that of the white. More dense fibres are found. The epidermis is thicker and slightly yellowish in color. There is no appreciable difference in the thickness of the pigment layer between the true black and the mulatto. Fewer elastic fibres are found in the negro skin, but more subcutaneous adipose tissue. The table spoken of is divided into those who were true blacks and mulattoes, because the author found that the nearer the color approached to white the less difference is noted in the lesions."

The following is a résumé of his investigations: *Acne* was noticed only in mulattoes. Only one case of acne in a true negro had been observed by the author. No case of rosacea or coachman's nose has been seen. Ainhum is a disease of the negro race, and the two cases in the table were both in black negroes. Chancre was found to be more indurated than in the white. Chilblain is commonly encountered. Chloasma is frequent in the negro. Treatment must be reversed, and pigment produced instead of being abstracted. Elephantiasis arabum usually follows syphilis. Acute eczema is less common and less severe. Favus is rare in the negro. Furunculosis appears infrequent, while herpes facialis is common. Keloidal growths sometimes follow herpes zoster. Keloid is common, and in two of the three cases seen resulted from smallpox. In the mulatto it is almost as rare as in the white. Lupus is rare. The bite of the mosquito and cimex lectularius produces little effect upon the black skin. Pruritus is much complained of, and itching is quite common in the eruptions of syphilis. Syphilis is more prompt in its first stage, more violent in its second and more obstinate in its third. Tinea tonsurans is common, and the scales appear white. Urticaria is a mild disease and verruca a common one.

A NEW ANTISEPTIC SOAP.

A new antiseptic soap is coming into use in some of the London hospitals, containing from 1 to 3 per cent. of biniodide of mercury (rendered permanently soluble by the presence of a little iodide of potassium). It is found to be a more powerful antiseptic microbicide than any hitherto known—*Four. Amer. Med. Ass'n.*

CANCER ALLIED TO SPECIFIC DISEASES.

Paget, in an extremely interesting and suggestive article (*Lancet*, Nov. 19, 1888), calls attention to the likeness existing between cancers and innocent tumors on the one hand, and specific and micro-parasitic disease on the other. Paget believes that, as it is now demonstrated that every specific disease is known to be the result of some distinct morbid substance, we shall eventually find that there is some microparasite or substance that is essential to the production of cancer. Further, he considers that cancer

is allied to the group of specific diseases, including syphilis, tuberculosis, glanders, leprosy and actinomyces. They are all essentially morbid growths, self-maintaining; have special modes of degeneration and of ulceration, to which they all tend; are all at some time either infective to parts far off by transmission of particles through lymphatics or bloodvessels, or to adjacent parts by invasion, or to other beings by inoculation. They all occur in parts, by preference, subject to local injury or irritation. These, he considers, are strong likenesses, and as we know that in tuberculosis, syphilis and leprosy, there is in each case a specific morbid material in the blood, so we should believe that there is one in cancer.

Sir James Paget, in concluding this admirable lecture, believes that we may reasonably hope for a remedy against cancer, as mercury and quinine are against syphilis and malaria.—*Boston Medical and Surgical Journal.*

SANITATION AND PUBLIC HEALTH.

HYGIENE OF THE EYES.

Dr. Lincoln, of Boston, in *The Annals of Hygiene*, formulates the following rules to be observed in the care of the eyes for school work:

1. A comfortable temperature, and especially let the feet be warm and dry.
2. Good ventilation.
3. Clothing at the neck loose; the same as regards the rest of the body.
4. Posture erect; never read lying down or stooping.
5. Little study before breakfast or directly after a hearty meal; none at all at twilight or late at night.
6. Great caution about study after recovery from fevers.
7. Light abundant, but not dazzling.
8. Sun not shining on desk or on objects in front of the scholar.
9. Light coming from the left hand, or left and rear, under some circumstances from in front.
10. The book held at right angles to the line of sight, or nearly so.
11. Frequently rest by looking up.
12. Distance of book from the eye about fifteen inches.

ADVANTAGES OF VACCINATION.

Germany, thanks to the obligatory vaccination, has been able to exclude smallpox from among the causes of death. Thus, while Paris and St. Petersburg have a smallpox mortality varying between 136 and 100 per 100,000 inhabitants, Berlin, Breslau, Hamburg, Munich and Dresden lose, on the contrary, only 1.44 inhabitants per 100,000 since the creation of the law of obligatory vaccination in 1875. Now these same cities lost 92 per 100,000 before this law was made. London has only 0.6 deaths from smallpox for every 100,000 inhabitants; that is, 24 a year in a population of four millions of people.—Quoted by *La Tribune Médicale*.

FREEDOM OF NEW ORLEANS FROM PANIC.

Referring to the yellow fever panic which occurred during the past summer the *Sanitary Era* remarks: "New Orleans and Louisville have been conspicuous for coolness and confidence, while towns much better situated to the north of each have yielded to the cruelty of fear."

This might have been expressed in much stronger language and still have been accurately true. New Orleans knows what a yellow fever epidemic is far better than any other city in the United States; but knowing its dangers she has set herself to counteract them, and her people are being educated to believe that prevention is better than cure.

We were pleased to note the coöperation of the city officials with the local health authorities, by which some eleven of the city's police were detailed to the sanitary department of the Board of Health as a timely assistance in an emergency. As a result of this there has been during the past few weeks a considerable amount of cleaning up by the new sanitary brooms.

DISINFECTANTS.

The committee on disinfectants of the American Public Health Association recommends as the most useful agents for the destruction of spore-containing infectious material the following:

1. *Fire*.—Complete destruction by burning.
2. *Steam under pressure*.—100° C. (230° Fahrenheit) for ten minutes.
3. *Boiling in water for one hour*.

4. *Chloride of lime*.—A four per cent. solution.

5. *Mercuric chloride*.—A solution of 1:500.

For the destruction of infectious material which owes its infecting power to the presence of micro-organisms *not containing spores* the committee recommends:

1. *Fire*.—Complete destruction by burning.

2. *Boiling in water half an hour*.

3. *Dry heat*.—110° C. (230° Fahrenheit) for two hours.

4. *Chloride of lime*.—One to four per cent. solution.

5. *Solution of chlorinated soda*.—Five to twenty per cent. solution.

6. *Mercuric chloride*.—A solution of 1:1000 to 1:4000.

7. *Sulphur dioxide*.—Exposure for twelve hours to an atmosphere containing at least four volumes per cent. of this gas, preferably in the presence of moisture.

8. *Carbolic acid*.—Two to five per cent. solution.

9. *Sulphate of copper*.—Two to five per cent. solution.

10. *Chloride of zinc*.—Four to ten per cent. solution.

BOOK NOTICES.

Foster's Encyclopædic Medical Dictionary. Vol. 1. D-Appleton & Co.

We have before us the first volume of Foster's Dictionary, published by D. Appleton & Co. of New York. It is a book which seems to have required no end of labor and well performed. Some idea of its scope may be had from the fact that it is intended to be a complete encyclopædic dictionary in the three languages in which the great bulk of modern scientific medicine is written—English, French and German. Thus, should one be reading a German work or article, this work forms for him a complete German-English dictionary in its major vocabulary. The same for French and English. Besides being a complete reading dictionary, it also gives the correct pronunciation of words and their derivation. Every word is given in its complete etymology, and the word is traced from its first introduction into medical literature, *when* and by *whom*. Even words which are generally considered obsolete appear, thus furnishing a source of

information which it would be difficult to find elsewhere. Besides being complete in its major vocabulary in French, English and German, under every word there immediately follows its Greek, Latin, English, French, German, Italian and Spanish equivalent; and also where the term has any peculiarity in any of these languages the term appears in the major vocabulary in that language. The major list includes many expressions belonging to the Italian, Spanish and Portuguese or other languages of Europe, and also of Asia, Africa, Central America, South America and Australia. These are such as are occasionally met with in medical writings in English, French and German, being mainly the names of drugs, pharmaceutical preparations, medical plants or mineral springs. The whole volume is profusely illustrated in every department. The present volume contains 752 pages, but only extends from A to Cacos. The style of the book is elegant in every respect, and forms probably the most valuable work of its kind ever produced in any language and in any country. The editor-in-chief of the work is Dr. Frank P. Foster of New York, editor of the *New York Medical Journal*. With him have been associated the following gentlemen, each having a special department of his own, viz: Dr. William C. Ayres of New Orleans, General Anatomy; Dr. Edward B. Bronson of New York, Cutaneous and Venereal Diseases; Dr. Charles Steadman Bull of New York, Anatomy and Physiology of Eye and Ear; Dr. Henry C. Coe of New York, Physiology and Anatomy of Central Nervous System; Dr. Andrew F. Currier of New York, General Pathology, Theory and Practice of Medicine; Dr. Alexander Duane of New York, Chemistry, Botany, Zoölogy and Pharmacology; Dr. Simon H. Cage of New York, Histology, Physiology of Digestion, Respiration and Circulation; Dr. Henry J. Garrigues of New York, Writings of Ancient and Medieval Authors; Dr. Charles B. Kelsey of New York, Surgery; Dr. Russell H. Nevins of New York, Zoölogy, Anatomy, Comparative Anatomy, Anthropology and Pharmacology (in part); Dr. Burt G. Wilder, terms used by writers on Anatomy of Central Nervous System, etc. W. C. A.

Chemical Analysis of Healthy and Diseased Urine, Qualitative and Quantitative. By. T. C. Van Nüys, Professor of Chemistry, Indiana University. With

31 wood engravings. Philadelphia: P. Blakiston, Son & Co.; 1888; pp. 182. New Orleans: Armand Hawkins, 194 Canal street.

A Guide to the Practical Examination of Urine, for the Use of Physicians and Students. By James Tyson, M. D., Prof. General Pathology and Morbid Anatomy, University Pennsylvania, etc.; sixth edition. Philadelphia: P. Blakiston, Son & Co.; pp. 244; 1888. New Orleans: Armand Hawkins, 194 Canal street. Price, \$1.50.

The above two books on the same subject cannot receive too much praise. It were difficult to say which should rank first, for, although the arrangement of the text is different in the two works, still the ground covered by them is the same. Mr. Van Nüys gives somewhat more attention to the normal ingredients; Dr. Tyson lays relatively more stress upon abnormalities. Van Nüys is a chemist, and his work is merely what its title claims for it, *Chemical Analysis of Healthy and Diseased Urine*. Tyson, being a clinician, looks more to the relation of the subject to diseases of the human body. It is precisely in the latter connection that we note what appears to us quite an omission, viz.: a good chapter on diseases of the urinary organs. Van Nüys makes no pretence of discussing urinary diseases, while Tyson devotes a fraction less than seven pages to the "Differential Diagnosis of Renal Diseases." We may appear hypercritical, but it is our humble opinion that the other chapters, which are so thorough, should be accompanied by a worthier section on renal diseases. In the work of Hofmann and Uitzmann many pages are devoted to the "Diseases of the Urinary Apparatus." The work of these two authors is not encyclopædic, like that of Neubauer and Vogel, but it is a fit introduction to such work as Roberts' "Urinary and Renal Diseases."

We may safely augur a favorable reception by the profession of the work of Van Nüys. Tyson's work will of course continue to enjoy its great popularity. When the authors launch forth new editions we hope to find them enriched with more abundant clinical matter. A. McS.

A Clinical Atlas of Venereal and Skin Diseases, including Diagnosis, Prognosis and Treatment. By Robert W. Taylor, A. M., M. D., Surgeon to Charity Hospital, New York, and to the department of venereal

and skin diseases of the New York Hospital; late President of the American Dermatological Association. Illustrated with 192 figures, many of them life size, on fifty-eight beautifully decorated plates. To be completed in eight folio parts. Price per part, \$2.50. Philadelphia: Lea Brothers & Co., 1888. New Orleans: Armand Hawkins.

Several months ago we called attention to the advent of Dr. Taylor's atlas. Parts I and II are now upon our table and are worthy of the careful perusal we have given them. They are devoted exclusively to the study of venereal diseases, including, of course, the protean forms of syphilis. The pages of the atlas measure 14x18 inches, allowing ample space for the accurate portrayal of disease in the chromo-lithographs.

The text of this work is especially interesting and instructive. Like the illustrations in color, the reading matter is replete with extracts from the highest authorities, though everywhere may be seen the marked stamp of the author's personal views. Discussing the nature of gonorrhœa he freely accepts Ricord's proposition, *that women frequently give gonorrhœa without having it themselves*; and, speaking of the germ which has been found in gonorrhœal pus, he states: It is obvious that much has yet to be learned as to the origin, differentiation, life history and morphology of this microbe before we can make positive assertions as to its being the sole pathogenic agent in gonorrhœa.

In like manner the author denies the specific nature of chancroid, while claiming that it may be developed under certain circumstances *de novo* from inflammatory pus and pus resulting from active irritation of syphilitic lesions.

H. W. B.

Nasal Polypus with Neuralgia, Hay Fever and Asthma, in Relation to Ethmoiditis. By Edward Woakes, M. D., Senior Aural Surgeon and Lecturer on Diseases of the Ear at the London Hospital, etc. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. New Orleans: Armand Hawkins.

This is another of a series of small manuals which have been published by Dr. Woakes. The author's writings are always interesting and always original. He attributes most of the ills peculiar to the nose, or which find their

causation in nasal disease, to an ethmoiditis which has a special tendency to necrosis. The theory is well explained and well illustrated by cases and cuts. Some of the pictures drawn would be quite frightful reading for laymen. We are sure that no one who reads this book will rest easy until he has gone to some specialist to be assured that he has no ethmoiditis.

G. B. L.

Health Lessons. A Primary Book. By Jerome Walker, M. D., Lecturer on Hygiene at the Long Island College Hospital, and on Physiology and Hygiene at the Brooklyn Central Grammar School. New York: D. Appleton & Co. New Orleans: Armand Hawkins. Price, 54 cents.

This little book for children has been put in a very attractive form by the author, and is at the same time interesting to the little ones and instructive. Useful for household reading at odd moments, it may also be used as a text book for the young. Its simple physiology, and practical teaching might well be studied by older folk. The illustrations are particularly pertinent, and cannot fail to attract children.

H. W. B.

The Physician's Leisure Library, No. 11—The Disorders of Menstruation. By Edward W. Jenks, M. D. George S. Davis, publisher.

This little book is, in keeping with the others which have preceded it, excellent. We have only one thing to criticize and that is a sin of omission. The author does not devote any space to the use of electricity in the treatment of menstrual disorders, yet we have found nothing as efficacious as the negative pole of the galvanic current for the cure of obstructive dysmenorrhœa. Again, he speaks of the use of Molesworth's dilator. We would like to sell one at a discount; it has been used once and is as good as new.

G. B. L.

THE total number of cases of yellow fever in Jacksonville to October 29th were 4095, with 352 deaths. The death rate has been unusually small. In 1867 in New Orleans the rate was about 20 per cent. In the epidemic of 1878 in some places it amounted to as much as 30 and 40 per cent.

PUBLICATIONS RECEIVED.

Surgery of the Abdomen. By J. Ewing Mears, M. D., Surgeon to St. Mary's Hospital, etc., etc. Reprinted from *Annual of Universal Medical Sciences*, series 1888.

Twenty-fourth Report of the Trustees of the City Hospital, Boston. 1887. Rockwell & Churchill, city printers, 39 Arch street, Boston, 1888.

Some Retrospective and Prospective Thoughts on Surgery. Reprinted from the *Journal of the American Medical Association*, June 30, 1888.

Transactions of the Medical Society of West Virginia at its Twenty-first Annual Session, May 16-17, 1888.

Cases from Practice in Diseases of Throat and Nose. By W. Peyre Porcher, M. D., Charleston, S. C. Read before South Carolina Medical Association.

Los Progresos Realizados en Laringologia constitoyen un adelanto para la medico. Discurso de D. José Roquer y Casadesus. Barcelona, 1888.

The Traditional Errors of Surgery. The Presidential Address. By Dr. R. J. Levis, M. D. Reprinted from the Transactions of the Medical Society of Pennsylvania, vol. xx, June 1888.

Physicians' Library No. 10. Diseases of the Male Urethra. By F. N. Otis, M. D.

Conditions Rendering Diagnosis Difficult in Pelvic and Abdominal Diseases. By T. B. Harvey, M. D., Indianapolis, Ind. Reprint.

Chronic Pyelitis. By N. Bozeman, M. D. Reprint from *American Journal Medical Sciences*.

Six Cas. De Perinorrhaphie Operes Par Le Procédé de Lawson Tait, par Le Docteur F. Fraipont, Assist. a L'Universitè de Liege.

Transactions of Louisiana State Pharmaceutical Association, Sixth Annual Meeting, held in New Orleans, April 11 and 13, 1888.

Heredity. By J. T. Searcy, of Tuscaloosa, Ala. Reprint from Transactions of Alabama State Medical Association.

The General Preparatory Treatment of Complications of Urinary and Fecal Fistulæ in Women. By N. Bozeman. From Transactions Ninth International Medical Congress.

Physicians' Leisure Library No. 1. Series III. Abdominal Surgery. By H. C. Wyman, M. D.

The Weaver Case, by Hampton L. Carson, and the Case of John Daley, by John B. Chapin, M. D. Philadelphia. Published by Medical Jurisprudence Society.

The Differentiation of Serous Iritis from Subacute Primary Glaucoma, with a Brief Outline of Treatment. N. C. Steele, M. D., Chattanooga, Tenn.

Footprints of a Profession, or Ethics in Materials and Methods. H. C. Meriam, D. M. D., before Maine Dental Society at Waterville, and Report from Archives of Dentistry, May, 1888.

Antipyrine. Benjamin Marshall, M. D. Reprinted from *Pacific Medical and Surgical Journal*, July, 1888.

Rectal Insufflation of Hydrogen Gas an Infallible Test in the Diagnosis

of Visceral Injury of the Gastro-Intestinal Canal in Penetrating Wounds of the Abdomen. M. Senn, M. D. Reprinted from Journal of American Medical Association.

Observations on Yellow Fever, with Special Reference to Diagnosis, Prognosis and Treatment. John P. Wall, M. D., Tampa, Fla.

The Results of Laparotomy for Acute Intestinal Obstruction, by B. Farquhar Curtis, M. D. Reprint from the Transactions of the New York State Medical Society.

Malignant Edema and Fat Embolism. By L. Bremer, M. D., of St. Louis, Mo. From the *American Journal of the Medical Sciences*, June, 1888.

Memorial Address delivered before the Faculty and Students of the College of Physicians and Surgeons on the first anniversary of the death of Prof. A. F. Erich, by Geo. H. Rohé, M. D. Published by request of the class.

The Treatment of Intermittent Fever. By Robert C. Kenner, A. M., M. D. Reprint from *American Practitioner and News*, Louisville, Ky.

Nouveau Procédé pour Guérir les Rétrécissements de l'Urèthre rapidement et sans aucun Danger. Par J. A. Fort, ex-Interne des Hopitaux de Paris, etc.

An Experimental Contribution to Intestinal Surgery, with Special Reference to the Treatment of Intestinal Obstruction. Read in the Surgical Section of the Ninth International Medical Congress, Washington, Sept. 5, 1887. By Nicholas Senn, M. D., Ph. D., of Milwaukee. Reprint from the *Annals of Surgery*, January-June, 1888.

The Annual Report of the Department for the Insane of the Pennsylvania Hospital, for the year ending, fourth month, 21st, 1888.

Insanity from Bright's Disease. By L. Brewer, M. D., St. Louis, Mo., read before the Missouri State Medical Association, Kansas City, April, 1888.

An Address Delivered Before the Lincoln Parish Medical Society at the Anniversary at Ruston, La., May 31, 1888, by W. T. Smith, M. D.

Consumption in Gynæcology. By A. Reeves Jackson, M. D. Chicago, Ill.

Cocaine Dosage and Cocaine Addiction, Cocaine Toxæmia. By J. B. Mattison, D. M., Brooklyn.

Fifty Aphorisms in Pregnancy. By E. J. Kempt, M. D. From the *American Practitioner and News*.

Vesico-Vaginal Fistula. By Reuben A. Vance, M. D., Cleveland, Ohio. From the *Cleveland Medical Gazette*, February, March, April and May, 1888.

Bovine Tuberculosis. By E. F. Brush, M. D., Mount Vernon, N. Y.

Food Laws. A paper read before the Medical Jurisprudence Society of Philadelphia, March 13, 1888, by Henry Leffmann, M. D., second vice-president of the Society.

Effects of Food Preservation on the Action of Diastase, Pancreatic Extract and Pepsin. By Henry Leffmann, M. D., and Wm. Ream, M. A.

Proceedings of the State Sanitary Association of Philadelphia, May 12, 13 and 14, 1886, under the auspices of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania, extracted from the second annual report of the board.

Transactions of the Massachusetts Medico-Legal Society, vol. i, No. 10, 1887, Boston. Cupples & Hurd, publishers, 94 Boylston street.

The Trituration of Alkaloids. A paper read by Edwin Pynchon, M. D., before the Chicago Medical Society. Reprint from *Western Medical Reporter*, May, 1888.

On Exercise for Prevention and Cure of Deformities. By A. H. P. Leuf, M. D., Philadelphia. From the *Medical and Surgical Reporter*, March 31, 1888.

The Ischiatic Crutch. By A. B. Judson, M. D., New York. From the *Medical Record*, June 25, 1887.

The Orthopedic Treatment of Paralysis of the Anterior Muscles of the Thigh.—Same.

A New Method in the Treatment of the Vegetable Parasitic Diseases of the Spine. By Henry J. Reynolds, M. D. Read before the Section on Dermatology, Ninth International Medical Congress, Washington, D. C.

Stricture of the Urethra. Urethrotomy under Cocaine Anæsthesia. Same author.

Water: Its Impurities Gathered from the Air and Earth, etc. By W. C. Moore, M. D., San Francisco. Reprint from the *Pacific Record of Medicine and Surgery*, March 15, 1888.

Heart and Blood Vessels in the Young. By A. Jacobi, M. D., New York. Address before the Association of the Alumni of the Long Island College Hospital, Feb. 27, 1888. Reprinted from the *Brooklyn Medical Journal*, March, 1888.

Congressional Record, Washington, Tuesday, April 3, 1888. The Direct Tax and The Cotton Tax. Speech of Hon. Jos. Wheeler, of Alabama, in the House of Representatives.

The Physiological Argument in Obstetric Studies and Practice. By A. F. A. King, A. M., M. D., Washington, D. C. Presidential Address delivered before the Washington Obstetrical and Gynæcological Society, at annual meeting, Oct. 7, 1887.

Papillomatous Cystic Tumor of Ovary, with a Hernial Pouch developed in the Cicatrix of the Abdominal Wound from a former Ovariectomy. By L. H. Laidley, M. D. Reprinted from the *Journal of the American Medical Association*, April 14, 1888.

Comptes-Rendus de L'Atheneé Louisianais.

The Intra-Uterine Stem in the Treatment of Flexions. By A. Reeves Jackson, A. M., M. D. Reprint from vol. xii Gynæcological Transactions, 1887.

The Southern Cattle Plague and Yellow Fever. By Frank S. Billings, Director. First report from the Patho-biological Laboratory of the University of Nebraska, Lincoln, Neb.

Report of the Health Officer of the District of Columbia, 1887. Smith Townshend, M. D., Health Officer. Washington Government Printing Office, 1888.

A Clinical Atlas of Venereal and Skin Diseases, including Diagnosis, Prognosis and Treatment. By Rob't W. Taylor, A. M., M. D. Parts I, II.

Atlas of Venereal and Skin Diseases. By P. A. Morrow, A. M., M. D.

The American Hip-Splint. By A. B. Judson, M. D. Reprint from Transactions North International Medical Congress.

Some Advantages of Union of Medical School and University. W. H. Welch, M. D. Address at Yale.

Mental Characteristics of Sexes. T. J. Surrey, M. D., chemist and neurologist.

Transactions of the Medical Society of the State of West Virginia. Twenty-first Annual Session, held at Huntington, May 16 and 17, 1888: Wheeling: Commercial Printing House, 1888.

Transactions of Medical Association of State of Missouri. Kansas City, April 17, 1888.

Comptes-Rendus de L'Athénée Louisianais.

MEDICAL NEWS AND MISCELLANY.

SALOL is being largely used in diarrhœa and dysentery. It is given in powder alone or with bismuth, in doses of gr. i to v of the former to gr. v to xv of the latter.

THE standard antiseptic dressing in Paris now is: Iodoform, gram. $2\frac{1}{2}$; oil of eucalyptus, gram. 20; paraffine, gram. 50; vaseline, gram. 50. It is especially used upon ulcers.—*Practice.*

FOR pain and fretfulness in nurslings at the Philadelphia Hospital it is the custom to give antipyrine in doses ranging from one-quarter of a grain to one grain. It has superseded opium entirely.—*Practice.*

A correspondent of the *British Medical Journal* says that Pasteur's treatment has already been followed by 136 deaths. The editor of a leading Paris medical journal says Pasteur does not cure hydrophobia, he gives it.

THE preliminary course of the Tulane University, Medical Department, opened on Oct. 22 with a good class. The number of lectures daily during this course is increased from one to two. This is a good move and one to be appreciated by students.

DR. JOS. HOLT of this city, who recently went to Portland, Oregon, to make that city his home, has just been elected to and will accept the chair of Obstetrics at the Medical College of that place. We congratulate the faculty upon its new accession.

DR. WM. OSLER has accepted the chair of Professor of Medicine in the Johns Hopkins University. Dr. Osler's whole bent seems to be that of an investigator; he is there-

fore in the position best suited to him. The University is to be congratulated as well as Dr. Osler.

ACCORDING to a law in Indiana a prescription containing more than gr. $\frac{1}{4}$ of opium or gr. $\frac{1}{20}$ of morphine cannot be refilled more than once without the written or verbal instructions of the prescriber. A good law for any State.

CROPS are now coming in and physicians are reveling in their annual crop of bills. We hope those of them who subscribe to our JOURNAL will not forget us. Money is absolutely necessary to run a journal, and besides, the more money the better journal.

THE Transactions of the Medical Association of Alabama, sent to us by a friend, in addition to the good work of the Association, shows a better organization of the profession throughout the State than can be cited by any similar body in the North and South.

THE *Weekly Medical Review*, which by the way is of the best, reports another singular case of laparotomy, where the result was the delivery through the cut of an eight months male child, which lived two days. The mother fortunately recovered, but only after a protracted struggle.

THE controversy between the German physicians and Dr. Mackenzie has passed the bounds of medicine, and is now either a purely political or purely personal quarrel, and we think the medical press having quite thoroughly discussed its scientific bearings should henceforth leave the matter to the secular papers.

The University Medical Magazine, No. 1, vol. 1., is at hand. It is certainly destined to a successful career if it continues to be as valuable as the first issue. Its circulation among the alumni of the University of Pennsylvania will make an enviable subscription list in itself. We wish the *Magazine* every success.

WHAT will be the final effect upon the American Medical Association of the various associations of so-called *specialists*—the American Surgical Association, the American Association of Physicians, the Gynecological Association and all the others? It will be a sad day for the profession of America when the time-honored A. M. A. ceases to be *the* medical institution of the country.

DERLON uses the following for hypodermatic purposes:

R_y. Antipyrine, grs., 30.
Cocaine hydrochlorat. gr. j.
Cherry laurel water, ʒj.

This should not be used with morphine injections, as cherry laurel water increases the pain in these cases.—*Four. A. M. A.*

DRS. LECORCHE and Talamon have stated that Dr. Millard's test for small amounts of albumen is the best. This test is formed of two parts by weight of ninety-five per cent. carbolic acid, seven of glacial acetic acid and twenty-two of liquor potassæ. When the quantity of albumen tested for is very minute the urine should be clarified and then allowed to trickle down slowly upon the solution in the test tube.—*New York Medical Journal.*

A USEFUL paint for diphtheria:

R_y. Tinct. iodini.
Tinct. ferri chloridi, aa ʒi.
Glycerinæ ʒiv.

M. S.—To throat with brush.

Or, R_y. Hydrarg. bichloride, gr. ss (gr. i.)
Listerine.

Aquæ aa ʒij.

M. S.—By means of atomizer.

DR. J. G. SWAYNE gives the following statistics of the hour of delivery in 1000 labors: From 1 A. M. to 9 A. M., 424; 9 A. M. to 5 P. M., 289; 5 P. M. to 1 A. M., 287. In 163 primiparous labors the figures were for the same periods, respectively, 60, 57, 46. He also shows that the three consecutive hours which had the smallest number of deliveries were from 10 P. M. to 1 A. M. The single hour having the greatest number of deliveries was 4 A. M. to 5 A. M.—*Extract from Bristol Medico-Chirurgical Journal.*

THE *Gazette Medicale de Liege*, No. 2, vol. 1, is at hand. Its purposes are two-fold: 1st, to enable the conscientious physician to easily keep pace with the progress of his art, and to rapidly inform himself of the "faits curieux, interessants, nouvellement acquis à la science;" and 2d, "to defend with energy and dignity the legitimate interests of the medical profession." It will be published every Wednesday under the editorship of Drs. Brasseur,

Merville and Roskam. We welcome the *Gazette* and wish it every success. It should be addressed M. le Dr. Bras-seur, 16, place St. Pierre, Liege,

DR. F. S. BILLINGS sends the prospectus of a proposed bill for the establishment of a patho-biological laboratory under government auspices. Its objects are to furnish means for the investigation of contagious, infectious and malarial diseases, and for the protection of both people and animals. Among other advantages proposed is the admission of students to the laboratory for research of any kind. One objection to the bill is the proposition to place it under the charge of the Marine Hospital Service. This Service has enough now without shouldering anything more.

THE clinical history of Prof. Richard A. Proctor's case reads very much as if want of proper care was largely responsible for his death. He was discovered lying upon the floor of the hotel Monday evening, and thinking him intoxicated the porter carried him to his room and placed him on his bed, where he remained in his clothes until the next morning, the 11th September, at 8 A. M., when a physician was called. He rallied and was doing well, but *was removed on the 12th, at 12:45 a. m.*, to a hospital. He became comatose at 6 A. M., and died at 7:15 P. M. the same day. The autopsy was not held until the 16th, when decomposition was too far advanced to furnish any information.

DR. GEO. THOMAS JACKSON of New York, writing from London to the *Journal of Cutaneous and Genito-Urinary Diseases*, says: "London is a vast beehive, numbering amongst its workers some four thousand medical men, some of whom are called doctors, some surgeons, some apothecaries,. The surgeons are grieved if you call them 'doctor;' 'mister' is their title. The doctors are, of course, called 'doctor.' This stickling for titles is somewhat confusing and a source of embarrassment at all times. Our way of calling all 'doctors' is more convenient. The proper form of address in writing is 'John Smith, Esq.,' for the surgeons; 'John Brown, Esq., M. D.,' for the doctors. But here again we run against a snag, for some of the doctors are only bachelors of medicine, and such must be addressed as 'Rob't Jones, Esq., M. B.' "

MORTUARY REPORT OF NEW ORLEANS

FOR SEPTEMBER, 1888.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial, unclassified	7	11	7	11	13	5	18
“ Congestive.....	11	3	7	7	8	6	14
“ Continued.....							
“ Intermittent.....	1		1			1	1
“ Remittent.....	4	1	3	2	3	2	5
“ Catarrhal.....							
“ Typhoid.....	6		1	5	5	1	6
“ Puerperal.....	2			2	2		2
Typho-Malarial.....	1			1	1		1
Scarlatina.....							
Small-Pox.....							
Diphtheria.....	28	20	31	17	1	47	48
Whooping-cough.....	3	6	4	5	1	8	9
Meningitis.....	4	4	4	4	1	7	8
Pneumonia.....	6	7	7	6	6	7	13
Bronchitis.....	1			1	1		1
Consumption.....	29	34	31	32	61	2	63
Congestion of brain.....	10	2	4	8	4	8	12
Diarrhœa.....	6	5	6	5	8	3	11
Cholera infantum.....	8	1	4	5	.....	9	9
Dysentery.....	3	5	4	4	7	1	8
Debility, General.....	2	1	2	1	3	.....	3
“ Senile.....	11	12	9	14	23	.....	23
“ Infantile.....	6	2	5	3	.....	8	8
All other causes.....	159	77	120	116	149	87	236
Total.....	308	191	250	249	297	202	499

Stillborn children—White, 31; colored, 15; total, 46.

Population of city—White, 180,000; colored, 68,000; total, 248,000.

Death rate per 1000 per annum for month—White, 20.56; colored, 33.72; total, 24.14.

DIPHThERIA RECORD FOR SEPTEMBER, 1888.

Dist.	CASES.			DEATHS.		
	White.	Colored.	Total.	White.	Colored.	Total.
1	10	.....	10	3	.....	3
2	19	11	30	10	6	16
3	24	8	32	6	3	9
4	7	4	11	.....	.....	.....
5	18	13	31	7	11	18
6	19	3	22	2	.....	2
7	.....	.....	.....	.....	.....	.....
	97	39	136	28	20	48

HENRY WM. BLANC, M. D.,
Chief Sanitary Inspector.

METEOROLOGICAL SUMMARY—SEPTEMBER.
STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in inches and hund.	GENERAL ITEMS.
		Mean	Max	Min		
1	29.82	78.0	85.3	74.5	.53	Mean barometer, 29.939.
2	29.86	77.0	86.8	72.8	.00	Highest barometer, 30.26, 29th.
3	29.89	76.0	88.4	71.5	.42	Lowest barometer, 29.81, 1st.
4	29.92	76.5	85.5	69.5	1.22	Monthly range of barometer, 0.45.
5	29.88	79.0	87.0	69.8	.12	Mean temperature, 75.2.
6	29.91	80.0	90.6	73.0	.00	Highest temperature, 91.0, 22d.
7	29.92	79.0	87.8	72.2	.04	Lowest temperature, 55.5, 30th.
8	29.90	78.0	87.1	71.1	.00	Monthly range of temperature, 35.5.
9	29.84	79.5	87.1	74.5	.00	Greatest daily range of temp., 20, 27th.
10	29.90	77.5	89.0	73.8	.25	Least daily range of temp., 7.7, 15th.
11	29.95	78.5	89.0	73.2	.00	Mean daily range of temperature, 14.6.
12	29.95	79.5	89.5	74.7	.09	Mean daily dew-point, 67.9.
13	29.89	77.5	86.0	75.0	.20	Mean daily relative humidity, 79.0.
14	29.86	75.0	82.8	74.0	.04	Prevailing direction of wind, north.
15	29.85	74.5	80.0	72.3	.12	Highest velocity of wind and direction, E. 24 miles on 23d, N. 24 on 29th.
16	29.86	75.0	83.0	71.4	.00	Total movement of wind, 4534 miles.
17	29.92	75.0	86.5	72.2	.00	Total precipitation, 4.15 inches.
18	30.03	74.5	85.0	70.8	.00	Number of days on which .01 inch or more of precipitation fell, 12.
19	30.06	76.0	84.8	72.4	.00	No. of clear days, 16. No. of fair days, 10. No. of cloudy days, 4.
20	30.04	77.0	87.0	72.5	.00	MEAN TEMPERATURE FOR THIS MONTH IN
21	29.96	78.0	85.0	72.1	.00	1874... 78.7 | 1879... 78.7 | 1884... 80.9
22	29.90	78.0	91.0	75.5	.00	1875... 76.4 | 1880... 76.5 | 1885... 77.1
23	29.88	71.5	86.4	68.0	.75	1876... 78.8 | 1881... 80.1 | 1886... 77.8
24	29.82	70.5	80.0	68.0	.37	1877... 78.3 | 1882... 77.6 | 1887... 77.3
25	29.88	71.0	81.0	65.0	.00	1878... 73.6 | 1883... 79.4 | 1888... 75.2
26	29.89	71.5	80.0	66.0	.00	TOTAL PRECIPITATION (IN INCHES AND HUNDREDTHS) FOR THIS MONTH IN
27	30.00	73.5	85.0	65.0	.00	1874... 4.21 | 1879... 3.15 | 1884... 2.12
28	30.14	69.5	78.0	65.0	.00	1875... 7.89 | 1880... 7.48 | 1885... 13.55
29	30.22	63.5	75.0	57.5	.00	1876... 0.26 | 1881... 4.47 | 1886... 4.09
30	30.23	64.5	75.0	55.5	.00	1877... 13.21 | 1882... 1.59 | 1887... 6.51
31	.....	.....	.....	.....	.....	1878... 2.64 | 1883... 0.25 | 1888... 4.15
Sums	.....	.....	.....	.....	4.15	Dates of frosts: { Light, none.
Means	29.939	75.2	84.9	70.3	.....	{ Killing, none.

R. E. KERKAM, Signal Corps Director.



In the season now almost upon us, when Cholera Infantum and other formidable diseases of children, incident to climate are usually so fatal,—BOVININE will be found a sheet anchor in its ability to sustain the strength of the little ones and enable them to recover from the prostrating effects of diseases and pernicious feeding so rife in the Summer Solstice.

A knowledge of the merits of BOVININE is of the greatest importance to physicians whose daily practice brings them in contact with children who are suffering from acute exhaustive diseases or are in the critical stages of development.

Made as it is from the juices of lean, raw meat, it affords to the blood-making organs the necessary material for new and vitalized blood in a condition for immediate utilization. For this reason, when given alone or in addition to the regular diet, it is especially efficacious in restoring convalescents to a normal condition of health. It contains all the active tissue-building materials of lean, raw meat in a soluble and palatable form, and furnishes a more easily digested food than milk, and, given in equal quantity, three times as much nutriment. It contains also all the meat salts so necessary to the proper growth of the body and its organs. To these facts may be ascribed its effectiveness in conditions of mal-nutrition.

It builds up pale and sickly children, increasing both weight and strength, gives color both to cheeks and lips, makes the flesh firm and rosy, nourishes the nervous system properly, removing a frequent cause of fretfulness and crying, supplies material for bones and teeth, and lays the foundation for a vigorous and healthy childhood by providing those elements required to sustain the body and build up sound tissues.

In stomachic and intestinal troubles of childhood, proceeding from indigestion, its administration is followed by marked benefits, while bottle-fed infants thrive wonderfully upon it, five to fifteen drops being added to each feeding. A decided change for the better is often seen in weakly infants in twenty-four hours.

It is retained and assimilated by the weakest stomach when all else is rejected. By injection alone it will sustain life for many days, when from the condition of the throat, as in diphtheria or severe scarlet fever, *nothing* can be swallowed. Milk is the best vehicle for its administration.

When the vital powers of nursing mothers are severely taxed, and the system is breaking down because of the drain upon it, BOVININE is of the greatest service by its tonic and food properties. It stimulates the appetite, betters digestion, sustains and invigorates the overtaxed powers, and increases the quantity and quality of the milk.

It is indorsed, after eight years' trial by the leading members of the medical profession, of all schools, and is in use in all the children's hospitals and homes throughout the country.

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(SYR: HYPOPHOS: COMP: FELLOWS)

Contains **The Essential Elements** to the Animal Organization—
Potash and Lime.

The **Oxydizing Agents**—Iron and Manganese;

The **Tonics**—Quinine and Strychnine;

And the **Vitalizing Constituents**—Phosphorus,
Combined in the form of a Syrup, with *slight alkaline reaction*.

It **Differs in Effect from all Others**, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

It has **Sustained a High Reputation** in America and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

Its **Curative Properties** are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

In **Cases** where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

Its **Action is Prompt**; stimulating the appetite, and the digestion, it promotes assimilation, and enters directly into the circulation with the food and products.

The **Prescribed Dose** produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of **MENTAL AND NERVOUS AFFECTIONS**.

From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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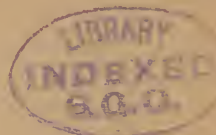
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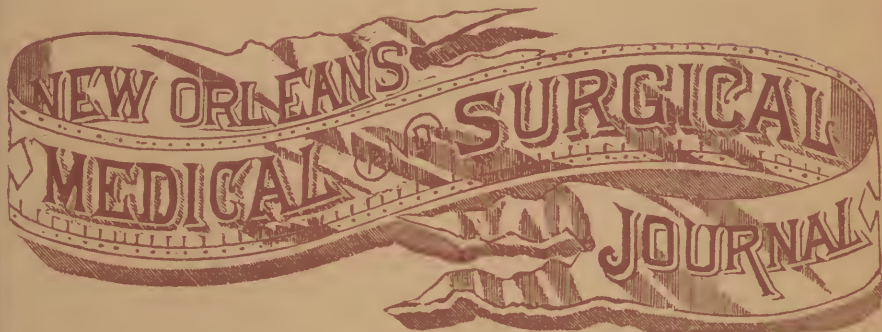
DECEMBER, 1888.

WHOLE No. 288.

No. 6.



The



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*Paullum sepultæ distat inertia
Celata virtus.*—HORACE

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1888.

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NEW ORLEANS
MEDICAL AND SURGICAL JOURNAL.

DECEMBER, 1888.

ORIGINAL ARTICLES.

No paper published or to be published in any other medical journal will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

Ulcers of the Leg.

By E. LAPLACE, M. D., New Orleans, La.

The ulcer of the leg has long been a very parasite to surgical wards and a source of not much less annoyance to the surgeon in private practice. The difficulty of causing an extended ulcerated surface to cover itself with healthy epithelium, and the facility with which this epithelium loosens itself from the underlying structures, have rendered this class of ailments one of the most discouraging to the therapist. Many patients cannot remain in bed the required time, and the ulcer gradually increases in size. Relief is sought at the hospital. Here he is treated perhaps successfully, but as soon as he resumes his occupation the large cicatrix covering the ulcer swells, softens and falls in a mass. The original ulcer is again present, and so the patient's lifetime is spent between ulcer-making and hospital life. The rest and care at the hospital have charms for some and they think no longer seriously of their avocation. Those of a hardier and more resolute disposition will yield to amputation as a desperate measure.

Finally, the ulcer of the leg is a genuine affliction to the poorer classes; hence our efforts to simplify the pathology and ameliorate the treatment, hoping to achieve something in the right direction.

Ulcers of the leg are the result of—

1. A constitutional taint, such as syphilis.
2. An impaired condition of the bloodvessels of the limb.
3. A local infecting agent.
4. Two, sometimes three of the above causes combined.

In the first class the general history of the patient, together with the manifestation of secondary symptoms, suffices for the diagnosis of syphilis. Tuberculosis will also be easy to diagnose should any other symptoms exist in the patient. Besides, as far as the simple matter of diagnosis is concerned nothing can be added to what we have all long since learned.

Anatomo-pathologically all these ulcers resemble each other. Leaving what would be healthy skin and proceeding toward the ulcerated surface we find that gradually the papillæ are more gorged with blood; that the bloodvessels have proliferated; that the fibrous layer of the skin has been greatly thickened; that the mucous layer contains many more cells than normally, and that the gradual change of deep muco-epithelial cells has been altered into one containing a large amount of cicatricial tissue, until we come to the very edge of the ulcer, where the epithelium from the mucous layer appears to project and tends to proliferate upon the ulcerated surface. These are characters common to the edges of all ulcers of the leg.

Now as to the ulcer proper. The existing inflammation has caused a formation of fibrous tissue as the base of the ulceration. Immediately above this are spindle-shaped cells, which are gradually covered by round nucleated cells known as granulation cells. This is the condition of a typical ulceration. When this ulceration exists in a person having the syphilitic taint it becomes syphilitic in its turn

and assumes the clinical aspect we know. If tuberculous it also contains the bacillus tuberculosis in large amounts, and takes the peculiar angry look characteristic of lupus. If the case is attended with varicose veins, as the great majority of cases are, then there is a greater engorgement of the parts and disposition to hemorrhage. However, in all the cases, there is *suppuration*. With a lens the interstices of the granulations may be seen filled with pus, and under a magnifying power of 150 diameters this granulation and the pus coming from the vessels within it contains a large number of micro-organisms, viz. : besides those which have been recognized as the cause of suppuration, the bacillus pyoceaneus, streptococcus pyogenes aureus, albus and citreus, a number of saprophytic bacteria and others still unclassified. These of course are parasites, feeding and developing upon the serum exudate of the ulceration at the expense of the continued efforts of nature to heal the solution of continuity by building tissue. It very often occurs that the natural tissue-building force of the patient will overcome these invading hordes, and a proliferation of epithelium goes on, which finally covers the surface; but it remains none the less true that their presence, and on account of their presence the formation of pus which represents the number of leucocytes that have fallen in battle against them, all remain as impediments to the natural healing process. The sloughs that cover the ulcer and its edges are nothing more than disintegrated granulation and epithelial cells that have met an early death in their struggle against the micro-organisms present.

Firmly convinced from repeated investigation of the correctness of the views above mentioned, I set about a rational method of treating these ulcers.

My treatment was divided into two parts—general and local. I would treat the diathesis, syphilitic, malarial or otherwise. In every case where no particular diathesis could be diagnosed a tonic was always beneficial. Then came the local treatment. My object after removing the

cause of the ulceration by medication and by rest in the bed for varicose ulcers was to first obtain an *aseptic* granulating surface; 2, to restore the epithelium to this surface; 3, to preserve this surface in an aseptic condition; and finally to so consolidate and support the parts as to prevent a return of the ulceration on further use of the limb. I was convinced that having a surface free from germs, and covering this surface with epithelial grafts, also free from germs, then preventing through aseptic bandages a further access of germs, my patient's ulcer must of necessity remain covered with these grafts and the leg be cured. I accordingly proceeded as follows: Having given the constitutional treatment suited, the limb was carefully washed from the knee down during five minutes with warm water and soap, using the nailbrush freely to remove all redundant epithelium. Having done so the edges of the wound were trimmed with a scalpel, removing about two millimetres of its circumference, then the surface of the wound itself was scraped with a curette of all sloughs or unhealthy-looking granulations, leaving a raw, bleeding surface.

The one per thousand acid sublimate solution was used to irrigate the surface for three minutes, and a compress, wet with the same solution, kept constantly applied to the same ulcer for three or four days. This constituted the disinfecting process adapted to render the surface free from germs. Most of them had been cut away or scraped out; the balance we tried to destroy by three days' application of acid sublimate solution. At the end of this period we found the sore to have been transformed into a healthy granulating surface, secreting some serous exudate, but *no pus*. The edges were healthy and beginning to proliferate their epithelium over the surface of the granulations. When the edges of the ulcer are very much elevated strapping the ulcer for two days may be resorted to with advantage before grafting, or even proceeding with the disinfection. The next step was to supply to the granulating

surface the required epithelium. This was done by a modification of Reverdin and Thiersch's method, upon which I will ask your permission to lay particular emphasis, for it has made almost an epoch in surgery, not only facilitating the treatment of such cases as are now under consideration, but especially bringing a restoration of the parts removed for the more important plastic operations about the face and neck.

Epidermic grafting, discovered by J. L. Reverdin, has long been adopted into current surgical practice. In this method the graft consists of the horny layer of the epidermis, the malpighian layer, but no portion of the derma. The grafts should not be applied upon a bleeding surface, but upon a surface covered with healthy granulations.

However, surgeons had noticed that though very encouraging results were obtained through this method, it often occurred that after an apparent success the grafted surface would swell and soften, ending by detaching itself from the lower structures under a slight influence.

In 1874 Thiersch called attention to these accidents. He pointed out that healing was caused by two factors: 1st, the granulations, highly vascular, soft and voluminous, had to transform themselves into cicatricial papillæ, poor in bloodvessels, dry and hard—a process which decreases the size of the granulating surface; 2d, such a surface should be covered with epidermis. Hence, according to Thiersch, if grafting is done at a time when the granulating surface has not obtained its maximum retractility, this retraction goes on beneath the graft, and a permanent healing of the surface is obtained. But if at the time of grafting the granulations have completed their retracting process then it follows that none will go on beneath the graft, and the graft will remain loosely implanted upon granulations, rich in fragile bloodvessels, which trifling mechanical causes will suffice to rupture, leading to cutaneous hemorrhages, exudates and the eventual dropping of

the grafts. From this it follows that the granulations are the cause of the unhappy results often obtained by Reverdin's grafting method. Microscopically we distinguish clearly two superposed layers in a granulating surface: 1st, a deep layer more or less resisting, whose vascular layer takes a *horizontal* direction, and a superficial layer, consisting of granulations, properly so-called, rich in blood-vessels, which implant themselves perpendicularly upon the deeper layer. This is the important layer, which Thiersch says should be effectually destroyed before grafting is proceeded with. This is the foundation of Thiersch's method of grafting, which he accurately described before the congress of German surgeons in Berlin in 1886. *Plessing* has also made a more detailed account of it in the beginning of this year in the *Archiv. für Clin. Chirg.* The operation begins naturally with the disinfection of the granulating surface to be grafted, as well as the spot from which the grafts are to be taken. For this purpose I use a 5 per cent. carbolic acid solution and a piece of absorbent cotton. Having washed the surface previously with warm water, soap and brush, the spot is washed about one minute with the 5 per cent. carbolic acid solution. Thiersch uses a sterilized 6 per cent. chloride of sodium solution, which he takes care to sterilize by boiling before using.

As the operation is not a painful one no chloroform is used, nor is Esmarch's band used except we operate on a very anemic patient. The sterile granulating surface being prepared as above described we direct our attention to the grafting process. We select through preference the arm or the thigh. To this end the posterior half circumference of the limb is grasped with the left hand, so as to stretch the skin on the anterior surface, and, taking a disinfected razor or broad scalpel in the right hand and laying flat on the limb, a thin layer of skin is detached from the surface through a sawing motion. During this time the granulating surface is covered with a cloth wet in 5 per cent. carbolic acid, to prevent the atmosphere from depos

iting bacteria upon it. (Carbolic acid is used in preference because it does not attack the instrument.) The graft is taken up on the razor or knife and the surface immediately protected from the germs of the atmosphere by covering it likewise with a compress. The graft is quickly brought to the granulating surface and spread smoothly over it. These grafts are generally one-quarter of an inch in width and vary in length from one-half an inch to two inches. According to Thiersch they should comprise not only the epidermis and papillæ, but also a portion of the derma, whence the papillæ emerge. In fact, since we must cause circulation to be rapidly established within the graft we have a greater chance of obtaining this if the graft contains a portion of the derma where the bloodvessels run horizontally. If the graft contained papillæ alone circulation would be established with more difficulty, each papilla would have to seek new anastomoses, for the bloodvessels of each papilla would of necessity be separate from those of the neighboring papilla. The graft being taken from a circular surface, the thigh or arm, its edges will be thinner than the middle. Hence it is best to take them from the external surface of the thigh, where a comparatively flattened surface is to be had. The whole of the granulating surface is thus covered with a layer of skin grafts, and a slight amount of compression with a wet antiseptic cloth is made over them to insure their adhesion to the lower surface. As to the wound resulting from the taking of grafts no more attention is paid to it than applying some antiseptic or sterilized cotton over it and securing it with a bandage. In a week it has healed perfectly, without suppuration.

The operation of grafting being completed we had next to prevent bacteria from having access to the parts. This is done by covering the grafted surface immediately with a large amount of antiseptic charpie (prepared according to my directions: a charpie dipped for two hours in 10 per cent. acid sublimate solution, wrung out and dried,

protected from the air); and bandaging the leg firmly and snugly from the toes to the knee joint. A second bandage is applied after this to intercept as much as possible the access of dust and air to the parts beneath. The patient is placed in bed in a recumbent position. In most cases this was the only dressing necessary. There being no pain and no fever and no apparent secretion or smell, there was no indication to change the dressing, and in the course of four or six weeks, according to the original size and gravity of the ulcer, the bandage was removed and the ulcer found *healed*. Here and there, owing to serous secretion which had been absorbed by the charpie, the dressing was very adherent to the underlying surface, but could be easily detached by the application of warm water.

Of 43 cases which I have successfully treated, 17 were in Berlin, in Bergmann's clinic. and the balance in the Charity Hospital of this city. I would not weary you with a detailed account of each case. More interesting is a critical consideration of them in their totality.

Of the 43 there were 13 females, 30 males. There were 8 syphilitic, 25 varicose, and 10 due to mixed causes. The most rapid cure was 8 days, the longest 3 months. The dressing would be changed only when foul; this occurred in 12 cases, and this meant that in spite of our efforts we had not succeeded in thoroughly sterilizing the ulcer. The dressing being removed, wet compresses of acid sublimate were applied for three days and the limb bandaged as at first. The shortest time any *one* dressing lasted was 8 days, the longest was in one case 50 days. There was no indication to remove it except the curiosity of the patient to find out how his leg was.

The patient being pronounced cured, must be warned that the once ulcerated spot remains a point of least resistance in his body, especially if varicosities are present. He is then advised to wear always an elastic stocking or bandage, or any appliance that will give thorough support to the limb. Such is the method which from rational the-

oretical notions, enlightened by bacteriology, has suggested itself to me with encouraging results. Should its application by others support my experience I will not have worked in vain for a rigid and extended use of antiseptics in surgery.

Surgical Treatment of Hepatic Abscess which Aspiration will not Cure.

By EDMOND SOUCHON, M. D., Professor of Anatomy and Clinical Surgery, Tulane University of Louisiana.

As a rule which bears but a few and isolated exceptions, aspiration, single or repeated, will not cure either an acute abscess of more than three ounces capacity, or a subacute abscess of more than a pint, or a chronic abscess of more than a quart. It is losing valuable time to insist upon aspiration under these circumstances, especially in acute abscesses. If these yield more than three ounces they should be treated as explained below at once, on the spot, as soon as the needle is removed, without any useless and dangerous loss of time. Generally the tendency is on the one hand to repeat aspiration in acute abscess, thereby losing valuable time, and on the other hand to rush too quickly to the use of the knife in subacute or chronic abscess, without *repeating* aspiration at *close intervals*, thereby subjecting a patient to a serious surgical operation, whereas he might have been cured by a simple one.

When an abscess has resisted aspiration the course will vary whether it is superficial or deep.

Treatment of Superficial Abscesses.

If the aspirator needle shows the abscess to be no deeper than one inch and a half from the surface of the skin I think it can be safely opened without any previous procedures. If the abscess is an acute one, accompanied by serious and threatening general symptoms, it should be opened *at once*. If the abscess is subacute or a chronic one it may be more prudent to first make sure of adhesions.

Treatment of Deeply-Seated Abscesses.

If the aspirator needle shows the abscess to be *two, three or four inches deep*, it is indispensable to make sure of adhesions before penetrating the liver.

To obtain adhesions the *modus operandi* varies according as the abscess is situated in the epigastrium, covered only by the skin and abdominal walls, or whether it is situated in the hypochondrium, covered by the ribs, and where, to reach it, we must make sure also of adhesion between the two laminæ of the pleura, as well as of the peritoneum.

Treatment of Deep Abscesses Situated in the Epigastrium.

When the abscess is in the epigastrium the following means may be used:

First, applications of caustic potash are the oldest means. It may be applied directly upon the skin, but this is long, painful and uncertain. It may be applied at the bottom of the incision, extending to the middle of the thickness of the muscles, down to the deep fascia or to the peritoneum. In these two last cases it is to be feared that the softening of the cauterized parts might occasion a premature rupture followed by the opening of the peritoneum. Trousseau uses acupuncture, but its results are slow and somewhat uncertain. Some will cut down to the peritoneum and fill the bottom of the wound and the wound itself with bichloride or carbolyzed lint and wait for adhesions. This is safe and quick.

We prefer to cut down to the deep fascia and then stitch the liver, and after two or three days to proceed deeper. In cases of pressing danger we do not think we would wait for adhesions after the liver has been firmly sutured.

Ransohoff opens the peritoneum, stitches the liver to the edges of the abdominal opening, and waits, or not, for adhesions before proceeding further. I think by this method the patient is unnecessarily exposed.

Treatment of Abscesses Situated in the Hypochondrium.

When the abscess is situated in the hypochondrium, un-

der the ribs, the best, quickest and safest is first to make an incision, three inches long, over and parallel to the rib; expose the rib and the intercostal muscles above and below; stitch the liver in the intercostal space above and the one below. The thread should be passed by means of a long curved needle; the needle should be *round* so as to make the liver bleed as little as possible; the stitches should be tied on quills, because by the ordinary process the threads tear the liver tissue and cause unnecessary bleeding. We should wait for two or three days for adhesions, and then resect or trephine one inch or more of the rib exposed, so as to make room for further procedure. In case of pressing danger we would not wait two or three days, but would make at once for the abscess.

When adhesions have been secured I do not think it safe to cut through two or three inches of hepatic tissue to reach the abscess, as it is not always easy to control the hemorrhage which follows and which is always profuse. I do not favor either the use of the galvano-cautery knife, as it involves expensive and cumbersome appliances which are not within the means of all, and which after all is anything but perfection.

I prefer to use what I call a *giant canula*. It is of proper length and not less than three-eighths of an inch in diameter externally, and is made of very thin silver, so as to leave as much calibre as possible. It is provided with a wooden trocar, bearing only a metallic point, which is conical and not prismatic. It is bored through from point to handle. In order to reach the abscess safely and surely the No. 2 needle of the aspirator is introduced, and then unscrewed from the rubber tube as soon as the pus is struck and without withdrawing the pus; then a steel wire twelve inches long is introduced through the needle into the cavity of the abscess; the needle is then withdrawn, leaving the wire in place. The wire is now introduced into a canal which runs through the trocar, from point to handle. By keeping the wire steady and by pressing the

trocar down firmly it penetrates the parts easily, because the skin has been incised. In this manner the trocar and canula reach surely the cavity of the abscess. The trocar is next removed, leaving the canula in place, and also the wire. When it is certain that the canula is well into the cavity of the abscess there will be no occasion any more to use the wire, and the wire is then removed also.

The canula is large enough to allow free drainage and also free washing of the abscess. A small rubber tube may be run through it to wash the bottom of the abscess, to insure more thorough washing, or to act as a syphon or irrigation if thought necessary; there will be plenty of space between the rubber tube and the canula to let the discharge run out easily. If large sloughs of hepatic tissue are suspected in the cavity of the abscess the canula after a few days may be removed and its tract dilated to a sufficient size by a long piece of sea-tangle, or a metallic uterine dilator or Tiemann's anal dilator.

Treatment of Hepatic Abscesses which have Opened Internally.

Before resorting to any surgical operation those abscesses should be treated by gaseous enemata. To our knowledge, Dr. F. W. Parham, the distinguished Assistant House-Surgeon of the Charity Hospital, was the first to use this method, and it succeeded so well that later on Dr. D. Jamison, the able House-Surgeon of the Hôtel Dieu, tried it on a case, and it was also successful. Both these cases improved so soon and so rapidly under this treatment that there is no doubt in our mind that they owe their recovery to this treatment.

If gaseous enemata fail the abscess should be searched for with the aspirator and treated as a superficial or a deep abscess, according to its situation and as explained above.

Treatment of Hepatic Abscesses which have Opened Externally or have been Opened and yet do not Heal.

In these cases the fistulous tract should be sufficiently


dilated with sea-tangle or tupelo (never with sponge) to allow the easy introduction of the finger, so as to explore the cavity thoroughly. Should it be found that there exists a cavity with unyielding walls, as in cases of empyema, the case should be treated as such, and Estlander's operation—*i. e.*, resection of several ribs—should be performed in accordance with all its rules and details, and strict anti-sepsis, provided the patient be strong enough to stand it.

Irrigation of Opened Abscesses.

This adjunct of the treatment is only called for, we think, in cases where the pus is quite offensive; otherwise a thorough washing three or four times a day is sufficient, especially if a small long rubber tube, instead of an ordinary drainage tube, is introduced down to the bottom of the cavity, with the outer end hanging down lower by several inches, so as to act as a syphon.

Aseptic Treatment of Hepatic Abscesses.

It has occurred to us that it might be of advantage to treat hepatic abscesses *aseptically* altogether, by excluding the air from them. This treatment can be applied to all abscesses, regardless of situation or depth, etc., but it excludes the use of the knife. It consists in fastening a long and wet membranous condom to the canula before removing the trocar, and to bring it down over the trocar as the latter is removed cautiously. The wet walls of the condom coming and sticking together will prevent the air from penetrating into the canula, and so much the more so that the pressure of the air contributes very much to keep the walls together. On the other hand, the pus from the abscess will find but little resistance in running out between the walls of the membrane. With little care a rubber tube can be slipped between the walls of the condom and through the large canula into the cavity of the abscess. Through the tube the washing may be carried on or the irrigation.



Hepatic Abscess—Its Treatment.

Read by DR. FELIX FORMENTO before the Orleans Parish Medical Society at its meeting of Jan. 25, 1888.

Mr. President—The object of this paper is not to give you anything like a complete history of hepatic abscess—its causes, pathological anatomy, clinical history, prognosis and treatment. It would be impossible to do justice to such a subject in the short space of time at our command. Besides, the main features of the disease, its most important practical considerations, have been, within the last few months fully presented to you in several excellent papers read before the Society and thoroughly discussed.

I will limit myself to a few general remarks, as I desire more particularly to call your attention to the plan of treatment which I believe best adapted to the majority of cases, and which but recently has given me most satisfactory results in what seemed to be a desperate case.

Abscess of the liver, or suppurative hepatitis, as it is most frequently called, is rarely a primary, idiopathic affection. In most cases it is a secondary disease, supervening generally in subjects who have been affected with dysentery or malaria, which fact adds greatly to the gravity of the disease. It is far more common in tropical regions; hence its designation of *tropical*. It was said at one time that every high-living British officer returned from India with abscess of the liver. It is nevertheless observed quite frequently in temperate and even cold climates. The generalization of the use of strong alcoholic drinks, and the extension of malarial diseases to sections of countries where they were entirely unknown some years ago, may account in a measure for that fact. The disease, which was but seldom observed formerly in France and Italy, has now become much more common. In our own country it seems also to be more prevalent than it used to be. But the great field for observation is still to be found in military hospitals; and the numerous recent expeditions by European armies in tropical regions, to Tonquin, Madagascar, Sen-

egal, etc., have afforded the greatest facilities for studying the disease and determining its best mode of treatment.

In hepatic abscess, as well as in many other diseases, the use of antiseptics, but recently so generalized in practice, has brought on immense progress and achieved extraordinary results. Nothing can demonstrate more strikingly the benefits of antiseptic surgery than the contrast between the results of operations performed nowadays on the liver and those of ten or fifteen years ago. The day is not far from us when it was thought that abscess of the liver was *inevitably mortal*. And this opinion was certainly justifiable in presence of the results obtained then. In fact out of fourteen cases treated in 1882 in the Hospital of Gossa thirteen died. We read in Dr. Cyr's *Traité Pratique des Maladies du Foie* that in 563 cases of abscess of liver collected from different sources, fifty-five per 100 died without the abscess bursting or being opened, and only fourteen were opened by operation. In the balance there was bursting of the abscess in different organs, notably in the lung, 10.5 per cent., and in the peritoneum 7 per cent. The mortality in the remaining 45 per cent. of the total number is not given, but can well be presumed.

Nowadays statistics show very different results. In a paper recently published by Dr. Fenor, and which was fully discussed in the Paris Academy of Medicine, we see that out of forty-seven operations for hepatic abscess there were thirty-seven recoveries and ten deaths. The operation consisted in opening of the abscess by free incision with antiseptic precautions, washing out the cavity with carbolic acid and thorough drainage under antiseptic covering. Of the ten deaths reported five had multiple abscesses, which sufficiently accounts for the result. In thirty-nine cases, subdividing these forty-seven operations, we see that of single abscess by antiseptic operation the mortality was only 2.6 per cent., while in eight cases of multiple abscesses, treated in the same manner, there were five deaths.

Man is much more subject to this disease than woman. For my part I have never met with a case in woman, while I have treated quite a number of cases in man, especially within the last few years. With one exception—the case given below—they were between the ages of 35 and 50. In two of my cases the abscess bursted spontaneously—in one, in the bronchial tubes (the case of an eminent confrere); in the other it opened in the intestinal canal. Both made good recoveries.

I lost three of my cases treated by aspiration; two of them were seen in consultation—one with Dr. Souchon. In two cases of acute, limited, single abscess, and in which aspiration was performed early and repeated twice, recovery was perfect.

To speak only of the surgical treatment, we all agree that when suppuration has once been formed the positive indication is to secure a free exit to pus.

In all such cases we are forcibly reminded of an expression of Dr. Sayre of New York, which applies well to hepatic abscess: “An empty house is better than a bad tenant.”

Now which is the best plan for securing a free exit to pus?

From personal experience I have come to the conclusion that in the majority of cases free antiseptic incision, followed by thorough drainage and antiseptic injection, constitute the best treatment—the one which holds out the best chance for life.

Adopting the clinical classification proposed by Dr. Souchon, of acute, subacute and chronic abscesses of the liver, I am of the opinion that aspiration is principally indicated in the first class of cases, generally so dangerous, in which it will often at once relieve the most serious symptoms, high fever, pain, restlessness, etc., by the simple withdrawal of an ounce or two of pus. These abscesses are often quite deeply seated, and only accessible to the aspirating needle, which, if rendered perfectly aseptic, becomes in

such cases an innocuous means, not only of diagnosis, but of treatment. Aspiration will also find its application in a limited number of subacute abscesses. But without underrating the value of the aspirator, which renders such good service in daily practice, and which should always precede the use of the knife, I must say that I consider "antiseptic hepatomy" the best treatment, at least in the majority of cases; and such seems to have been the conclusion reached very recently by Drs. Rochard and Perrin, committee appointed by the Academy of Medicine of Paris to report on Dr. Ferron's paper above referred to. Prof. Trelot endorses the report, remarking that the operation in question was performed every day in the hospital, and goes even further when he says: "Abscesses of the liver might be opened, even *if there were no adhesions*, if care was taken to unite the edges of the wound in the liver with the edges of the skin wound." (Sajous' Annual). A simple puncture may be dangerous, if not aseptic.

I will now respectfully call your attention to the following case: Enormous abscess of liver, treated by incisions, drainage and irrigation under antiseptic precautions; recovery.

Jeff. Davis L., of New Orleans, aged 26 years, sea pilot, living at Pilot Town, of regular habits; has always enjoyed good health up to a few months ago. In March, 1887, had an attack of pleurisy, from which he fully recovered.

In June was taken with diarrhœa of a dysenteric character, which lasted for nearly two months. He then began to suffer from pain in hypochondriac region, with sensation of fulness and weight, diminished appetite and loss of strength.

On Oct. 2, 1887, towards evening, I was called to see Mr. L., at No. 19 St. Bernard avenue. Found him confined to his bed, greatly emaciated, with high fever, with evening exacerbations and chilly sensations, slightly delirious and very much depressed, bodily and mentally. He had not worked for four months, and felt so weak, he said, he was not able to lift up the slightest weight. Had been suf-

fering considerably from his right side, and had completely lost his appetite; complained of a bad taste in his mouth, and was greatly constipated and slightly jaundiced. About three weeks previous had gone to the Charity Hospital, where, said he, the aspirating needle had been repeatedly introduced into different parts of his liver, but had discovered no pus.

Examining his side I found considerable swelling and induration over the epigastric region, over and below the right lower ribs, and a distinct bulging anteriorly of the whole region, with great tension and severe pain under percussion and pressure. At a spot in front corresponding to the eighth rib and a little to the right of a line drawn downwards from the right nipple, there was a swelling of the size of a large egg and distinct fluctuation.

Not ready to operate that evening I injected hypodermatically one-half grain of morphia sulphate to quiet pain and restlessness, which were intense.

The following morning, to render the diagnosis still more certain, I introduced a No. 2 Dieulafoy aspirator needle, previously properly cleaned and dipped into a strong solution of carbolic acid. It gave exit to nearly one-half tumblerful of the characteristic brick color, liver pus.

Knowing from personal experience that whenever deep seated abscesses, those of the liver included, point to the surface and give distinct signs of fluctuation, protective surrounding adhesions have surely taken place, I did not hesitate to make a deep, long incision in the centre of the bulging tumor, which gave exit to nearly two large tumblerfuls of mixed dark matter and blood, pressure all around and in the dorsal region facilitating its exit. A large drainage tube, almost of the size of the index finger, Para tubing, fourteen millims. diameter, was introduced to a depth of several inches, in a large cavity, through the eighth intercostal space, and the whole region covered with thick layers of carbolized oakum.

There was an immediate relief of all the symptoms; all

pains ceased. That evening the temperature fell to 100°, and patient slept soundly without the use of any opiate.

Oct. 4—The cavity is washed out through the tube, morning and evening, for the space of one hour, with carbolyzed water, (4-100). The layers of oakum or cotton are always found saturated with the discharge.

Five grains sulphate quinine, *ter in die*, and tincture chloride of iron, fifteen drops every three hours, are prescribed, together with the most nutritious and digestible food, and two ounces of whisky every four hours.

Under this treatment patient's condition greatly improved, with gradual return of appetite, sleep and strength. Scarcely any fever in the morning and 100° F. in the evening; a natural evacuation from the bowels on the third day.

On Oct. 11 the drainage tube was accidentally pulled out during the dressing and could not be reintroduced, the opening between the ribs having contracted and lost its parallelism with the external incision. A gum catheter No. 10 was introduced, to the depth of six inches, into the abscess cavity, which was thoroughly washed several times a day. Two days after the general condition was worse, probably from retention of pus. More fever, occasional chills, loss of appetite, disturbed sleep, etc. I then enlarged the first incision fully one inch through its whole depth on the finger, and made another incision, two inches long, falling perpendicularly downwards from the original transversal incision, in the form of the letter T. This allowed the introduction of a one-inch tube, and facilitated drainage.

This second operation gave exit to an enormous quantity of matter and greatly relieved the patient.

The cavity was now washed out with carbolyzed water every four hours.

It is scarcely necessary to say that during these operations and daily dressings strict antiseptic precautions were taken; the surrounding region was carefully washed and

covered with thick compresses, soaked in strong carbolic solution, the instruments and drainage tubes, etc., previously dipped in the same liquid; prolonged antiseptic irrigation made with care; perfect cleanliness of patient and assistants, etc.

After this second operation, which *secured* permanent free exit to suppuration, improvement was most remarkable; appetite soon became voracious, sleep perfect. No more pain or uneasiness in the region of the liver, even in the erect posture; daily, natural evacuation of the bowels; no more fever, etc.

The cavity of the abscess continued to be washed out three and four times a day. The sulphate of quinine was suspended, and the muriatic tincture of iron continued, twenty drops three times a day, before meals; whisky freely.

The patient felt strong enough to leave his bed on Oct. 26 and walk around the house. At that time suppuration had greatly diminished and the drainage tube could only penetrate to the depth of three inches.

Nov. 4—Patient takes a walk on the sunny side of the street. Greatly improved in strength and appearance. Discharge from abscess considerably diminished; not more than two or three teaspoonfuls at each dressing, morning and night.

Nov. 15—Patient rides to my office; looks very well; has recovered his strength and increased in weight. Drainage tube has a tendency to come out, but thanks to the large opening, can easily be introduced though only to the extent of an inch.

Nov. 25—Wound entirely healed from bottom to surface. General and local condition excellent. Patient is advised to take good care of himself and to report to the office every second or third day.

Dec. 10—Improvement steady and permanent. Weight and strength greatly increased. Health most perfect. Patient talks of soon resuming his duties as sea pilot. As

this is a very hard and trying life he is not allowed to return to his post at Port Eads until after New Year.

I have heard from him quite often by letters. I received one only a few days ago; and also by fellow-pilots who visit the city occasionally. They have told me repeatedly that Jeff has not lost a single day since his return to work, and that he is one of the most daring and courageous of that hardy set of men who take down ships to sea.

Conclusions.

1. In abscess of the liver, as well as in all abscesses, pus once formed should be promptly evacuated and its free exit secured.

2. In large chronic abscesses of the liver, which constitute the majority of cases, the best plan of treatment, the one which offers the best chance for life, is to open freely and deeply, after having secured adhesions if necessary, drain and irrigate the cavity antiseptically.

3. A nutritious and easily assimilated diet, as well as the use of the muriatic tincture of iron, which, through its mineral acid, seems to have an elective action on the liver, are great factors in the curative treatment of the disease.

4. Alcohol seems to play a great part in the treatment. It not only promotes strength and vitality, but it probably has a special, modifying or destructive action on the microbes of suppuration. Its direct absorption from the stomach to the liver, before it is burnt in the act of respiration, greatly facilitating, apparently, such action.

DR. F. W. PARHAM, one of the editors of this JOURNAL, is now at Heidelberg, Germany, where he is enjoying clinical surgery under such masters as Czerny, Erb and others, and histology under Kühne and Ewald. Now that the Doctor has become used to the glossal and labial gymnastics necessary to the acquisition of the German tongue we shall soon have something for the JOURNAL from his pen. The Doctor's address is care of Köster's Bank, Heidelberg, Baden.

SELECTED ARTICLES.

Nature and Treatment of Whooping Cough.

By DR. J. GUERRA Y ESTAPE. Translated from *La Revista de Ciencias Medicas*, of Barcelona, by A. McSHANE, M. D.

Whooping-cough is a local, contagious disease, caused and maintained by the presence of a specific micrococcus upon the laryngeal mucous membrane.

If we recall the opinions of famous clinicians of the latter part of last century and beginning of the present, who believed that the disease was no more than a catarrhal tracheo-bronchitis, characterized by a convulsive cough, or of those who looked upon it as a neurosis, or of those who thought it a neurosis accompanied with catarrh, my proposition will appear too bold. But if we look back upon the microscopical investigations made since 1867, and upon the results of clinical study, my proposition will seem but the statement of a fact.

The contagiousness of whooping-cough is a demonstrated fact, and there must be something which determines the contagion.

The parasitic origin of the affection dates back from a long period. Linnæus, in 1757, believed that it was caused by the introduction of the eggs of insects into the respiratory tract. In 1867 an Italian, Cerasi, according to the Italians, or Poulet, according to the French, made the first microscopical observations.

Filippo Cerasi* describes a parasite met with in the sputa of children, and to which he gave the name of *oidium pertussis*.

Poulet† in a communication to the Academy of Sciences of Paris, speaks of a baciliform infusorium, which he calls *monas termo* or *bacterium termo*.

Later, in 1873, Letzerich‡ found in the sputa of some pa-

*Giornale delle science mediche di Venezia, 1867.

†Comptes rendus de l'Académie des Sciences, 1867.

‡"Lungenmycose beim Keuchhusten, nebst Angabe einer Methode zur Heilung der Letzteren." (Virchow's Archiv, 1873).

tients round and oval spores, which develop into minute fungi, and having introduced them through a sound into the respiratory passages of rabbits, at the end of eight days these animals had a laryngo-bronchitis, accompanied with a convulsive cough, and, in the liquid discharged from the nasal fossæ he found spores similar to those introduced into the larynx. In 1874 he cultivated these organisms and obtained groups of micrococci arranged in chains, which, he said, reminded one of *ustilago maidis*. In 1874 Henke confirmed the observations of Letzerich. In 1876 Tschämmer, after cultivating germs found in several patients, met with a fungus similar to the *capnocydium citri* of mouldy oranges. The experiment which he made on himself is well known.

But the labors of Letzerich and Tschämmer were refuted by Birsch-Hirschfeld, who affirmed that the elements described were not specific, and that they could be found in almost all diseases of the lungs. After this denial Rossbach, in 1880, discovered new bacteria, which he vainly endeavored to cultivate. In 1883 Burger discovered a bacillus, very slender in the middle, which, he claimed, was not found in any other disease of the respiratory organs. In 1886 Herff and in 1887 Ferreira worked in the same channel, confirming the parasitic origin of whooping-cough.

But I shall leave aside chronology and proceed at once to the important labors of the Russian professor, Afnassieff, in 1886. In my opinion Afnassieff has taken the true experimental field, since he has set himself to do what a good bacteriological observation demands, namely, to determine the morphology of the organism suspected of being the cause of whooping-cough, to study it biologically and introduce it experimentally in animals, eliminating all possible causes of error in his investigations.

Afnassieff studied the disease in his own family, for, having made his three children sick, he could surround them with all the necessary precautions. He made his

daughter, aged 8 years, clean her mouth every morning before the first paroxysms of coughing with a solution of permanganate of potash (1 to 500), and afterwards with hot water. The sputa gathered contained pus and small flakes of mucus.

He took care to see that no foreign matter became mixed with the sputum from its expulsion to the time of its examination under the microscope.

This examination showed, after staining with a half per cent. solution of gentian-violet, different microbes; but the majority were notably similar to those described by Burger.

By successive cultures in peptone-gelatine broth, agar-agar and upon sheets of glass he obtained at the end of three or four days different colonies, some consisting of staphylococci and others of non-specific micrococci having a bluish periphery. Those which he considered as being of most interest were circular or oval, with a slightly undulating border of a pale cinnamon color, and consisted of bacilli from 0.2 to 2.2 millimeters in length. In these he studied the biological characters, and he noticed that they resembled the *white bacillus of water* and that of lactic fermentation, as described by Eisenberg, but they are distinguished from these by not forming similar colonies upon plates of glass, nor similar cultures on slices of potato. Furthermore, no well known bacillus presents biological features so much like those of the one in question as to render a distinction difficult.

The new bacillus presents itself in a clear manner between four and fifteen days after the appearance of the first symptoms, and it is sometimes found as late as the end of four weeks.

At a temperature of 37° or 38° C. [98 $\frac{3}{5}$ °-100 $\frac{2}{5}$ ° F.] the bacilli of Afnassieff develop very quickly in peptone-agar-agar; but the contrary holds true with regard to gelatine and blood-serum.

In inoculating the cultures Afnassieff took the most minute precautions, and the opening of the larynx was

performed with all the care exercised in modern surgical operations.

In all eighteen experiments were made—six on young rabbits and twelve on small dogs. Some of these animals died three or four days after the operation, and others recovered after presenting symptoms resembling those of human whooping-cough.

Later in 1887 Semtscheuko made, under the direction of Afnassieff, similar investigations with the same results, and he concluded that these bacilli are not found in any other respiratory disease, except in the sputum of asthmatics; that these little bodies multiply in the organism as the disease approaches its acme and disappear as it declines, unless broncho-pneumonia supervenes, in which case they increase.

It follows, therefore, from the observations and investigations of Burger, Afnassieff and Semtscheuko, that the bacilli found are developed in the mucous membrane, which they inflame, giving rise to a convulsive cough by reflex action in proportion to their number and the susceptibility of the patient, and being expelled with the sputum, unless they complicate matters by penetrating the pulmonary parenchyma.

It may be objected that there have been cases of whooping-cough by imitation, but to this I would reply by saying that whooping-cough by imitation is allied to chorea, hysteria, epilepsy, etc., by imitation, which does not present the duration or entail the consequences of the disease when acquired by contagion. Again, whooping-cough by imitation can be made to disappear almost instantaneously when we can suspect its origin (among others, see the case of Koreff in the work of Dufestél) without any treatment.

Granting that whooping-cough is a disease due to an infectious principle, the question remains: Is the infection general or have we to deal merely with primary infection of the respiratory mucous membrane which propagates subsequently?

There are some who believe that whooping-cough is a general disease, and in support of their belief they cite arguments which will not bear analysis. They say that children one day old have had the disease which the mother had before, and that one attack gives immunity against other attacks.

Admitting that the whooping-cough of these new-born children was congenital, it must be said that these cases are so rare that perhaps they demand more careful observation. I know of only three cases of congenital (?) whooping-cough; one cited by Rilliet and Barthez, another by Blache, and another by Bouchut. Three cases among the thousands of children that take the disease every year. Even if there were ten they could not serve as a basis to consider the disease general.

In regard to the immunity which is cited in support of general infection I cannot believe it acceptable either. In fact, if it be certain that whooping-cough is not accustomed to repeat itself in the same individual, it is not less true that the disease is rarer as individuals approach a more advanced age, so that is a rare thing in adults, and even when an adult does catch it it is exceedingly light and mild; very rarely does it present the classical and common course observed in children. It is, then, difficult to decide whether the disease of itself confers immunity, like other general diseases, or if this be due to the progress of age or to the changes which an individual undergoes in his later development.

Moreover, there are other reasons for not considering whooping-cough a general disease. According to the personal observations which I possess it would materially help to clear up this question and institute a good treatment if we would separate whooping-cough from its complications.

When whooping-cough is uncomplicated it is completely apyretic as a rule, and if it has presented during its prodromal stage a little fever this disappears as the attacks become more intense. In the intervals between the parox-

ysms the children are entirely free from morbid manifestations. There is no cough, the breathing is easy, and physical examination gives a normal vesicular murmur, or, very rarely, some catarrhal stertor.

Besides in these cases it is frequent to see in the children a severe attack of convulsive cough, and afterwards give themselves up to their play; and in case they fall asleep their sleep is tranquil unless interrupted by another paroxysm.

In this disease, as all practitioners know, the fever shows us not the presence of the disease, which already exists, but the advent of complications. If, then, the fever be present only when complications exist, and if between the paroxysms the child appears perfectly well, how can we admit that whooping-cough is due to a general infection? Is this the external aspect of diseases which affect the whole organism?

Whooping-cough is then a local disease and its seat may be located in the laryngeal mucous membrane, considering it as a laryngeal catarrh due to the presence of a special germ and its products upon the mucous membrane.

Pathological anatomy does not oppose this view, as it tells us nothing, for the data given by authors refer to complications, and during life when a child of six or seven years is questioned he says that he feels a tickling which compels him to cough, referring the tickling to the larynx; further, he can easily provoke an attack of cough by gentle pressure on the larynx.

When it is said that every remedy within the reach of the physician has been used in whooping-cough it may be answered that up to the present time we have had no remedy which deserves the name of specific. But I believe that to find a good remedy for this disease it is necessary that we survey the field without premature enthusiasm or prejudice, but basing ourselves on its etiology; and I am much mistaken if the proper remedy be not promptly forthcoming.

It would be a tiresome and unnecessary task to refer one by one to all the treatments advised; it will answer my purpose merely to relate the course I follow, and at the same time state why I do not employ one of the methods recently advocated.

My opinion concerning the nature of the disease is known, and I would not be logical if I did not base my treatment upon it.

Weary of employing against this disease all the measures which I saw recommended abroad, I decided to follow that used by Dr. Moncorvo of Rio Janeiro, and I did practice pencilings in the larynx and pharynx with a solution of resorcin (1 per cent.) which he recommended.

While I used the remedy in the same strength as Moncorvo I did not obtain quite as good results as he indicates. I liked the drug on account of its antiseptic properties and its taste, which rendered it easy to administer to children.

In spite of the first failures I continued to use it, increasing the dose gradually until I observed that with a strength of 4 per cent. the attacks became less frequent, and the whooping-cough was cured within three or four weeks.

Encouraged by this success, and observing carefully my patients and testing their urine, I saw that I could increase the dose of resorcin without danger. Now-a-days I use a 10 per cent. solution of resorcin for penciling the pharynx and larynx. This proportion need frighten no one, for children stand it very well. I generally use the following formula:

Resorcin (chemically pure)..... 2 grams.

Ethylic alcohol..... 5 grams.

Pure glycerine..... 15 grams.

Mix. Pencil every three hours.

This quantity will last two days, which will correspond to one gram a day. When it excites cough easily I substitute 10 grams of syrup of acacia for the 5 of alcohol.

If at the beginning there should be intolerance to the gentle friction of the brush, I usually apply cocaine ($\frac{1}{2}$ per 100) before using the resorcin.

In order to prevent drying of the throat during the night I maintain in the bedroom a temperate, moist atmosphere, by the continuous evaporation of a certain quantity of water; and during the day the room and the bedding are thoroughly aired. With this treatment I have succeeded in quieting the cough in five or seven days, leaving a catarrhal, non-convulsive cough, which can be corrected with balsamics. Complications should be treated as they arise.

Since I have been using the 10 per cent. solution of resorcin I have had eleven cures in children, whose ages varied between seven months and five years, and in the space of time above mentioned.

Since last March I have cured 24 children with this remedy.

I anticipate an objection—namely, that perhaps the applications of the resorcin can be made only on children who have reached a certain age, and that it would not be easy to carry out the treatment in children at the breast. For my part I may say that I have never met with any difficulty.

One fact I have observed, which I submit to the consideration of my readers.

An impure resorcin may give rise to violent attacks of cough. In commerce three varieties are found: 1st, medical resorcin, chemically pure, presents itself in the form of very fine needles of a brilliant white color and phosphorescent in the dark, and when exposed to the light shows no coloration and is slightly aromatic; 2d, resorcin crystalized in prismatic needles, which become slightly rose-colored upon exposure to the air; 3d, commercial resorcin, an impure product and dangerous to use on account of its inconstant action, appearing as crystals of a pomegranate color and having an intense phenic odor.

I have in my possession samples of resorcin from different sources which present the characteristics which I have just enumerated. The resorcin which I have used and which should always be used is the chemically pure; and I owe a debt of gratitude to Sr. Bofill, who has supplied me with material of undoubted purity in all my investigations.

The treatment by cocaine appears to me to be dangerous. It is sometimes applied with a brush (Labrich), or by inhalation (Grœffner), for, while it certainly does quiet the paroxysms of convulsive cough it keeps the little patient from expelling the laryngeal exudate, which might result in unpleasant consequences.

Before resorting to the resorcin treatment I tried quinine in small and frequent doses, as advised by Sauerhering, and it is, I believe, next to resorcin, the most acceptable remedy; but it has the disadvantage of becoming intolerable to the little sufferers on account of its taste, and, moreover, it disturbs the digestive organs. The hypodermic injection of sulphate of quinine, used in Unger's clinic, I would not try to use, for my countrymen would not permit it, especially as two injections are required every day.

I have not used inhalations of carbolic acid, recommended by distinguished German physicians, for the patients and their families resisted it. Given internally I consider it dangerous, for, besides running the risk of poisoning, it may give rise to gastric irritation.

Antipyrin and orcin I have not tried. Many other remedies have been recommended in these latter days to combat whooping-cough, but I consider them all inferior to resorcin.

Conclusions.

1. Whooping-cough is a parasitic and contagious disease.
2. It is a local disease. It is seated in the laryngeal mucuous membrane, and may extend to surrounding structures.

3. The best treatment of whooping-cough known to the present time is that based on the local application of a 10 per cent. solution of resorcin.

4. The complications should be treated independently of the whooping-cough.

HOSPITAL REPORTS AND CLINICAL NOTES.

A NIGHT IN A SURGEON'S PRACTICE.

“Man proposes, but God disposes.” This saying never was better illustrated than by my experience on a recent Saturday night—Saturday, that favorite night of relaxation and recreation, chosen no doubt because one can generally sleep a little later next morning than usual.

Well, this particular Saturday night I had decided that the relaxing process should take place at the French Opera House, where the recreation was to consist in listening to the rendition of “Faust” by our excellent opera troupe. This was the man proposing part of the affair; listen to how Providence disposed:

At about the hour for starting I was summoned by telephone to a patient in one of my wards at the hospital, a case of incarcerated inguinal hernia admitted at 7 o'clock in the morning—a colored man, aged and robust.

Though the tumor was tense and painful, as there was no vomiting or any other marked symptom of strangulation, and the descent had occurred only two hours previous to admission, it had been decided to try the effect of position, ice to the tumor and large enemata before resorting to other measures. I was notified, according to my request, when it became evident that more active interference was necessary. The enemata had all been retained, seemingly being absorbed and then excreted by the kidneys, for the man passed large quantities of urine; there had been a little vomiting and the man was beginning to suffer intensely. The idea of “Faust” was abandoned,

and with the assistance of Dr. J. D. Bloom, assistant house surgeon, who kindly assisted me, together with Dr. J. Laurans, and Mr. Delaney, one of the internes,, the patient was put upon the table and chloroformed, in order that reduction might be attempted by taxis.

The tumor was large, of usual shape, tense, resonant at points, flat at others, especially inferiorly. The man had stated that the rupture had never been as large; that he had always been able to reduce it completely; that when this was accomplished *both sides of the scrotum were alike*, and that he had never worn a truss. What was specially noticeable upon a careful examination was that the resonant and the flat portions of the tumor were divided by a well-marked *line*, that there was no blending of the notes or a more resonant spot here and there, as in an ordinary entero-epiplocele; also that the flat inferior portion was elastic, a quality not belonging to omentum, and felt, in fact, like a hydrocele. So, notwithstanding the man's positive statement that both sides of scrotum were alike when the hernia was reduced, a hypodermic syringe was used to settle all doubt, and being withdrawn full of serum from two different points, not only the existence of hydrocele as a complication was determined, but how little reliance should be placed on the history given by the average patient. A trocar was plunged into the hydrocele as low down as possible, carefully avoiding the resonant point, withdrawing about half a pint of serum, and reducing the tumor to one-half its original size. Systematic taxis was now resorted to, but it was only after repeated efforts and after false hopes had several times been raised by a good deal of gurgling that finally the characteristic gurgle was felt and the intestine slipped back into the cavity. Examining the scrotum it was found that besides the somewhat thickened sac of the hydrocele there was still an inelastic and resonance-lacking substance remaining in the hernial sac and filling up the ring. Taxis was resumed, and after a little time this suddenly returned

into the abdomen, leaving the ring and sac free, showing that the case had effectually been one of entero-epiplocele with hydrocele.

The patient after being bandaged was put to bed feeling comfortable; he vomited once upon rallying from the chloroform, but the hernia was not reproduced and he rested easily for the balance of the night.

After disposing of this patient and reaching home it was 10 o'clock. I found a call waiting me; started out to make it, saw and prescribed for a case of trismus nascentium, returned home and went to bed at 11.

At midnight the night bell rang, and I was asked to go and see a child with sore throat, sick for several days, and said to be "choking." Growled considerably at the people's delay in sending and waiting until such an hour, but went nevertheless, catching the 12 o'clock car. Reaching the patient—a white girl, aged 11—the case turned out to be one of membranous croup, which had been under the treatment of a confrère and which I had been entrapped into coming to see without my knowing the facts of the case. The poor child was struggling for breath, putting all of its respiratory muscles into powerful play; the respiration was whistling; it was evident that but little air reached the lungs, and there was a good deal of cyanosis; interference was clearly indicated.

Unwilling to slight a fellow-practitioner and more so to have the little one succumb in agony I had the attending physician quickly summoned. He came, agreed with me as to the necessity for tracheotomy and kindly accompanied me to my house to get a tube and the necessary instruments, for a car had just gone down and we could not wait an hour for the next night car. So we walked fifteen squares to my house and fifteen squares back, for, of course, we missed the car going up, meanwhile anxious as to whether the little patient could fight it out that long or not. It can be readily imagined that my frame of mind was somewhat different than it would have been after an

enjoyable operatic performance. Upon getting back we found the girl worse, still struggling for breath, but quiet from exhaustion and covered with a cold perspiration, cyanosis more marked. Assisted by the attending physician I hurriedly made an incision down to the trachea, without resorting to chloroform. Keeping well in the median line there was little hemorrhage, so I quickly cut three rings of the trachea and introduced a good-sized tube. Naturally the relief was instantaneous. The little one commenced breathing freely, her color gradually returned, she opened her eyes and her expression became peaceful.

After giving necessary instructions I hastened to get home; it was then nearly half past three, and I was quite tired, as can be readily understood.

Quite a contrast between the night as I had mapped it and as it turned out! Yet was there not a great deal of compensation? For who can calculate the amount of good it does a conscientious physician, who loves his work and is intent upon relieving human suffering, to hear the characteristic gurgle and feel a strangulated intestine slip back into the abdominal cavity, or to see the peaceful change of expression come over the face of a child which has been gasping for breath, as it once more breathes freely through an artificial opening he has just made!

A CASE OF ACUTE PELVIC CELLULITIS TREATED BY ELECTROLYTIC PUNCTURE.

Service of Dr. LAWRASON. Reported by J. G. SABATIER, R. S.

Julia C., age 33, came under observation on May 23, with the following history: She was married and became pregnant for the first time five years ago. She had had an easy normal labor and a rapid convalescence.

Up to that time her general health had been very good and menstruation normal and painless. About a year after the birth of her child she began to suffer with her back, her menses became scanty, painful and irregular,

and leucorrhœa commenced and has been constant up to the present time.

Three weeks before applying for treatment she consulted a midwife, who made daily applications to the womb. Under this treatment her symptoms grew rapidly worse.

The patient now complained of backache and pains in the hips, and stated that her periods were irregular, with a scanty flow lasting five or six days, and invariably preceded by excruciating lancinating pains in and around the womb.

The pain continued during the flow, but with much less severity. On examination by Dr. Lawrason there was found a hard fibrous hypertrophied cervix; there was no tenderness on pressure; the womb was slightly enlarged and occupied an almost normal position. The lower extremity of the cervix was perfectly flat, the normal os being replaced by three or four fistulous openings about the size of a pin's head.

A probe was passed through the fistulæ into the uterine cavity. On May 2 Dr. Lawrason dilated the middle opening with a Palmer's dilator; a cotton plug soaked with glycerine and alum was placed against the cervix and the patient directed to remove it the next day and take hot water injections morning and evening.

On May 31, owing to the excessive leucorrhœa, the positive pole of a galvanic battery was connected with a gold sound electrode placed within the uterus, and 65 m. a. of current passed for 8 minutes.

This treatment was continued until June 15. The applications were made twice a week, from 55 to 75 m. a., from 5 to 8 minutes at each sitting. The improvement was marked; all the symptoms had almost disappeared, when six days later she came to the hospital suffering considerably with pains in and around the womb, and barely able to walk. She had a temperature of 101°.

On making a vaginal examination thick cellular deposits were found on both sides and behind the uterus, which

was retroverted and immovable. The cellulitis was probably brought on by lifting, as the uterus was found for the first time retroverted. She was admitted to the ward on July 25. Seeing no improvement, the patient was anaesthetized and negative galvanic puncture performed.

A platinum needle connected with the negative pole was plunged into the cellular deposit on the left of the uterus to the depth of one-half an inch, and the circuit completed by a large electrode on the abdomen. A current of 45 m. a. was applied for eight minutes. The patient was immediately put to bed and kept there for forty-five days. For about two hours after the operation she suffered with very distressing bearing down pains, but after that rested quietly and slept well throughout the night. The pains had disappeared and remained away until about the 9th of July. She again complained of severe pains. On making a vaginal examination the exudation on the left was found to have almost completely disappeared, and at the seat of puncture a large fistulous opening that would about admit the little finger. On the right the exudation had somewhat increased. Into this mass 55 m. a. were passed for five and a half minutes in the same manner.

On July 10 the patient felt much improved, but stated that she had felt the same crampy pains after the operation.

On the 17th she was discharged, feeling perfectly well.

She was examined before leaving. Two fistulous openings were found at the seat of puncture. From these there was some discharge of odorless pus. The exudation had melted away.

On August 13 she reported that her menses had come on the 29th of July with a fairly good flow, and for the first time in many months without suffering. At the seat of puncture some cicatricial tissue was felt, but there was no pain, no deposit of exudation, and the uterus, though retroverted, was movable. She was now able to do her housework and felt perfectly well. At this date, November 20, she has not returned, as cautioned to do should any pain develop.

CORRESPONDENCE.

LONDON LETTER.

[Our Regular Correspondent.]

“The —— you teach me I will execute,
And it shall go hard, but I will better the instruction.”
Merchant of Venice, iii, i.

The German attack (*Die Krankheit Kaiser Friedrich der Dritten*, Berlin, 1888) was bad enough; it violated the rules of ordinary decorum, to say nothing of the professional regulations embodied in the codes of medical ethics. What is being said of the reply in this country? There has been a universal condemnation of the tone and manner, which nobody probably regrets more by this time than Sir Morell Mackenzie himself. The book has had an enormous sale—100 copies, it is said, were actually sold to the public within a fortnight of the day of issue—so that the publishers who bought the copyright for \$10,000 must have done very well. The only loser will be the author, whose position has been seriously compromised in the eyes of the public; and it was upon popularity with the public and not with the medical profession that he relied for his practice. As to the justice of his charges of malpractice against Professors Bergmann and Gerhardt I shall venture no opinion. On the question of diagnosis they were clearly right, while Mackenzie was wrong. As to treatment, that was another matter, and it certainly seems to me that Frederick of Hohenzollern was the right man to decide whether he would have his larynx excised or not.

Mackenzie says that Bergmann by sheer clumsiness made a false passage in front of the trachea. Mr. Protheroe, an Englishman who held several semi-official positions about the court of the late Emperor, has written a very curious article in the *Nineteenth Century*, in which he gives a description, by an eye-witness, which fully bears out Mackenzie's charges of roughness and clumsiness, to

say no worse. An official translation of the German pamphlet was, on Nov. 2, published on behalf of G. Schenck, Royal publisher, by P. Schlossmann, 3 Mitre Court, Fleet street, London, E. C., of whom copies might be ordered direct. If this has any sale it may probably turn the tide of public opinion, which at present is flowing very strongly against Mackenzie.

The Royal College of Surgeons and its Fellows and Members.—There was a meeting of the Fellows and Members of the Royal College of Surgeons on Nov. 1, but the proceedings were rather tame. The Fellows have got part of what they asked and have grown rather tired of the agitation. The members, owing to mismanagement, have muddled their chances away; the whole thing is over for the present, and it is quite possible that the power and influence of the college itself will soon be a thing of the past. If the Royal Commissioners on University Education in London report in favor of a teaching university, the college will probably revert to its proper position.

Progress of Sanitary Education.—The local government act which comes into force next January will have an indirect effect upon the teaching of hygiene, for it enacts that every medical officer of health shall in future possess a diploma in sanitary science, granted by a university of medical corporation; moreover, each county council will have to appoint a medical officer, who will be required to give his whole time and attention to the work of the council, or at least not to engage in private practice without the written consent of the county council.

The effect of the regulations with regard to diplomas will probably be a very decided increase in the number of practitioners attending post-graduate courses in hygiene. Professor Crookshank this winter has twenty-seven practitioners attending his special course on bacteriology. The classes established at the Parke's Museum for the benefit of the Sanitary Inspectors, who are the subalterns

of the medical officers of health, have begun, very well attended.

The amalgamation of the Parke's Museum of Hygiene with the Sanitary Institute is another move in the right direction; the new body transformed will be known as the Sanitary Institute of Great Britain, and ought to have a very important future. It intends to organize a great International Hygienic Exhibition in London during the session of the International Hygienic and Demographic Congress in 1891.

Overcrowding of the Medical Profession.—It is not with unmixed regret that the members of an overcrowded profession have noticed that this year there has been no very decided increase in the number of students entering at the metropolitan and provincial medical schools; indeed, in London there has been a slight falling off. It is to be hoped that this decline in numbers will continue, as otherwise the overcrowding will increase with fearful rapidity. For the last twenty years the Australasian and South African colonies have absorbed a large number of the surplus, but this safety valve will not much longer be available; the colonies are getting overstocked, and Australia at least is beginning to manufacture its own doctors. In spite of all that can be said, however, misguided youths continue to crowd into the medical schools, so that this winter the medical papers chronicle the entrance of nearly 1100 first year students in England alone. There will probably be as many more aspirants at the Scotch and Irish schools.

Another Fasting Man.—The man Alexander Jacques, who started fasting in London in opposition to Succi when the latter was astonishing Paris, has entered upon a thirty days' fast at a hotel in Edinburgh. He places or pretends to place great reliance on the virtues of a certain herb, the name of which he will only reveal to some person who has curiosity or enterprise enough to pay \$100,000 for the secret, which Jacques professes to have learnt from his grandmother.

An Eminent Centenarian.—It is not often that centenarians attain to any celebrity beyond that nine days' wonder which is excited when their death is announced. An exception was Dr. Routh, for long the president of Magdalen College, Oxford. A short biography of him has recently been published from the pen of the late Dean Burgon. From it we learn that one of Dr. Routh's most intimate friends was the grandson of William Penn. Dr. Routh had seen Dr. Samuel Johnson, the lexicographer, in his brown wig, scrambling up the steps of University College, and had known a master of Baliol who had a personal acquaintance with Addison; yet he only died in 1854, retaining a keen interest in all university affairs to the last.

Dr. Savage of Bethlehem Royal Hospital.—The motive of the vehement attack which was made on the management of the Bethlehem Hospital for lunatics is not easy to understand. Dr. George Savage, the eminent physician, who had resigned the post of medical superintendent just before the attack was made, has defended himself with the ability and success which everybody who knew him expected. The cases admitted into Bethlehem are all acute, and none are retained except under very special circumstances for more than one year—a regulation which gives the hospital an unusual position, and it may be added renders it a specially valuable field for clinical instruction. It has been Dr. Savage's peculiar merit to have for the first time really made this great field available to students. His retirement is a loss to the cause of medical education in this country, and it is very much to be regretted that zealous rivals should have succeeded in casting any cloud upon the closing years of his administration.

Dr. J. P. MCGEE, who was charged last September with an attempt to forge a diploma of the Memphis Hospital Medical College, was unanimously expelled from the Tri-State Medical Association at its meeting in Memphis, Nov. 14, 1888. The accused had engaged a stencilcutter to make a seal in imitation of that of the college.

VIENNA LETTER.

[Our Regular Correspondent.]

Some Remarks on "Monoplegia Anæsthetica."—Prof. Adamkiewicz of Cracow has recently given some interesting details on "monoplegia anæsthetica." By this term he wishes to designate an affection, the essential character of which is loss of sensibility in one extremity, for one or various sensations, and the concomitant symptoms of which lead to the exclusion of any affection of the brain, the spinal cord and the peripheral nerves, as well as hysteria. Hitherto he had the opportunity of observing two such cases. One was that of a girl 19 years old, and the other that of a man of the age of 40 years. In the first case the right upper extremity had lost all sensibility just as far as the middle line of the body; before this occurrence the arm of the affected extremity presented tumefaction of the skin, and the patient had suffered from pains in that part. In the second case, the patient had lost the sensations of pain and touch as well as that of cold in the right lower extremity and the corresponding part of the pelvis and the sexual organs. This anæsthesia also spread as far as the middle line of the body, and had also supervened after severe pains in the affected leg. Prof. Adamkiewicz, by the exclusion of all other possibilities, had arrived at the conclusion that in these patients the posterior nerve-roots of the corresponding plexuses had to be materially affected in a certain way, and tried to support this view by particular positive arguments. In the case of the girl the above mentioned swelling of the arm, and later on the tendency towards the secretion of sweat by the affected hand, the presence of lividity as well as defective power of regeneration after lesions of the skin, all these conditions pointed to a material participation of the sympathetic nerve. The affection of this nerve could be easily explained, taking into account the affection of the posterior nerve-roots and their relation to the intervertebral nerve-ganglia. The

affection of the posterior nerve-roots could be still more easily demonstrated in the case of the male patient, as in this case, the disease, after a long interval of time, also affected the opposite side and led to ischias with consecutive atrophy; the affection had thus evidently spread from the posterior nerve-roots of the one side, along the membranes of the spinal cord to the posterior roots of the other side.

There was therefore no doubt about the fact that the cause of the "monoplegia anæsthetica" was a material (substantial) affection of the posterior roots, and especially of those of the two large plexuses; on the other hand, respecting the character of the disease, it had to be concluded from the rest of the symptoms that it derived its origin from a non-severe process, probably from an inflammatory one. Now, we know of an affection of the membranes of the spinal cord which has its seat at that spot where the nerve plexuses take their exit from the spinal cord, and which is also of an inflammatory character—*i. e.*, the "pachymeningitis hypertrophica" of Charcot. This affection, however, was characterized by the fact that it also affected the tissue of the spinal cord, and was attended by the most severe consequences; whereas, in the case of "monoplegia anæsthetica," the affection was restrained to the primary foci, and showed a great tendency towards recovery.

The further course of the two cases under consideration does indeed show such a tendency. The relapses which had still occurred in one of these cases were well qualified for elucidating the nature of "monoplegia anæsthetica."

The author now gives further details about his final observations of the two cases under consideration, and with this he hopes to eliminate any doubts as to the nature of "monoplegia anæsthetica," and to definitely solve this question.

The man whose right lower extremity was anæsthetic had to suffer from this condition for four years'. In May of

last year it could be stated that his condition had improved to a certain extent. In February, 1888, the patient was completely cured after he had been treated with galvanization for a certain time and taken preparations of iodide. The objective examination showed normal conditions of sensibility in the leg which had been anæsthetic. The patient only complained of those tearing pains in the leg in which the disease had originally began; these pains still came on from time to time.

In the case of the young man the subjective as well as the objective sensibility had, since the disappearance of the anæsthesia, remained in a quite normal condition. The tearing pains with which the disease had set in in the arm, however, did not disappear; at each change of the weather they became insupportable and hindered the use of the arm. The former tendency towards perspiration on the diseased arm had increased to a slight degree of hyperhidrosis; besides this a sensation of cold in the arm, especially in the fingers, had come on, which also gave the patient much annoyance. The painfulness, the hyperhidrosis and the sensation of cold in the arm, could also be proven in an objective way. The "plexus brachialis" proved sensitive to touch. The right hand was constantly moist, pale and cold, whereas the left one presented a normal color, and was dry and warm. On one occasion the temperature of both the hands was measured; in the palm of the left hand the temperature rose to 34.3 C., in the right one only to 26.6 C. Such severe and permanent disturbances in the circulation of the right arm, the hyperhidrosis and the painfulness of the nerve plexus, must have had some material (substantial) causes, and the anæsthesia, which formerly predominated the whole complex of symptoms, could not, indeed, be looked upon as a symptom independent of these appearances.

As no symptoms pointing to hysteria had been present in the primary course of the disease, the diagnosis of hysteria had so much the more to be excluded when the last

mentioned appearances were taken into account. The painfulness which was limited to the right arm, the hyperhidrosis and the anæmia, again pointed to an affection of the posterior nerve roots, and the right "plexus brachialis" was no doubt the common materially affected seat of the disease.

Severe Cystitis with Ulcers of the Bladder.—At a recent meeting of the "Obstetrico-Gynecological Society" of Vienna, Dr. Finsmeister demonstrated a case of severe cystitis with ulcers of the bladder. The patient had been seized with strangury two years ago; the urine which was clear at the beginning, became cloudy later on, and the last drops passed were bloody; micturition was very painful, and strangury very frequent. At the admission of the patient into the clinic of Prof. Salzer in the general hospital, the urine was found to be very cloudy owing to the presence of flocculi of pus, and it also contained a large quantity of albumen. The daily quantity of the urine passed was 1400. The bi-manual examination showed that the vagina was narrow, the posterior and upper wall of the bladder was very sensitive to the touch, and some parts of the bladder also presented a great resistance. In the region of the entrance of the right ureter into the bladder a solid cord was felt. The vaginal portion of the uterus was normal; the uterus small, retroflected and sensitive to the touch. The exploration of the other organs revealed normal conditions.

The long duration, the severity and the course of the disease, as well as the fact that all the remedies which were used were not attended with any success, led them to suppose that they had to deal with a more severe affection than with a simple cystitis. The further examination of the urine showed that a great number of tubercle bacilli were also present, and this led them to conclude that they had to do with a specific tubercular focus. The endoscopic examination of the bladder, indeed, revealed the presence of

several ulcers on the posterior wall of the bladder, but some parts of one of these ulcers which had been removed during the examination proved to be free from tubercle bacilli. Before the washing of the bladder with antiseptic solutions—at last a quarter per cent. solution of creolin was used—tubercle bacilli were constantly detected in the urine, but during the treatment they steadily decreased in number, and after the treatment with creolin for seven days they had completely disappeared. The question as to whether the ulcers of the bladder now described were of a tuberculous character could not be answered with absolute certainty; this was, however, quite probable, if we take into account the course of the disease and the clinical symptoms. The examination of the ureters by means of the sound which could have decided the question with certainty as to whether the kidneys and the ureters were healthy or not could not be made owing to the ulcers which were present near the openings of the ureters, and it could not thus be decided whether the ulcers were primary or secondary. If the supposition that we had, in this case, really to deal with tuberculous primary ulcers were proven to be correct, this case would be a proportionately very rare one. They would treat these ulcers by means of galvano-caustics, as this was the most certain way to destroy them. Should recovery come on and the urine become normal, this would with certainty confirm the supposition that they had to deal with primary ulcers of the bladder.

Myofibroma of the Uterus Spontaneously Disappeared.

—At a recent meeting of the “Imperial Royal Society of Physicians,” of Vienna, Prof. v. Mosetig reported on a very interesting case of myofibroma of the uterus which he had recently the opportunity of observing in his clinic. The woman under consideration had been sent to him from Hungary with the diagnosis of myofibroma of the uterus, and the attending physician asked him to perform laparotomy. The examination at the clinic of Prof. v.

Mosetig confirmed the diagnosis of myofibroma of the uterus. As to the history of the case, it had to be stated that the woman had, since February last, suffered from various disturbances, such as pressure in the region of the pelvis, severe pains in the sacral region, constipation and pains on micturating; finally, also metrorrhagias supervened, which lasted for three months and then completely disappeared.

Further examination revealed the presence of a lobulated tumor which filled the whole pelvis, and which projected upwards as far as two fingers below the navel; one lobe also projected into the vagina. This tumor was immovable, and the examination through the vagina showed that the orifice of the uterus was compressed. The recto-uterine cavity was also filled up with a solid tumor, and the examination through the rectum also showed that the same conditions were present. Prof. v. Mosetig determined on performing an explorative operation, which was made on the 27th of September current. As the whole pelvis and the "excavatio sacralis" were filled up with the swelling, the abdomen was immediately closed again. The wound which resulted from the operation healed within an interval of fourteen days.

It was very striking that when the swelling became visible, after the abdominal section, it suddenly became quite red, and that even on those spots over which it was touched blood points became visible; this phenomenon had to be looked upon as a spontaneous rhexis of the overcharged bloodvessels.

Since the date of operation the patient stated that she was better, but her statements were naturally looked upon as a self-delusion. After the elapse of another fourteen days she was examined again, and Prof. v. Mosetig was not a little astonished at finding that the tumor had diminished to half its former size. Previously the swelling had the size of the head of an adult, whereas at present its size is only

scarcely equal to that of the head of a fœtus. The recto-uterine cavity had become quite free of the tumor, and the lobe which formerly projected into the vagina had quite disappeared. Since that time the tumor constantly decreased in size. It was known that sarcomata used to disappear under the influence of erysipelas, and that also fibromata in girls gradually disappeared at the age of puberty, and that they remained stationary in the period of the menopause; it was not however known that such large myofibromata so rapidly disappeared; such observations were not, at least, known to the lecturer. It was possible that the surgical interference had, to a certain degree, contributed to the disappearance of the swelling; the enormous hyperæmia, which was also the cause for the rhexis, might have had the same influence as erysipelas. At present the tumor had scarcely the size of a fist, it was movable, and the patient was free of any disturbances.

Disinfection of the Air-Passages with Myrthol.—Hitherto, the inhalations of turpentine on the respiration mask of Curschmann was used for disinfecting the air passages, or for combating putrid processes. Setting aside the frequent disagreeable after-effects which were produced by this medication, the results were also very little favorable. In spite of the inhalations a patient affected with putrid bronchitis used to infect the whole ward in the hospital. Dr. Eichherst then recommended a medicament which, taken by the mouth, was able to meet all these inconveniences, and moreover favorably influenced the appetite and the general condition of the patient. This drug, myrthol, had a rapid and sure effect. It was that part of the myrtle-oil which boiled at from 160 to 170° C., and which represented a quite clear fluid of an aromatic odor. It had formerly been recommended as a deodorant in the case of bronchial catarrh. According to the present recommendation it was the best medicament for rapidly and surely combating the putrescence, and for removing the bad odor of the breath and the secretions.

When a gelatine capsule containing 0.15 of myrthol was taken the breath distinctly smelled of myrthol for the interval of an hour, and this smell could also be perceived at 24 hours, nay, even at 48 hours after the administration. In putrid processes much larger doses were required; in most cases two capsules were administered at the interval of two hours. There was no disgust against the drug on the part of the patients.

Though myrthol proved very effectual in combating the putrid process and the bad odor connected therewith it was quite ineffectual for preventing an infection with tubercle bacilli, as tuberculosis developed even when myrthol was used.

PARIS LETTER.

[Our Regular Correspondent.]

MM. J. Héricourt and Ch. Richet, during their joint researches, found a pyogenic and septic microbe in an epithelial, non-ulcerated tumor removed from a dog at the animal's death. This micro-organism resembles the *staphylococcus pyogenes albus* as to its form, dimensions, reactions and general biological characteristics. It differs from this microbe, however, in three respects:

1. In liquid cultivations it swarms on the surface and has a tendency to sink to the bottom in slimy threads. This peculiarity serves to distinguish it immediately from the *st. pyogenes albus*, which is more uniformly disseminated in the liquid cultivation.

2. Inoculations with one or two drops of the *st. pyosepticus* will kill a rabbit weighing four pounds in twenty-four or even twelve hours. It is therefore much more virulent and septic than the *st. albus*.

3. The same inoculation will determine an enormous, gelatinous, transparent œdema, the size of a man's fist, which appears two or three hours after the inoculation and attains its maximum in twelve hours. The *st. albus* merely determines suppuration.

The œdema produced by the *st. pyosepticus* in rabbits absorbs partially (when the animal does not succumb within the first twenty-four hours), and becomes a mere purulent mass, like that determined by the *st. albus*. In dogs a large abscess only is formed. These animals never succumb to the inoculation. MM. Héricourt and Richet made preventive inoculations to render some rabbits refractory to the *st. pyosepticus*. The following experiment was made amongst others:

A rabbit was inoculated with one drop of *st. pyosepticus*, another with two drops, and a third with three drops; a rabbit which had been previously vaccinated twice was inoculated with eight drops; one which had been vaccinated three times was likewise inoculated with eight drops, and another which had been twice vaccinated was inoculated with ten drops. The three rabbits which had been previously vaccinated survived, while the three others expired in 12, 30 and 32 hours respectively. Those inoculations which do not prove fatal serve as preventive inoculations. To obtain the vaccine it is only necessary to diminish the virulence of the cultivation, either by employing old cultivations (these attain their maximum of virulence in 48 hours) or those which have digested at a temperature below or above 36° to 39° (96° - 8 to 102° - 2 F.)

The vaccinal effects of the *st. pyosepticus* do not only serve to preserve the animal's life, but also to reduce the œdema and suppress fever. Several rabbits were inoculated with five drops of a broth cultivation. In those which had been previously inoculated the temperature rarely attained 40° C. (104° F.), whilst in those which had not been vaccinated the temperature attained 40° - 5 C. (140° - 4 F.)

The experiments described by MM. Héricourt and Richet were made according to M. Pasteur's method, but these authors have also tried quite a new method; namely the peritoneal transfusion of the blood of a dog.

M. Jaccoud has studied the action of fluorhydric acid on the bacillus of tuberculosis, and concludes that this acid as a solution, gradually concentrated until the proportions of water and acid are equal, does not destroy or attenuate the virulence of the bacilliferous tuberculous sputa, and is powerless to destroy the vitality or transmissibility of the tuberculous bacillus.

M. Herard, on the contrary, is convinced that fluorhydric acid destroys the virulence of this bacillus, and he intends shortly to demonstrate this theory.

MM Quénu and Demeny have been recently engaged in determining the objective characteristics of the different manners of halting—an infirmity which may arise from divers causes, such as a shortened limb, stiffness in an articulation, weakness of a muscle, or group of muscles, etc. When the action of pressure of the foot to the ground causes pain to the foot, halting is voluntarily effected in order to avoid pain.

In voluntary halting the body is suddenly lowered, while the affected foot rests on the ground; it is suddenly raised while the healthy foot is pressed on the ground. The lowering of the body during the pressure of the foot on the ground eases this pressure and consequently the pain which it occasions. It is erroneous to suppose that the foot which rests upon the ground bears all the weight of the body. This would be the case if the body remained still, but as in walking the leg which is leaned upon is alternately bent and straightened, the centre of gravity of the body accomplishes ascending and descending movements, accompanied by increased and diminished pressure of the foot to the ground.

The pressure of the foot to the ground presents three degrees of intensity. The pressure is equal, superior or inferior to the weight of the body.

1. If the centre of gravity of the body is immobile,

or accomplishes a uniform ascending or descending action, the pressure of the foot to the ground is exactly equal to the weight of the body.

2. If the centre of gravity is suddenly raised then the muscular power not only sustains the weight of the body but determines increased effort, which is communicated to the soil, and which is in proportion with the accelerated action transmitted to the mass of the body.

3. If the centre of gravity of the body is suddenly lowered the weight of the body does not entirely fall upon the foot which is pressed to the ground, for part of the weight of the body is engaged in producing the increased descending action of the mass. This action which is not communicated to the ground represents a part of the weight of the body, which is greater in proportion as the increased descending action is more considerable and approaches nearer to the rate of g , or 9 metres, 80 per second. These results may be experimentally demonstrated by the simultaneous use of the photo-chronograph, which registers the phases of the vertical acceleration of the centre of gravity, and of the inscribing dynamometer, by which the the degree of pressure on the ground during every phase of the action may be measured. In comparing the two curves respectively obtained it will be seen that the curve which indicates the intensity of pressure of the foot to the ground is shorter and more limited in proportion as the descending movement of the body during the pressure of the affected foot is more sudden. But immediately the healthy foot is pressed to the ground it communicates an active descending movement to the body, and thus re-establishes the normal condition which the body presents during walking. This ascending action is indicated on the drawing made by the dynamometer by an elevated and more extended curve than that which corresponds to the pressure of the affected foot.

CONTRACTION OF OUTER CANTHUS.

We have received the following inquiries from a confrère, and thinking that they may prove of interest to many of our readers we publish them together with our replies :

“ I have a case of not sufficient importance to send you, and yet I ask your advice. The outer canthus of a young lady's eye was injured when a child, and in healing the contraction was slightly too much. I think it should be clipped, say, one quarter of an inch. How shall I prevent it from contracting again too much? Can I stitch the mucous membrane to the skin in the upper and lower lid? Please tell me how to prevent the contraction. It is not for the deformity that she wishes the operation any more than to get rid of the irritation caused by one or two hairs of the upper lid. The deformity can scarcely be recognized. Can these hairs be pulled out and *prevented from re-appearing?* ”

To the first question we replied, yes; stitch the conjunctival and skin surfaces of the cut lid together, just as one does the skin and mucous membrane in the phymosis operation. To the second question, no; never mind how often the hairs are pulled out they will reappear, but frequently they can be dissected out, *bulbs and all*, with a sharp-pointed knife—*i. e.*, the conjunctiva overlying the bulbs is first separated freely from the rest of the lid with the point of the knife. Then the skin of the lid overlying the bulbs is treated in the same way. The edge of the lid is now divided into three leaves, and the middle one containing the bulbs may be snipped away with a pair of fine-pointed scissors. Of course, this can only be done when the number of hairs—and therefore the bit of lid—to be removed is extremely small.

THE Southern Surgical and Gynecological Association holds its annual meeting in Birmingham, Ala., Dec. 4, 5, 6, 1888.

LEADING ARTICLES.

THE DEATH OF DR. H. D. SCHMIDT. ✓

On Friday, at 9:15 A. M., in this city, died Dr. H. D. Schmidt after many long years of suffering from rheumatoid arthritis, which finally attacked the kidneys and brought about uræmic poisoning. For almost twenty years Dr. Schmidt held the office of pathologist to our great Charity Hospital and became one of the best known of our medical men, both within and without the borders of the State. The story of his life is as simple as the man himself; it is an unbroken chronicle of devotion to the advancement of knowledge in his favorite department of science. Born at Marburg, Prussia, in 1823, Dr. Schmidt received the usual thorough common school education of a German boy. When about 15 his parents' circumstances led them to apprentice him to an instrument-maker—a fact which proved advantageous to him in after years by enabling him to conceive and construct many pieces of apparatus which were of great use to him in prosecuting his investigations (for example the microtome and injector employed in his researches into the histology of the liver), and to within a few years of his death he was fond of teaching and exhibiting to his students his skill in sharpening a scalpel or section-knife.

As an instrument-maker's apprentice he visited many of the larger cities of Europe, and in 1848 came to this country, taking up his abode in Philadelphia. Here he turned his attention to the study of anatomy, and soon attracted attention by the construction of many large and beautiful *papier maché* models, several of which are still preserved in the museum of the medical department of the University of Pennsylvania and elsewhere. Thus he soon fell under the observation of Profs. Jackson and Leidy of that school; to the former he soon became prosector, and the latter he

assisted in many physiological investigations. To the day of his death he held these distinguished men in grateful remembrance, and even spoke of them in terms of affectionate admiration and respect. After five years of study he graduated in medicine at the University of Pennsylvania in 1858, and during the following year devoted himself to the histological studies to which we have already referred. By means of an injecting apparatus of his own invention he was able to solve the question of the termination of the bile ducts of the liver, and to demonstrate their origin in the intercellular biliary capillaries. In 1860 Dr. Schmidt came South, being called by his friend, the distinguished Nott, to the Medical College of Alabama, in Mobile, and soon afterwards by the lamented Penniston to be Demonstrator of Anatomy in the New Orleans School of Medicine. Then came the great civil war, and for five years Dr. Schmidt, who at once cast his fortunes with this section, served the country as a military surgeon, for the most part in the hospitals or in prosecution of particular necessities to which he was detailed.

At the close of the war he returned to New Orleans and was almost immediately installed as pathologist to the hospital, a position he has held without interruption ever since—uninterruptedly since his restoration to the place by the Nicholls' Board of Administrators in 1877.

The quantity of Dr. Schmidt's work was enormous. When we remember that he was for a great portion of the time during which these papers were produced, though a victim to a chronic malady, a physician in active practice, and for the entire period engaged in the discharge of the incessant and exacting duties of hospital pathologist, the following list of his works testify to an amount of labor appalling to contemplate:

On the Minute Structure of the Hepatic Lobule, particularly with reference to the Relationship between the Hepatic Cells and the Canals which carry off the Secretions of the latter. (Illustrated with thirty-three figures).—*American Journal of Medical Sciences*, January, 1859.

Researches into the Pathology and Cause of the present Epidemic, ordinarily called "Yellow Fever."—*Southern Journal of Medical Sciences*, November 1867.

Microscopical Anatomy of the Human Liver. (Illustrated with three plates).—*New Orleans Journal of Medicine*, October, 1869, January and April, 1870.

On the Origin and Development of the Colored Blood Corpuscles in Man. (Illustrated by ten figures) Read before the Royal Microscopical Society of London and published in the *Monthly Microscopical Journal*, 1874.

On the Construction of the Dark or Double-bordered Nerve Fibre. (Illustrated by twenty-two figures.) Published by the Royal Microscopical Society of London.—*Monthly Microscopical Journal*, May, 1874.

Synopsis of the Principal Facts Elicited from a Series of Microscopical Researches upon the Nervous Tissues. Read before the Royal Microscopical Society of London and published in the *Monthly Microscopical Journal*, July, 1874.

On the Development of the Smaller Bloodvessels in the Human Embryo. (Illustrated by nineteen figures.) Read before the Royal Microscopical Society of London and published in the *Monthly Microscopical Journal*, January, 1875.

On the Structure of the Nervous Tissues and their Mode of Action. Transactions of the American Neurological Society, vol. 1, 1875.

The Development of the Nervous Tissues of the Human Embryo. (Illustrated by twenty-six figures.)—*Journal of Nervous and Mental Diseases*, July, 1887.

The Structure of the Colored Blood Corpuscles of the *Amphiuma Tri-dactylum*, the Frog and Man. (Illustrated by fifty-eight figures.) Read before the Royal Microscopical Society of London and published in its *Journal*, May and July, 1878.

Case of Repeated Attacks of Apoplexy, with Aphasia. (Illustrated by five figures.)—*Journal of Nervous and Mental Diseases*, July, 1878.

On the Structure and Function of the Ganglionic Bodies of the Cerebro-spinal Axis. (Illustrated by fifteen figures.)—*Journal of Nervous and Mental Diseases*, January, 1879.

On the Pathology of Yellow Fever.—*New York Medical Journal*, February, 1879.

On the Nature of the Poison of Yellow Fever and its Prevention.—*New York Medical Journal*, May, 1879.

Destructive Lesion of the Left Hemisphere with General Pachymeningitis, etc. Read before the American Neurological Association, June 15, 1881.

The Pathological Anatomy of Leprosy. Read before the American Dermátological Association, Sept. 1, 1881.—*Archives of Medicine*, December, 1881.

Is the Bacillus Lepræ a Reality or a Fiction? Read before the Microscopic Society of the State of Illinois.—*Chicago Medical Journal and Examiner*, 1882.

On the Influence of the Structure of the Double-Contoured Nerve Fibre upon the Production and Conduction of Nerve Force. Read before the American Society for the Advancement of Science, 1881. Proceedings of Society.

A Case with Tumor in Fourth Ventricle of the Brain Unaccompanied by Special Symptoms. *Journal of Nervous and Mental Diseases*, New York, July, 1882.

Microscopic Research into the Nature of the so-called Bacillus Tuberculosis. Read before the New Orleans Medical and Surgical Association, Nov. 6, 1882.

Pseudo-Bacillus Tuberculosis. Read before the New Orleans Pathological Society, 1883.

The Pathological Anatomy of the Cerebro-Spinal Axis of a Case of Chronic Myelitis of nineteen years' standing. *Journal of Nervous and Mental Diseases*, July, 1883.

Of the Physiological Changes of the Nervous Elements of the Spinal Cord as Observed in two Cases of Acute Traumatic Myelitis. *Journal of Nervous and Mental Diseases*, 1884.

On the Structural Changes Observed in the Ends of the Tibial Nerves from the Stump of an Amputated Leg. *Journal of Nervous Diseases*, April, 1884.

Pathological Anatomy of a Case of Aneurism of the Heart. *New Orleans Medical and Surgical Journal*, 1884.

An Observation on the Mode of Formation of the Fibrinus Clot of an Aneurism of the Femoral Artery. *Annals of Anatomy and Surgery*, February, 1882.

On the Formation and Construction of a Sacciform Aneurism of the Arch of the Aorta. *Ibid.* January, 1883.

The following appeared in Pepper's System of Practical Medicine: Dengue; Atrophy and Hypertrophy of the Brain; Disease of one Lateral Half of the Spinal Cord; Special Diseases of the Pons Varolii; Glosso-Labio-Pharyngeal Paralysis.

The Pathology and Treatment of Yellow Fever. Chicago, 1881.

Though most of Schmidt's writings, it must be admitted, are characterized by dryness and by a certain awkwardness of style (almost inseparable from composition in a foreign tongue), yet these minor defects are more than compensated for by the painstaking care of the investigations upon which they are founded; their exactness, caution, their absolute honesty and candor. His book on yellow fever deserves more than passing notice, and far more attention and study than it has received at the hands of his own Southern confrères. Its exposition of the general pathology and gross and minute morbid anatomy of the disease is the most valuable contribution to the subject ever made, and contains an amount of first-hand knowledge not to be found in any other volume. In fact, as has been well said, it apparently exhausts the subject. All, or nearly all of these papers, pamphlets and books are illustrated with original drawings of remarkable faithfulness and beauty; and to those who knew Dr. Schmidt, and had seen the cruelly crippled condition of his hands and arms—of his whole body indeed—his skill in cutting sections of tissues and reproducing with pencil and paper their microscopic appearance, was little short of marvellous.

The works of the man were the index of his character. He literally lived to labour, and in singleness of spirit pursued truth in every scientific field, and in his own depart-

ment followed nature directly with a constant, unwearying, joyful eagerness that must have been an example and encouragement of high value to all engaged in like pursuits, with whom he came in contact.

“Far from the madding crowd’s ignoble strife,
His sober wishes never learned to stray;
Along the cool, sequestered vale of life
He kept the noiseless tenor of his way;”

and this retirement kept him to the last singularly simple, sincere and honest. Constantly engaged in a labour which he loved, he was always fresh and cheerful and knew not repining or ennui. Living retired and apart he escaped growing bitter, cynical or over-analytical—those chilling blights of urban characters; while the lifelong, constant and cautious pursuit of truth freed him from prejudice, and fostered a just and earnest frame of mind. Owing no man, hoping nothing from any, he feared none, but had the courage of his opinions, which he maintained with boldness and vigour; yet when convicted of error he acknowledged it frankly, though never so painful. Maintaining pleasant relations with the majority of his acquaintances he had many warm friends whom he loved and appreciated, while the false, the sordid, the pretentious and the shallow he outspokenly condemned and vigourously repelled.

Such an example must be of great value. It cannot but impress, with the nobility of plain living and high thinking, all thoughtful men at least who come within its sphere; and these in their turn, by admiring emulation, grown more earnest, diligent, kindlier, honester, spread the good influence in ever widening circles, and thus for its author make in some sort an earthly immortality.

Dr. Schmidt died, as he had lived, a free-thinker, and in accordance with an oft-repeated wish his funeral was conducted without religious ceremonies. At 3 P. M., on Sunday evening, Nov. 25, his friends and a large number of the members of the medical profession of New Orleans assembled at the residence, No. 290 Canal street. Dr. J.

Hanno Deiler, a compatriot and friend of the doctor's, delivered an eloquent, vigorous, manly address in German, briefly setting forth the main facts of the doctor's life and eulogizing his character. The coffin was then borne to the hearse by the pallbearers: John Kruttschnitt, the German Consul at New Orleans; Wm. Bohne, the optician; Dr. A. B. Miles, the Surgeon of the Charity Hospital; Dr. C. J. Bickham, the President of the Hospital Board of Administrators; Dr. E. Souchon, President of the New Orleans Medical and Surgical Association; Dr. J. P. Davidson, President of the Orleans Parish Medical Society; Mr. Brownlee, R. S., the student in the Pathological Department of the Hospital; and Dr. Rudolph Matas, Dr. Schmidt's friend and attending physician. Dr. Schmidt was buried in his lot in Greenwood Cemetery, and when the coffin had been lowered into the grave his friend, Dr. Bruns, stepped forward and said a few earnest and candid words on the noble example set by so simple, upright and devoted a life.

THE NEW MEDICAL LIBRARY.

We took pleasure in calling attention some months ago to the organization in this city of a medical library, designed for the use of physicians and pharmacists.

The purpose of the founders of this library, or, rather, of the body which maintains it and which is known under the comprehensive title of the Louisiana Medical Library Association, was stated to be the accumulation of standard medical literature in a central locality, where the subscribers should have the privilege of comfortably perusing the best journals of the medical world, or of removing them to their houses to be retained for a limited space of time.

At a recent meeting the report of the executive committee showed that in the way of subscriptions to standard journals the promises of the association have been already partially fulfilled, and that a number of bound books and

journals have been donated, though the funds of the organization are as yet too limited to enable the committee to make more than a few necessary purchases. As an evidence of what had been accomplished the attention of the members was called to a neatly made journal stand, the compartments of which displayed the best journals of New York, Philadelphia and Chicago, together with current numbers of the principal medical monthlies of the South and Southwest. In addition there are a few British, French and German publications.

The journals have been chosen with two objects in view: first, that they shall be such as represent the thought of the leading lights of the districts from which they come; and, second, that they shall be of such variety of subjects as to satisfy the specialist, while they are at the same time of interest to the general practitioner. All that is hoped for in this direction has not yet been accomplished, though, besides the subjects of general medicine and surgery, we find that gynæcology, ophthalmology, dentistry, neurology, rhinology and laryngology have not been ignored.

The members of the association who attended the meeting the other night seem to be in earnest, and sincerely desirous of making the undertaking a success; and it is most devoutly to be hoped that their ardor will not cool before they have given to New Orleans, or rather to Louisiana, a medical library which shall prove worthy of the name, and a benefit to our hard-worked practitioners.

Reference to the roll of membership shows that only 39 physicians have come forward to encourage this movement at the outset; but now that the wheel is in motion and the Tulane University has given the association a local habitation, there is something more than patriotism and a kindly desire to encourage a move in the right direction, which appeals to all medical men alike; and that something is the self-evident fact, namely, that for \$5.00 per annum a subscriber can enter the library-room at any time during the day and there select such journals or books as he

pleases, with the privilege of taking them to his home for further reference and study. For a small sum he is practically subscribing to a large number of periodicals, and has, at the same time, at his disposal a number of back journals for reference and citation.

Before the middle of this month the medical library belonging to the Tulane University will be brought down from its dusty hiding place in the garret of Tulane Hall, and, with the acquired and loaned volumes in the possession of the library association, will form a very respectable beginning of a library which should and which we believe will steadily increase in usefulness to the profession of Louisiana.

DIPHThERIA.

Judging from the attention which each new case of diphtheria now attracts, it may appear to one ignorant of the facts that this disease is comparatively a new one to this community. It must be confessed that there must be some reason for this delay in appreciating the gravity of the situation, for the Board of Health itself did not think it serious enough to tabulate the cases occurring, or in any other way recognize its presence until the comparatively recent date of 1883; and when it did begin to preserve a record of them it was in a very perfunctory way, for it is only within the last two years that this record can be looked to as approximately correct.

Dr. W. H. Watkins, then Chief Sanitary Inspector, in his report to the Board of Health for 1886-'7, gives the death record of diphtheria from 1869 to 1887. In 1869, there were nineteen deaths. The smallest number of deaths for the eighteen years was in 1871. The largest in any one year up to the time (1885) when the disease began to attract so much notice, was in 1874, when 102 deaths occurred. From 1874 to 1885 there was an average of 64.4 deaths yearly. In 1885 there were 148; in 1886, 95;

and in 1887, 185. For 1888, up to and including September, there have been 222 deaths.

These figures show an increase, and a steady one, notwithstanding the earnest endeavors of the Board of Health to check its progress. Cases occur with equal frequency in families of the rich and the poor; in the finest houses of the "garden district" and in the lowest houses of the slums of the city. The disease will attack children of the public schools and children that have scarcely been out of their own yards. A case will occur in a house one year, and even though the premises be fumigated and otherwise disinfected, another will occur next season. A family returns from a summer in a distant State, and within a week one of the children is stricken with diphtheria.

In other words, sanitarians, beyond the simple fact that the disease is contagious—virulently so—and perhaps infectious, do not know the means and methods by which it propagates itself. It may be, therefore, that there is some error of omission in the otherwise apparently scientific measures that are so conscientiously and consistently practiced by our Board of Health. Perhaps a little longer experience will yet show us the solution of the problem, but certainly in the light of our present knowledge we are doing all we can to rid ourselves of the scourge.

It may afford us a little melancholy comfort to know that New York sleeps peacefully with a weekly record of 100 to 115 new cases and 25 to 40 deaths.

THE DRAINAGE OF NEW ORLEANS.

We are glad to notice that the press is making persistent efforts to inaugurate a system of drainage for this city. Certainly nothing is more essential to the health of a great city than an efficient system by which it may relieve itself promptly of its sewage and its storm water. But it is no easy matter to establish one in New Orleans. If it had been our city would long ago have adopted a plan, for

engineers and some of the ablest, too, have been wrestling with the problem since New Orleans was a village.

In the discussion of the subject there is one point that we would lay great stress upon, and that is, that any system of drainage in New Orleans must be preceded by a system of paving. The whole city must be carefully surveyed, so that the levels may be clearly defined and advantage taken of the natural trend of the surface. Then provision must be made for the complete paving of the streets before any system of conduits or underground sewers can be even thought of. Until this is done nothing is practicable or permissible except the open sewers and canals that now exist. All of the pipes of London laid under the comparatively small area of New Orleans would not suffice to drain this city, with its thousands of miles of dirt streets. If they did suffice the city itself would soon be *drained* away. Pipes would do for asphalt or square block stone streets, but not for dirt streets, or for a *combination of the two*.

Our open sewers may be offensive to the eye, but they are seldom so to the nostrils; and we know that the exposure of their contents to the sun and the air prevents that accumulation of putrefying organic matter and that formation of noxious gases which are responsible for so many thousands of deaths in the sewered cities of the world. Washington City is said to be the pride of our country. Congress has spent a mint of money on its streets and its sewers. But one walking along its streets at night is almost overwhelmed by the foul-smelling and death-dealing gases that escape from the sewers through the vent holes. Washington is hilly, and there is no reason why the contents of the pipes should not be rapidly carried to the point of discharge. In New Orleans pumping would be required; for the fall from the river to the lake, supposing that to be the receptacle of at least the storm water, does not exceed, if indeed it equals, an average of 15 feet for the whole distance, say seven miles.

As to the sewerage, it would be absolutely murderous to discharge that in the shallow lake behind us. No other disposition could be made of it except by a system of reservoirs and pumps discharging into the river far below the city. Here, again, because of the almost dead level of the surface, many reservoirs would have to be provided and constant flushing practiced, else the population of this now comparatively healthy city would be almost decimated annually, if there is anything noxious in sewer gas.

During the agitation of the drainage question, and pending the adoption of some plan, which we fear is not in the near future, some steps should be taken towards cleaning the canals, which are nearly obstructed by the washings of our dirt streets, and the keeping of them in a clean condition. This will be greatly facilitated by planking or lining with brick the bottom and sides. This would cost considerable money, but the increased efficiency of the canals and the open sewers thereby attained, will under the system, be enduring while something better is being sought.

DANIEL'S TEXAS MEDICAL JOURNAL.

Daniel's Texas Medical Journal has seen fit on several occasion to comment upon our remarks concerning the Louisiana State Medical Society. In its November issue its utterances are especially offensive, while its quotations are garbled and misleading.

The circumstances considered, and from all appearances, we are constrained to say that we would blush for very shame should we be charged with the animus which so evidently prompts the *Journal* to the course it has taken.

Again, the matter is entirely domestic and concerns only ourselves and the society. The intrusion of the *Texas Journal* is therefore unwarrantable and gratuitous. Had we discussed the physicians or the society of Texas or any other State than our own the aspect of affairs might have been different; but as it was we were speaking of a society

of which we ourselves are members, and with which the *Texas Medical Journal* has nothing to do.

A few months ago, when that *Journal* was engaged in a controversy, the merits of which we need not now recall, we refrained from comment, though we were plied with journals and advanced sheets in abundance.

To repeat we wish to say: 1. That the *Texas Medical Journal* has been guilty of an act derogatory to Southern journalism. 2. That it has been guilty of trespassing upon matters entirely outside its sphere, and which its own words prove it does not comprehend. 3. And that finally, but of course in the eyes of that *Journal* of least importance, since such was its intent, it has been guilty of an act unfriendly towards a cotemporary.

THE NEW ORLEANS EYE AND EAR INFIRMARY.

This new institution was formally opened on Saturday Nov. 24, and many physicians of the city took occasion to visit and inspect the building. They were all more than pleased with everything which they saw, and they saw everything, for the whole Infirmary, from top to bottom was thrown open and guests were carried into every nook and corner. No expense has apparently been spared in fitting up the fine building which has been secured. The furniture, though not gaudy, is of the most expensive and luxurious quality; the rooms themselves are large and airy. There are parlors, a dining-room, an office, clinic rooms, an operating room, a laboratory; everything, indeed, that could possibly contribute to the comfort or welfare of the patients, or the usefulness of the institution. Physicians in the city should by all means visit the Infirmary, and see for themselves what an excellent establishment Drs. Ayres and Veazie have furnished to New Orleans, and visitors from the country and from other States will doubtless be equally welcomed.

The Infirmary is for eye and ear cases only, and is open for the reception of cases from any physician of standing; that is any physician may send cases of eye or ear diseases there and visit or operate upon them himself. In short, the Infirmary is for the use and benefit of the profession, and not solely a private affair.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

CONTRIBUTION TO THE STUDY OF THE CONDITIONS WHICH MAINTAIN THE INCOAGULABILITY OF THE BLOOD.

Dr. Ignazio Salvioli, in Arch. Sc. Mediche.—The property of preventing the coagulation of the blood is not possessed exclusively by certain animal ferments, but is also shared in greater or less degree by all ferments, whether animal or vegetable.

Their action upon the blood is not due to a simple mixing with it, however intimate, but they must be carried into the circulation and worked up. They disappear slowly and gradually from the circulation, not being eliminated by any special emunctories, at least as such, but are most probably assimilated by the morphological elements of the blood.

These ferments, if introduced in large quantity, have, besides their action upon the blood, an action upon the system in general and especially upon the abdominal vessels—namely, paralyzing them and producing thus a great diminution of the arterial tension and an increase of the venous pressure, with all the results attendant upon such a state of affairs.

Introduced into the body through the skin, the ferments act but very slowly. But if absorbed from the intestine they lose their property and become greatly modified, so that their presence in the blood cannot be demonstrated by the usual tests.

The ferments act also upon rabbits, though not quite so marked as upon dogs. The coagulum is less compact, does not exude serum, and is lacking in fibrinous ferment, or else contains very little of it.

The ferments do not act by this fermentative property, but rather perhaps by their special chemical constitution, because the ferments which have lost their property by boiling, prevent coagulation just as well as before.

Other facts, such as the inhibitory action of paraglobulin upon the coagulation of the blood, still further prove that this action depends upon the chemical and molecular constitution of these bodies, which occupy a high place upon the scale of assimilable substances.—*Lo. Sperimentale*.

PREGNANCY AND THE HEREDITY OF TUBERCULOSIS.

Dr. LaTorre, of Messina said, in the *Congress for the Study of Tuberculosis*, that when the father is strong and healthy the child will be born normally developed at the end of pregnancy, no matter what may be the condition of the mother. If the father be sick the child will be born pitifully small, be the mother's health never so good. Alcoholism, syphilis and tuberculosis influence the development of the fœtus. The tuberculous semen can, as has been shown in guinea pigs, infect the fructified ovum. The father can transmit to the fœtus a fatal diseased disposition, as well as the specific disease.—*Deutsche Medizinal Zeitung*.

INFLUENCE OF THE VAPOR OF HYDROFLUORIC ACID UPON THE BACILLUS TUBERCULOSIS.

Grancher and Chautard in Annals de l'Institut Pasteur.—The writers tested the question, what influence does the inhalation of vapor of hydrofluoric acid exert upon the development of tuberculosis produced by intravenous injection in rabbits? Also what influence has hydrofluoric acid upon cultures of tubercle bacilli?

To the first question the answer is absolutely negative—that is, there is no effect upon the course of the infection. But in cultures of tubercle bacilli, on the contrary, the direct and prolonged action of vapor of hydrofluoric acid diminishes the virulence of the bacilli, without killing them.—*Centralblatt für Bakteriologie und Parasitenkunde*.

THE DIURETIC ACTION OF CALOMEL.

Dr. A. Stintzing of Munich studied in the clinic of Von Ziemssen the action of calomel as a diuretic in twenty-five

patients. Nineteen of these patients were dropsical, six not so. The dosing was that proposed by Jendrassik—three grains three times a day, at least three days in succession. In some cases the medication may be continued for a still longer time. To prevent stomatitis and obstinate diarrhoea the patient should gargle and wash his mouth with a solution of potash and take opium internally (1-6 grain to 3 grains of calomel). The results may be summed up as follows:

1. Calomel acts more vigorously as a diuretic than all remedies specially regarded as diuretics.

2. To a slight extent it acts on healthy, non-dropsical individuals, but it acts most powerfully in dropsy, which depends upon diseases and valvular defects of the heart.

3. Dropsy from other causes (renal and hepatic disease) is not so amenable to the calomel treatment; the same may be said of exudative processes (pleurisy, pericarditis, etc.)

4. In relieving cardiac dropsy calomel not only increases the amount of urine excreted, but also causes a large quantity of water to pass by the bowels.

5. The action of the calomel fails when the cardiac insufficiency has reached its highest point.

6. Calomel has no effect on the pulse; it is not a cardiac agent, and cannot replace digitalis. In cardiac dropsy a combination of the two drugs may be commended.—*Münch Med. Wochenschrift Deutsche Medizinal-Zeitung.*

GYNÆCOLOGY.

A NEW METHOD OF EXAMINATION.

Dr. Mendes De Leon, in Centbl. f. Gyn.—The writer relates how, at an operation he was conducting for removal of the ovaries, he found great difficulty in reaching the ovaries and in keeping the intestines away from the pelvis. A friend, who was present, told him of Trenvelenburg's device for obtaining a free field when operating on tumors of the bladder, which consists in placing the patient's head towards the light and elevating the pelvis considerably above the level of the head. This was accomplished by bending the patient's knees over the shoulders of two assistants, who stood with their backs towards

the head. As soon as this position was assumed all difficulties disappeared. The ovaries, which were very deeply situated, and adherent were easily reached, and a bleeding point in the floor of the pelvis was with ease secured by forceps and tied. The writer was so pleased with the success of the manœuvre that he has applied it to ordinary gynæcological cases, especially those in which, owing to the presence of tympanitis, there is difficulty in feeling the uterus bimanually. A further advantage is, that in this position the patient is unable to use the abdominal muscles, and thus does not offer the same involuntary resistance to the external examining hand as in the usual position; and thus the writer finds that he can make quite satisfactory examination of patients whom otherwise he would have been forced to put under chloroform. When assistants are not available the end in view may be obtained by placing the patient on a lounge, with the head where the feet should be, and with the legs, bent at the knees, hanging over its back. The writer says that all who have examined his patients in this position have expressed themselves as being surprised at the ease with which the whole contents of the pelvis can be mapped out, and that many have been enabled in this way to feel for the first time the ovaries bimanually.—*Archives of Gynæcology, Nov., 1888.*

GONORRHŒA.

Dr. W. D. Haines of Cincinnati, in an article entitled "The Cause of Gonorrhœa—Its Treatment in the Female," published in the Cincinnati *Lancet-Clinic*, has the following treatment: The vagina is thoroughly cleansed by the use of an alkaline solution. The solution should be strong and at a temperature ranging between 43° and 46° C. This procedure has a two-fold object: first, to remove as much of the vaginal epithelium as possible; second, to relieve the hyperæsthetic condition of the parts. The patient should now be placed upon the table with the buttocks elevated. After warming and oiling, a Ferguson's speculum should be carefully introduced. A tampon saturated with boro-glyceride is placed in contact with the cervix, and we now proceed to packing the vagina with acidi boraci, withdrawing the speculum as the process advances, until the entire canal is filled. If excoriations exist about the external genitalia, the labia should be sepa-

rated and a piece of lint, previously dipped in boro-glycerine, placed between them. The application of a T bandage or napkin completes the first sitting. This dressing should be allowed to remain in situ for a period of thirty-six hours. After removing the dressing and using the vaginal douche, a solution of the hydrarg chlor. corr., 1 to 1000, should be used as an injection. The dressing is reapplied in the course of eight or ten hours.

THE NON-SURGICAL TREATMENT OF GYNÆCOLOGICAL CASES.

In an article thus headed (*Annals of Gynæcology* for September, 1888) Dr. Horatio R. Bigelow holds the following facts, as to dysmenorrhœa, proven:

1. Quiet pain with antipyrin and opium.
2. Rectify dislocated uterus with cotton pessaries.
3. Restore a diseased endometrium by using the dull curette, following with an injection of iodine or an application of carbolic acid, as the case may be.
4. Nervous spasm of the os may be overcome by galvanism.
5. For rigid os use rapid dilatation.
6. Uteri that are bound down by adhesions and surrounded with the exudates of prior parametritis should not be curetted, and the sound should not be introduced. In these cases general treatment by massage, electricity, and above all the Moor baths, for which Franzensbad is so widely celebrated, together with hot water injections, and tampons of glycerine, boro-glyceride, and glycerine and alum, must be pushed perseveringly and with much patience. Pessaries in the treatment of dysmenorrhœa are, generally speaking, an abomination.
8. Divulsion belongs to the surgeon, and its utility may be questioned.
9. The most general cause of dysmenorrhœa being a diseased endometrium, and this membrane being adenoid in nature, and furnishing as it were from itself the periodic flux, the extirpation of the ovaries and tubes for the radical cure is a questionable proceeding, and, in the present lamentable condition of ignorance of everything connected with menstruation, does not seem to be warranted by the necessities of the case; certainly not until the endometrium has been properly treated.

10. To remove non-diseased ovaries and tubes for the cure of dysmenorrhœa is most irrational and illogical. For if the ovaries and tubes *are* necessary factors of menstruation, and if they themselves be healthy, it follows of course that the trouble must be elsewhere, either in the uterine mucous membrane or in the nervous system, in which case a surgical operation would be of no service, because menstruation often exists after it.

DERMATOLOGY.

FOR INGUINAL RINGWORM.

Wash the parts with soft soap twice daily and rub in the following ointment:

R̄	Sulphuris sublimati.....	ʒiv
	Olei cadini.....	ʒiv
	Saponis viridis.....	ʒi
	Adipis.....	ʒi
	Cretæ præparatæ.....	ʒii ss

M. ft. ungt.

BORIC ACID A REMEDY FOR STYE.

“A simple and effective remedy for stye has been found by me,” says Dr. Renling of Baltimore, “to be a solution of fifteen grains of boric acid to an ounce of water. By applying this solution three times a day to the inflamed part of the eyelid by means of a camel’s hair brush, this painful and annoying affection will be conquered very rapidly. Soon after the recommendation by Sacmish and other authorities, ‘to use boric acid solution in the bandaging after cataract operation,’ I was induced to saturate the round piece of linen covering the eye operated upon in a case of cataract extraction, where the pressure of a bandage had produced blepharitis, and also an exceedingly painful stye (a small furuncle close to the ciliary margin of the eyelid). The next day both affections had almost disappeared, and the patient, a very frail old woman, had been relieved from the suffering almost from the very moment the solution was applied. Since then I have rarely been obliged to use any other remedy, provided the patient applied for treatment during the acute stage of the stye; but even at a later period of the efflorescence I have generally seen the stye completely disappear by the sole use of boric acid solution.”

PEDICULOSIS PUBIS.

The detection of the louse or its nits will at once give the diagnosis. It is for us only to look for the evidence of pediculi in every case of pruritus cutaneous, especially when such pruritus is limited to the pubic or axillary regions. We should suspect and carefully look for lice in all cases of eczema limited to the pubis, and even in eczema of the genitals and thighs. The pediculus pubis is less easy of detection than are the other species of louse, on account of its small size, light color, translucency, greater quiescence, and more or less perpendicular position as it lies deep down among the hair roots. Still, if one is but alive to the possibility of the vermin being present he will have no difficulty in detecting them when present.

It is important to determine whether we must deal with the pediculus vestimentorum, so-called body louse or with the pubic louse, as the two species of louse demand different treatment.

The body louse inhabits the clothes alone, and if we search carefully we will find either the lice crawling about the clothing or will see the eggs deposited in groups along the seams.

The pubic louse dwells upon the hairy skin alone, and neither it nor its eggs is to be found in the clothing. The scratch marks of pediculosis vestimentorum are found over the shoulders posteriorly, about the waist and along the outer side of the limbs where the seams of the clothing come. The long parallel scratch marks over the shoulders are pathognomonic of this form of lice. The scratch marks of pediculosis pubis are limited more to hairy parts, and, therefore, are seen more commonly on the anterior face of the trunk and in the axillæ.

The quickest and neatest method of treatment, when the patient will allow it, is to shave the affected parts. By this means we at once destroy the lice, nor need we wait until any complicating eczema is cured. One of the most frequently employed remedies is mercurial ointment. It is efficacious, but very often proves irritating and sets up a pustular eczema. A lotion of the bichloride of mercury is better. If there is much excoriation mercurials are to be avoided. Any of the remedies used in pediculosis capitis will be useful here. Chloroform may be used to destroy the lice where the skin is uninjured, using the plan pro-

posed by Hamal in 1857—namely, after washing the part with soap and water, and then with clear water, and drying, pour chloroform on, drop by drop, and rub in. Then cover with a folded handkerchief for a half-hour and wash again to remove the debris of pediculi. As the chloroform is irritating it is advisable to protect the skin of neighboring parts with powder. Ether will act in the same way as the chloroform. Hot baths, with the free use of soap, and subsequent bathing with carbolized water, is a good plan of treatment for a generalized pediculosis caused by the pubic louse, care being taken to get rid of the ova.—*Jackson's Treatise on the Diseases of the Hair and Scalp.*

SANITATION AND PUBLIC HEALTH.

WATERED MILK.

During the month of October there were fifteen New Orleans dairymen found guilty in the Recorders's courts of selling watered milk. In no case was there less than ten per cent. of water, while one sample contained thirty-five per cent.

The offenders all pleaded guilty and were accordingly dealt with as follows: Twelve were fined \$5, or 10 days; 2 were fined \$10, or 20 days; and 1 was fined \$25, or 30 days.

HOW CONTAGION IS TRANSMITTED.

It has commonly been taught even by recent writers that the contagious particles are capable of escaping with the water which evaporates from liquids or from moist solid surfaces and of diffusing themselves in the air.

Under this supposition, therefore, it has been readily accepted that the breath of a person suffering under an infectious disease is apt to be highly charged with the contagion, and that the exhalations from his moist skin or from his excreta may be highly dangerous.

Nägeli, however, has shown, apparently to demonstration, and subsequent experimenters are confirming his results, that it is extremely difficult or impossible to set free microorganisms from moist surfaces; and it therefore appears probable that infection, when air-borne, occurs by means of contagious particles which have undergone dessication,

and which rise into the air and remain suspended in it in the form of fine dust. There can be little doubt that the infectious particles of a contagion leave the body mainly in the fluid secretions and excretions—the fæces, the urine and the sweat—and must therefore undergo dessication before they can reach the air. They may also be attached to the solid particles of the cuticle which are constantly being shed from the surface. These are already dry and in the most favorable condition for transmitting infection, not only directly, but also by attaching themselves to articles of clothing, bedding or furniture, or by settling upon the walls and floors of an apartment—a point of the extremest importance, as is shown by daily experience in the case of such diseases as small-pox or scarlet fever, in which desquamation of highly-infectious particles is a marked feature during convalescence.

It is sufficiently obvious that linen or clothes soaked with infective secretions are peculiarly well calculated to spread infection; the contagious particles remain upon the surface of the material when it dries, and are shaken off into the air on the slightest movement—a circumstance to which washerwomen no doubt owe their liability to infection. Although disease is undoubtedly conveyed in very many instances in the above method, we must not forget the clear evidence that the germs of certain infectious diseases—namely typhoid fever and cholera—are frequently, though not always, transmitted by means of liquids which are swallowed and which contain the infective material.

Such liquids, and milk in particular, appear also to serve as a cultivation material in which the micro-organisms multiply rapidly, in the interval between contamination and ingestion.

TO ALTER THE WEIGHT.

The *Kansas City Medical Index* suggests the following rules for fat and lean persons who wish to alter their weight. *To increase the weight:* Eat to the extent of satisfying a natural appetite of fat meats, butter, cream, milk, cocoa, chocolate, bread, potatoes, peas, parsnips, carrots, beets, farinaceous foods, as Indian corn, rice, tapioca, sago, cornstarch, pastry, custards, oatmeal, sugar, sweet wines and ale. Avoid acids. Exercise as little as possible; sleep all you can, and don't worry or fret.

To reduce the weight: Eat to the extent of satisfying a natural appetite of lean meats, poultry, game, eggs, milk moderately, green vegetables, turnips, succulent fruits, tea or coffee. Drink limejuice, lemonade and acid drinks. Avoid fat, butter, cream, sugar, pastry, rice, sago, tapioca, cornstarch, potatoes, carrots, beets, parsnips and sweet wines. Exercise freely.

A REMARKABLY HEALTHY TOWN.

The health officer of El Paso, Texas, has just published the mortuary report for that place, which shows that the mortality for the first nine months of the year has the astonishingly low figure of 7.63 per 1000, in a population estimated at 11,000. Apropos of this fact the *New York Medical Record* has this to say: "It is plain that the southwestern portions of our country offer great advantages to invalids, and especially to consumptives, for there winter is dry and bracing, and not severely cold: malarious diseases appear to be unknown. Our medical men should inform themselves more fully of its advantages." So say we all of us.

BOOK NOTICES.

Annual of the Universal Medical Sciences.—A yearly report of the progress of the general sanitary sciences throughout the world. Edited by Charles É. Sajous, M. D., and seventy associate editors, assisted by over two hundred corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. Philadelphia and London: F. A. Davis, publisher. 1888. Five volumes.

The above work marks a distinct epoch in American publishing. It is the province of medical periodicals to chronicle medical progress within brief spaces of time; but there are few publications that can claim to present facts gathered during the whole year from all parts of the world and in a well digested form. For many years, the "*Jahresbericht*" of Virchow and Hirsch (former by Constatte) has supplied German medical readers with carefully prepared material

from the whole world, but those who could not boast a knowledge of German as one of their accomplishments, were unable to derive any benefit from the *Fahresbericht* except from occasional translations which appeared in American journals or text-books. *Braithwaite's Retrospect* was the only similar publication in the English language, and the American readers had to rely on the *Retrospect* and his home journals for all knowledge concerning medical progress in distant parts of the globe. The advent of the *Annual* will, we think, change this state of affairs, for the American medical man has here presented to him, once a year, "the progressive features of medical literature at large, * * * in a continued form, by writers of known ability." The text does not consist of an accumulation of half-jointed extracts from medical journals, but of a number of special sections, written by men known for their attainments in special lines of work. These sections are compiled, of course, from medical journals, but the matter presented has, we feel, been selected for its value, been well digested, and then arrayed in a pleasing garb for the busy practitioner. The amount of material from which to select has been vast, and the amount of labor spent upon the selection and collection of matter deemed advisable for publication has been correspondingly great. It would be utterly impossible for the unaided medical man to gather all this information himself, and it requires very little reflection to feel that the profession owes the editors and publishers of the *Annual* a great debt.

We may safely predict that the *Annual* will be to the American profession what Virchow and Hirsch's *Fahresbericht* is to the German. In the matter of collating news from all quarters Germany has been many years ahead of us; but the existence of the *Annual* is proof of the determination of America to keep abreast of the times in all matters medical. In one respect we may boast of a publication unique in character—namely, the *Index Medicus*—which is indispensable to writers on medical subjects, and which may be used in conjunction with the *Annual*.

To give an idea of the scope of the *Annual* it would be necessary to enumerate all of the branches of medicine and surgery. In the first volume there is a list of the editors and collaborators. The names extend over many lands, and among them we recognize those of some of the princes of medical science. The names alone give

guarantee of the excellence of the work presented.

Each year, five volumes, each of about 550 pages, will be issued. No other work in our language is its peer; and the American practitioner who would know all that is being done around him must look to the *Annual of the Universal Medical Sciences* as his source of information.

A. McS.

Manual of Chemistry. A guide to lectures and laboratory-work for beginners in chemistry. A text-book specially adapted for students of pharmacy and medicine. By W. Simon, Ph. D., M. D. Second edition. Thoroughly revised and greatly enlarged, with forty-four illustrations and seven colored plates. Philadelphia: Lea Bros. & Co. 1888. New Orleans: Armand Hawkins, 194 Canal street. Price, \$3.25.

When the first edition of this work was published we had the pleasure of commending it to those for whose use it was specially intended. The issuance of a second edition justifies our favorable estimate of the work, and points to a continuance of favor with students of pharmacy and medicine. In this edition the same general arrangement of the text exists as before, but many changes have been made and much new matter added, so that the work is now more complete and useful. It is hardly necessary to detail again the various features of the different sections of the book; suffice it to say that the chemistry of the elements is described as in all chemical text-books, but, in addition, "all chemicals mentioned in the United States Pharmacopœia are included, and when of sufficient interest are fully considered;" further the more important facts of physiological chemistry are set forth for the benefit of the medical student.

A. Mc S.

Dr. C. G. MACKENZIE, Surgeon to Belfast Children's Hospital, performed a successful ovariectomy on a girl $8\frac{1}{2}$ years old. The circumference midway between the umbilicus and ensiform cartilage was 24.5 inches. The cyst was unilocular and dermoid in character. A median incision was made and two and a half quarts of fluid escaped. —Note in *St. Louis Medical and Surgical Journal*.

PUBLICATIONS RECEIVED.

Hot Water in the Management of Eye Diseases. By Leartus Connor, A. M., M. D. Read before Ninth International Medical Congress.

Chronic Rheumatic Laryngitis. By E. Fletcher Ingals, M. D. Reprint from Trans. 38 Meeting Ill. State Med. Society.

Address on Rhinology. By Carl H. von Klein, A. M., M. D. Reprint from *Four. of American Med. Association*.

Transactions of the American Association of Obstetricians and Gynecologists, First Annual Meeting, Washington, Sept. 18, 19, 20, 1888. Abstract. Reprint *Buffalo Med. and Surg. Four.*

The Physician's Pocket Day Book. Designed by C. Henri Leonard, M. A., M. D. Price \$1, postpaid. *The Illustrated Medical Journal, Detroit, 1888.*

Pyosalpingite, Double Laparotomie. By F. Fraipont. Paris.

A New Series of Metric Test Letters for Determining the Acuity of Direct Vision of Form. By C. A. Oliver, M. D. Reprint from Trans. American Ophthal Society.

The Failure of Dr. J. B. Thomas' Treatment of Stricture by Electrolysis. By Robert Newman, M. D. Reprint from *Four. of Amer. Med. Association, 1888.*

Notes on New Remedies Lehn & Fink. October.

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DEATHS.

In Brownsville, Texas, Oct. 26, 1888, DR. ETIENNE MELON, a native of France, died at the age of 55 years. Dr. Melon was a graduate of the Medical Department of the University of Louisiana, and had practiced in this city in the earlier years of his professional life. He was a frequent visitor here, where he had a large circle of friends, who will be shocked to learn of the news of his death. In Matamoras,

Mexico, and Brownsville, Texas, where he had resided and practiced his profession since his departure from New Orleans many years ago, he will leave a void which will be long and sadly felt. Skilful and accomplished as a practitioner, he acquired a solid reputation, which extended all through the Rio Grande valley. His great social qualities, faithful and enthusiastic friendships, and most genial manner, readily obtained for him the good will of all those who came in contact with him, and created the large circle of friends who now sincerely mourn his loss.

In Austin, Texas, Sunday, Oct. 28, 1888, DR. W. C. MCGOWN died in the 64th year of his age. Dr. McGown was born in Coffee county, Tenn., Dec. 12, 1824. His father, Col. John McGown, came to Texas in 1835; consequently the early life of Dr. McGown was passed amid the years of Texas' trials and struggles for independence and amid the hardships of frontier life. In that period Dr. McGown was ever ready at the call of duty to battle for his State and home, and to bear uncomplainingly the ills and troubles that came upon the earlier Texans. By dint of hard study and sacrifice he was enabled to graduate at the New Orleans School of Medicine in 1859. He at once began his profession, in which he was most successful, and from which he was forced to retire by reason of failing health. He moved from Houston in 1876 to Austin, which has since been his home.

DR. HENRY B. SANDS, the distinguished New York surgeon, died suddenly of apoplexy on Sunday, Nov. 19. At the time of his death he was accompanied by Dr. Alexander Smith, and was on his way from a visit to a patient in Jersey City, the two physicians being together in Dr. Sands' carriage. Attacked without warning, he breathed his last before the vehicle could reach the Fifth Avenue Hotel.

Dr. Sands was born in New York city in 1830, and graduated from the College of Physicians and Surgeons in 1854. Until last spring he was closely identified with the Roosevelt Hospital, and he was one of the directors of the Vanderbilt Clinic.

Dr. Sands was one of the foremost of the New York surgeons, performing many difficult operations with boldness and success.

MORTUARY REPORT OF NEW ORLEANS

FOR OCTOBER, 1888.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial, unclassified	8	3	6	5	7	4	11
“ Congestive.....	10	2	5	7	9	3	12
“ Continued.....							
“ Intermittent.....	1	1	1	1	1	1	2
“ Remittent.....	2		2		2		2
“ Catarrhal.....							
“ Typhoid.....		1	1		1		1
“ Puerpural.....	1			1	1		1
Typho-Malarial.....	2	2	2	2	2	2	4
Scarlatina.....							
Small-Pox,.....							
Diphtheria.....	32	8	18	22	2	38	40
Whooping-cough.....	1	2	1	2		3	3
Meningitis.....	4		4		2	2	4
Pneumonia.....	15	10	15	10	8	17	25
Bronchitis.....							
Consumption.....	40	33	38	35	71	2	73
Congestion of brain.....	9	3	6	6	6	6	12
Diarrhœa.....	8	5	4	9	9	4	13
Cholera infantum.....	9		3	6		9	9
Dysentery.....	6	2	7	1	6	2	8
Debility, General.....	4	2	1	5	6		6
“ Senile.....	12	12	9	15	24		24
“ Infantile.....	6	4	5	5		10	10
All other causes.....	199	92	177	114	175	116	291
Total.....	369	182	305	246	352	219	551

Stillborn children—White, 24; colored, 17; total, 41.

Population of city—White, 180,000; colored, 68,000; total, 248,000.

Death rate per 1000 per annum for month—White, 24.55; colored, 32.11; total, 26.66.

DIPHTHERIA RECORD FOR OCTOBER, 1888.

Dist.	CASES.			DEATHS.		
	White.	Colored.	Total.	White.	Colored.	Total.
1	6	.....	6	3	.....	3
2	25	9	34	10	3	13
3	21	2	23	8	2	10
4	18	.....	18	6	.....	6
5	8	5	13	3	3	6
6	10	.....	10	2	.....	2
7	.....	.....	.....	.....	.....	.....
	88	16	104	32	8	40

HENRY WM. BLANC, M. D.,
Chief Sanitary Inspector.

METEOROLOGICAL SUMMARY—OCTOBER.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in inches and hund.	GENERAL ITEMS.
		Mean	Max	Min		
1	30.02	67.0	79.0	61.0	.....	Mean barometer, 29.974.
2	29.88	71.0	84.0	63.0	.....	Highest barometer, 30.23, 29th.
3	29.98	66.0	78.0	62.0	.....	Lowest barometer, 29.73, 10th.
4	29.96	66.0	82.0	60.0	.....	Monthly range of barometer, 0.50.
5	29.86	71.0	84.0	64.0	.....	Mean temperature, 67.9.
6	29.86	74.0	86.0	68.0	.....	Highest temperature, 87.0, 16th.
7	29.94	69.0	76.0	64.0	.....	Lowest temperature, 54.7, 12th.
8	29.91	64.0	77.0	57.0	.....	Monthly range of temperature, 32.3.
9	29.86	68.0	77.0	63.0	.....	Greatest daily range of temp., 23, 15th.
10	29.76	68.0	77.0	64.0	.....	Least daily range of temp., 5.8, 24th.
11	29.84	60.0	74.0	56.0	.....	Mean daily range of temperature, 16.2.
12	30.02	64.0	78.0	55.0	.....	Mean daily dew-point, 61.0.
13	30.02	68.0	80.0	60.0	.02	Mean daily relative humidity, 79.0.
14	30.05	64.0	79.0	60.0	.....	Prevailing direction of wind, north.
15	29.96	71.0	85.0	62.0	.....	Highest velocity of wind and direction, W., 26 miles on 11th.
16	30.00	74.0	87.0	69.0	.....	Total movement of wind, 5349 miles.
17	30.10	72.0	84.0	68.0	.....	Total precipitation, 7.36 inches.
18	30.15	70.0	84.0	65.0	.....	Number of days on which .01 inch or more of precipitation fell, 7.
19	30.08	71.0	82.0	66.0	.....	No. of clear days, 17. No. of fair days, 9. No. of cloudy days, 5.
20	30.00	71.0	84.0	67.0	.....	MEAN TEMPERATURE FOR THIS MONTH IN
21	29.98	66.0	80.0	62.0	.....	1874... 70.2 | 1879... 72.2 | 1884... 74.4
22	29.92	70.0	75.0	65.0	3.99	1875... 66.9 | 1880... 67.9 | 1885... 65.7
23	29.93	66.0	75.0	64.0	1.18	1876... 67.4 | 1881... 75.2 | 1886... 69.5
24	29.98	64.0	68.0	62.0	.20	1877... 69.9 | 1882... 73.3 | 1887... 68.1
25	29.84	66.0	72.0	62.0	1.42	1878... 70.9 | 1883... 75.4 | 1888... 67.9
26	29.88	68.0	78.0	64.0	.....	TOTAL PRECIPITATION (IN INCHES AND HUNDREDTHS) FOR THIS MONTH IN
27	29.92	71.0	75.0	69.0	.31	1874... T | 1879... 1.36 | 1884... 5.60
28	30.09	71.0	78.0	69.0	.24	1875... 2.09 | 1880... 1.88 | 1885... 0.56
29	30.18	62.0	72.0	58.0	.....	1876... 0.24 | 1881... 4.84 | 1886... 0.22
30	30.12	62.0	75.0	57.0	.....	1877... 9.15 | 1882... 2.16 | 1887... 4.71
31	30.11	66.0	80.0	60.0	.....	1878... 5.07 | 1883... 3.43 | 1888... 7.36
Sums	.....	.....	.....	.....	.....	Dates of frosts: { Light, none.
Means	29.974	67.9	78.9	62.7	7.36	{ Killing, none.

R. E. KERKAM, *Signal Corps Director.*

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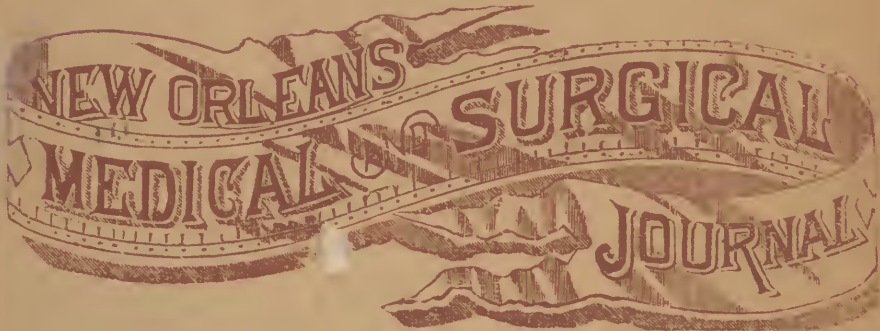
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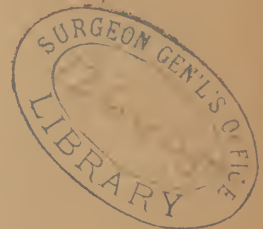


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*Paullum sepultus distat inertia
Celata virtus.—HORACE*



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NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

JANUARY, 1889.

ORIGINAL ARTICLES.

No paper published or to be published in any other medical journal will be accepted in this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

A Case of Partial or Local Melasma.

BY DR. JOHN DELL'ORTO, New Orleans, La. Read before the N. O. Medical and Surgical Association.

First.—On the evening of the second day of the month of December, 1887, I was asked by an Italian lady to go and see her daughter, who had been suddenly attacked with an unusual disease of the skin, and seemed to be very sick. The patient was a young white woman of 27, a native of Italy, and a resident of this city for many years. On the 29th of November she was confined of her third child. Three days afterwards—that is, early in the morning of the 2d of December, she complained of pains in the lower abdomen. Her midwife ordered local application of laudanum, and a poultice of ground slippery elm. At 3 o'clock P. M. the old mother commenced to rub the hypogastric region of the puerpera with the *stuff which she had bought at the drug store*, and then she applied the poultice. As soon as the poultice touched the skin the patient felt such a burning and painful sensation as to cause its immediate removal. To her astonishment the mother

discovered that the skin had become as dark as charcoal. At 6 o'clock I reached the house. There was a general alarm in the family, some accusing the midwife of having prescribed a wrong medicine, others blaming the druggist for having given the wrong drug.

On visiting the woman I found a circular black patch of about 4 inches in diameter, occupying the hypogastric region, where the rubbing had taken place. This dark coloration was thick, going as deep as the malpighian web, and looking like the natural color of the skin of a negro woman; the skin itself was the seat of great pain, but it did not present any ulceration, nor any symptoms of external injuries.

The general appearance of the patient was good. She was rather frightened and nervous, but she was not feverish, and the pulse was normal. The womb was well contracted, and lochia were abundant. I then examined the laudanum and slippery elm in order to see whether they contained any spurious irritating principles, but I found them perfectly pure. I rubbed very roughly my own hands with the laudanum, without feeling any bad sensation. After having satisfied myself and the family, that the disease was a natural one and not serious, for which nobody could be blamed, I proceeded to the treatment, which was very simple: A sedative mixture to be taken during the night and local application of vaseline. The hyperæsthesia gradually subsided; in two days the skin commenced to peel off, and at the end of one week the dark color had faded away completely.

Second.—I bring this case before the Association because I consider it a very interesting one clinically, and perhaps unique in medical literature. There are several points to which I want to call your special attention:

1. The sudden appearance of the disease produced by a traumatic cause—the act of rubbing.

2. The hyperæsthesia of the papillæ nervosæ as the immediate result of the stimulating effect of that mechani-

cal act. The skin was extremely sensitive and painful, like a neuralgia or a toothache.

3. The consecutive irritation of the chromatic vessels, which caused a sudden metamorphosis in the chemical elements of the coloring matter, and a rapid deposit of black pigment, not only on the most superficial stratum of the derm, but in the cellules of mucous body of Malpighi. The reason that makes one believe that this pigmentation was so thick is the curious sensations that I felt with my finger. The afflicted surface was as smooth and glossy as a looking-glass, and when I touched it I felt the same sensation that a person feels when he puts his finger on a looking-glass—he finds out its thickness.

4. The prompt return of the natural color through exfoliation of the skin and exosmosis.

Third.—The medical literature of melasma is rather poor. Though it is not my intention to go far into the subject I believe that a few remarks on several accounts of cases which I have been gathering may be instructive and not out of place in this paper.

From the classical work on dermatopathology, published by my beloved teacher, Prof. Pasero of Turin, I learn that melasma has been divided by the authors into two grand classes—congenital and accidental. Both classes were subdivided into general or constitutional, and partial or local. Women are more subject to melasma than men.

Fourth.—I will classify this case of mine among the partial and accidental, and call it melasma of the pubis.

There are recorded two cases of melasma of the pubis—one by Haller, and the other by Pasero, who observed it in the Island of Sardinia about 40 years ago. Both were women. As I did not find any detailed histories of these cases I cannot say whether they are analogous to mine or not; they might have been congenital and permanent.

Remarkable is the case of partial, accidental melasma reported by Lerat, of a lady whose face became completely black during three consecutive pregnancies, looking

like a beautiful statue of alabaster with a head of black marble. After confinement the natural color gradually returned through exosmosis, and a profuse transpiration which stained the clothes of the woman.

In the class of local accidental melasma ought to be placed those cases of dark coloration of the skin around the nipple of the breast of certain women during lactation. Partial melasma may be called the tatouage that is practiced by many nations of Africa and Asia.

In 1828, according to Pasero, there was in Paris a curious epidemic. The patients were suddenly attacked with erythematous patches on the thorax, on the abdomen and the extremities of the fingers and toes, which soon turned black. They complained at the same time of severe pains all over their limbs, and of an extremely burning sensation in their feet. This disease did not last long. After a few days the skin peeled off and the natural color returned. The attending physicians supposed that the pigmentation was symptomatic of a diseased condition of the blood, which they called *ærodië*, a disease which Pasero believes to be analagous to pellagra.

Fifth.—General accidental melasma. A sudden terror caused a general melasma in a lady, who was suffering from amenorrhœa, and was under the care of Dr. Bayer.

The same author speaks of a similar case which he observed in a sailor, after a long attack of intermittent fever.

Rostan reports a case of an old lady of 70, whose skin became black during one night, on account of a sudden grief.

Sixth.—The most wonderful are the cases of general congenital melasma. General congenital melasma means that a white father and a white mother may procreate a negro child, due to the influence of the imagination of the mother on the fœtus. It seems that such an accident occurred during the days of Hippocrates, many years before Christ. A lady gave birth to a negro child from the simple

fact of having looked at the picture of a negro man during the moment of conception.

Albrecht speaks of a lady who, at the eighth month of pregnancy, fell under the ruins of a burning house and had a narrow escape from death; one month after she was confined with a child as dark as charcoal.

Plutarch, in the third volume of his moral works, says that a Grecian woman having given birth to a black infant, was accused of adultery. After a thorough investigation she was found innocent, because it was discovered that she was a descendant from an Ethiopian four generations back.

Geoffrey de St. Hilaire, a more modern and sceptical man, is rather incredulous; he prefers to give to these curiosities a more natural and material explanation. And we, who are still more modern, and perhaps as sceptical as Geoffrey de St. Hilaire, are inclined to the same opinion. Nevertheless, when we think of the cases of Bayer, of Rostan, of Lerat, when we look with impartial eyes at the extraordinary results which have lately been obtained through hypnotism upon the human mind, our scepticism must give way, and we are compelled to accept, at least with the benefit of the doubt, these congenital cases.

In a sudden fright or grief, if the state of pregnancy may, in peculiar and incomprehensible ways, alter the color of the skin of a woman, why should not the same happen to the fœtus, which is an integral part of the organism of the woman herself?

These facts are of course puzzling, as the causes of many phenomena of life are wrapped in mysteries as dark as the color of the negro race.

Retention of the Dead Fœtus.

By W. H. WATKINS, M. D., New Orleans, La.

On June 29, 1888, I was called to see Mrs. R., aged 41 years. She laughingly said that as nine months had elapsed since the disappearance of her menses she had

fixed on that day for her confinement, and had sent for me to ascertain why the event did not take place.

Mrs. R. is the mother of several children, is moderately stout, but not corpulent, and looks younger than her age would warrant. Her complexion is clear and ruddy. Owing to the absence of any objective symptoms I told her that my opinion was that she was not pregnant.

She then stated that at the time she ceased menstruating all of the symptoms of pregnancy came on, including development of the breasts, enlargement of the abdomen, and morning sickness, but that at the expiration of four months and a half these suddenly disappeared, but the menses did not return.

On the day before I was called to see her she had noticed an unnatural discharge from the vagina, a sort of yellowish bloody water, never flowing in large quantities, but sufficient to stain her clothing and render her uncomfortable. At the time of my visit the discharge had ceased, but as she feared its recurrence she wanted to consult me as to what measures to institute in case of its return. Ascertaining that the discharge was not at all offensive I merely advised irrigation of the vagina with tepid water.

On the following day I was hurriedly summoned to her. Reaching the house I found her lying upon her bed fully dressed. She said that she had slept well until about 5 o'clock in the morning, when a sharp abdominal pain aroused her. No pains followed, and after resting a short time she had dressed herself and attended to her usual household duties. Everything seemed natural until a short time before I was sent for, when she discovered a slight discharge of blood from the vagina, and experienced a sensation as though something was distending the vagina and forcing its way out of the vulva.

Just within the vulva I found a movable mass, which I drew from her. It was a placenta with membranes *intact*. The placenta showed evidences of recent attachment to the uterus over its entire surface; only at one edge was

any indication of hemorrhage, and here was a blood-clot, weighing not more than half an ounce. The entire detached portion of the placenta presented an uneven yellowish-white appearance, and was tough and fibrous to the touch. The membranes were nearly opaque and of a muddy brown color. Within the sac could be felt an irregular mass, apparently floating in fluid about the consistency of molasses. On rupturing the sac a thick brownish fluid of a sickening, but not putrid smell, was evacuated, and a shrivelled fœtus, flattened and quite hard, was found. The fœtus was entire and of a dirty brown color, in length about five inches. The umbilical cord was about eight inches long, was round and hard, and about the size of ordinary wrapping twine.

On calling on Mrs. R. the next day I found her up and attending to her usual vocations. She said that within an hour after my visit she had gotten out of bed, and since then had not experienced the slightest inconvenience. Her convalescence was uninterrupted.

Here we have a case where a dead fœtus had been retained for fully four months and a half without appreciable discomfort to the mother, thrown off at the time normal pregnancy would have terminated and without the least debility following.

The causes of death of the fœtus in utero are numerous. It may be caused by faulty development of the fœtus itself, the annexes of the fœtus, cord, placenta and membranes; general diseases of the mother; inherited diseases from the father or from direct or indirect violence. Probably no diseases of the mother are as liable to cause death of the child in utero as those where excessive or prolonged high temperature are manifested. But in the case under consideration it is not so much the cause of death of the fœtus, but its retention after death that we propose to discuss.

When death of the fœtus is caused by acute disease or traumatism expulsion is usually rapid. If, however, the

cause acts gradually, the changes taken on seem to accommodate the uterus to its contents, and the usual putrefactive changes incident to death in other situations do not occur. However, we believe that one condition must always be present: death must commence at the fœtus and not involve the placenta. Indeed we believe that even the cord near or at its insertion into the latter must be alive as regards its elements even though it does not perform its function. The placenta ceases to be supplied with blood for any other purpose except its own nutrition; degeneration of the larger vessels occurs; there is a deposit of matter which causes this organ to assume appearances altogether different from its normal character, and it becomes firm and yellowish-white. In the case under consideration that portion of the placenta covered by the membranes was not even discolored by the brown contents of the sac.

On looking up the subject of retention of the dead fœtus in utero one is struck with the extreme limits of this possibility. Numerous instances are recorded where more than six years have elapsed, and one instance is mentioned where the time was extended to thirty-two years. It is not unusual to have them retained for two or three months, but the greatest majority are expelled within fourteen or sixteen days.

The appearance of the dead fœtus after its retention has been prolonged varies with the stage of fœtal life it has attained. Lempereur, Sentex and Ruge have so thoroughly described these changes that their classification must be accepted:

1st, dissolution; 2d, mummification; 3d, masceration: 4th, putrefaction; 5th, peculiar alterations of doubtful nature.

Dissolution occurs within the first two months of fœtal life. The amniotic fluid then appears, more or less milky, and in a state of emulsion. The placenta may continue to develop and becomes converted into one or another form of uterine mole.

Mummification, at the second period of intrauterine life, is a particular change, entirely distinct in form from those which precede or which follow. The embryo, endowed with a greater force of resistance, provided with an osseous frame, frail and incomplete, it is true, but nevertheless solid, composed of newly organized elements, which already have a fixed texture, does not liquefy; it preserves its first form, except its volume, which suffers a proportional reduction. This is mummification—withering, emaciation, contraction, drying up of authors. The tissues, yet soft, are condensed under the influence of this prolonged masceration in a saline fluid; they diminish in volume, are reduced to a thinner layer—in a word, are shrivelled up. The amniotic fluid may end by disappearing, leaving on the embryo a sediment analagous in appearance to the deposit of overflow water.

Masceration is the most frequent of alterations and the most varied in its forms. It differs from putrefication in that decomposition proceeds slowly, without production of gas, without odor, without green cadaveric tinge, and never involves the mother in those formidable consequences to which true putrefication exposes her. The shape of the cadaver is peculiar; the thorax, as it were, being flattened out, and, owing to the limited amount of amniotic fluid, the pressure of the uterus causes the impress of the limbs upon the trunk of the child. The head is sometimes flattened laterally, so as to be shaped like an almond. There is no odor of a nauseating character about the fœtus. It is simply stale.

Lempereur, who admits that the dead fœtus may be retained an indefinite time beyond term, calls attention to changes under those circumstances known as ossification, petrification and saponification.

THERE are not many medical societies in this country, which, like the New Hampshire Medical Society, can point to a record of *ninety-eight* annual series. The transactions are valuable and the discussions of interest.

HOSPITAL REPORTS AND CLINICAL NOTES.

SURGICAL MEMORANDA.

By RUDOLPH MATAS, M. D., Visiting Surgeon, Charity Hospital, New Orleans.

OBSERVATION I.

Contusion of skull without appreciable fracture; symptoms point to pressure on excito-motor region of cortex; trephining; negative results of exploration excepting some evidence of subdural or meningeal hemorrhage. Recovery.

Joseph Sanders, a strong, healthy colored boy, aged 18 years, driver by occupation. Admitted in ward 2, Charity Hospital, April 12, 1886. Patient was led to the ward by his sister, who explained that two days before admission patient had been struck a blow on the left side of the head with a heavy stick, which had knocked him senseless. He recovered quickly, however, from the immediate effects of the blow, and succeeded in reaching his home without difficulty. For several hours after the occurrence he felt tolerably well, with the exception of great soreness at the seat of injury. His mind was perfectly clear, and he gave no evidence of mental disturbance. After the lapse of several hours, however, he began to change; he grew morose and stupid; he gave "queer" answers, and staggered like a drunken man whenever he walked. This condition continued to the time he was brought to the ward for treatment. Here the writer subjected him to a close examination.

The patient sat motionless, with his eyes closed and his chin resting on his breast, in a very soporose state. He would speak only when persistently questioned, and then very little and incoherently. Could not tell his name correctly; called himself several other names. On further examination it was noticed that he only moved his left arm and leg, the right extremities lying motionless all the while. By rousing and fixing the attention of the patient the left arm and left leg could be placed *voluntarily* in any required

attitude. On the right side this could not be done without support, and whenever this was removed the limb dropped at once in a palsied, inert manner. Voluntary motion is not entirely abolished; paresis only existing; anæsthesia marked in both upper and lower extremities. Examination of the cranium reveals a tumefaction of the scalp over the left parietal eminence, about one inch from the sagittal (to the left) and about two and one-half inches behind the bregma. No depression can be felt anywhere at the site of injury. Temp. 99, P, 78. The patient was immediately put to bed and cold iced compresses applied to head over the tumefaction.

The next morning, April 13, as the patient presented no signs of improvement, but, on the contrary, was worse, I decided, with the concurrence of several colleagues of the house staff, to trephine over the site of injury, and to remove, if possible, the cause of trouble, which was suspected to be either depressed bone or a blood clot. The scalp was shaved and scrubbed with bichloride solution; and without any anæsthesia, for the patient was now almost comatose, a large trap-door incision was made through the scalp to the periosteum, and the crown of a large Galt's trephine applied over the left parietal eminence, at a point where the now denuded bone appeared to have been very slightly indented. After the removal of the disk, the dura presented itself, bulging at the opening, and of a color darker than usual; the needle of an exploring syringe was now introduced for a distance of over one inch beyond the level of the dura and then gradually withdrawn. As this was done the chamber of the syringe was filled with blood. The needle was again introduced in another direction and again the syringe was removed full of blood. After the removal of the needle a considerable amount of blood trickled from the puncture and the dura appeared to bulge less prominently.

It was now decided that a blood clot, subdural or meningeal, was the probable cause of trouble and that it was more

prudent to leave the dura mater without incision, especially in view of the fact that speech seemed to be markedly affected, indicating a probable extension of the clot or hemorrhage toward the lower borders of the Rolandic region and forward and downward toward the Island of Reil and the external inferior aspect of the frontal lobe. If the supposition was correct, it would have been a most hazardous procedure and one of questionable propriety, to have extended the trephine opening any further or to have attempted the extraction of the blood clot, if such existed. For this reason a careful antiseptic dressing was applied to the wound and the patient sent back to the ward. He barely complained and gave no evidence of pain during the whole procedure, which he stood throughout without anæsthesia.

Mr. George H. Lea,* then resident interne of the service, who largely and most intelligently conducted the after treatment of the case, took the following notes:

April 14, morning—Day after operation. Patient's condition improved. Has passed a very quiet night. Answers questions intelligently, but does not speak spontaneously; has to be urged to answer; can move his right arm and leg by willing it; sensibility much greater than yesterday all over the affected region. He still shows evidence of paresis. Pulse 64, T. 98½.

Evening—Asks for food, specifying eggs and butter-milk; is more disposed to converse; begins to realize his condition and surroundings, though is not as interested in them as he should be.

April 15—Temperature, 100; pulse, 72. Patient quite talkative. Some blood and serous discharge has soaked through dressings; they are changed with antiseptic precautions. No paresis or anæsthesia of the extremities.

April 16—Shows greater tendency to sleepiness than yesterday; right arm not as well controlled by the will

* Now Dr. George H. Lea, Demonstrator of Anatomy of the Galveston Medical College, Texas.

Patient is costive, and one drop of ol. tigllii with one drachm of castor oil is administered. This, with the assistance of a large enema, produces a large evacuation. Kidneys acting very freely, and patient gets out of bed to urinate without assistance, but appears too indifferent as to whether he urinates in the chamber or on the floor.

April 17—Mind clear this morning, and gives a detailed account of the manner in which he was hurt. Recognizes Dr. Matas, who has been absent three days.

April 20—Patient continues to do well in every respect. The head bandage has been changed; some suppuration in spite of stringent precautions. Slight œdema of the eyelids noticed; no albuminuria; fear erysipelas, but temperature is $98\ 4\text{--}5^{\circ}$; the pulse full, strong and slow.

April 22—The œdema of the lids is almost gone. No erysipelas. Wound granulating, but an abscess from glandulitis of the neck (secondary to wound) develops in left post-cervical region. Abscess evacuated, leaving some induration and stiffness of the neck.

April 28—Patient is discharged well.

Remarks—The history of this case would suggest the diagnosis of meningeal or subdural hæmatoma. The remarkable features are: that the patient presented distinct evidences of a large and well localized cortical compression; the condition was associated with stupor that was rapidly progressing toward coma; trephining over a spot corresponding very closely to the upper extremity of the fissure of Rolando was followed by rapid, almost immediate improvement. The dura was not incised, but considerable blood was abstracted by the exploring syringe and mainly by subsequent oozing through the puncture in the membrane (over 2 ounces in all). Diminished tension of the dura very likely followed the removal of the disc of bone. The question that now arises is, was the prompt and marked relief of the symptoms due to the operation or was it independent of it? The tendency is to attribute the recovery to intervention, though it must be candidly admitted that

it is remarkable that an operation so moderate as this should have so greatly influenced and so rapidly altered for the better, a grave and extensive condition like the one presented by this patient.

OBSERVATION 2.

Traumatic epilepsy associated with caries and necrosis of the left temporal and frontal; trephining and gouging of necrotic area. Death in an epileptoid fit one month after operation. Autopsy negative.

David Wilkie, white, laborer, aged 29 years, native of Glasgow, Scotland; admitted in ward 8, December 16, 1886. This patient, who is an intelligent, muscular man, and apparently healthy, though pale, stated that two years before admission he had been struck with a sledge hammer on the left temple. He had been knocked senseless by the blow and had been a long time in recovering consciousness. He stated that the wound produced by the injury had healed, but a few months afterward an abscess had developed at the seat of injury, which was evacuated by a surgeon, but never healed. His general health had not suffered very perceptibly since the injury until one year after the occurrence, when he was first stricken with a fit, which, after several repetitions, was recognized as epileptic by some physician whom he had consulted. These attacks were repeated at irregular intervals, sometimes coming two or three times a month and at times leaving him undisturbed for six or eight weeks.

At the time he was first examined by the writer he had been for some time in the ward, and had taken the bromides and other preparations with some benefit, though the attacks would return whenever he neglected to take medicine. At the time of examination the patient presented no notable general peculiarity, excepting the slight pallor of the skin already noted. The patient complained of nothing, excepting a circular ulcer, which attracted immediate attention to his left temple. The ulcer was punched out and extended through the whole thickness of the soft

parts down to the bone, which was seen completely denuded and bathed with a purulent discharge, which would have become offensive had the patient neglected to keep it clean by frequent antiseptic washings. The ulcer measured about one inch in diameter, and was situated (its anterior and superior border) on a level with the temporal ridge of the frontal, at its juncture with the external angular process of the same bone. By introducing a blunt-pointed probe it was discovered that the ulcer was undermined throughout its circumference, the probe passing for over one inch under the soft parts and touching the denuded and necrosed bone; this denudation extending a little further towards the ear and into the temporal fossa.

April 14—Shortly after the writer had taken charge of the service, the patient was placed under chloroform and two incisions were made through the edges of the ulcer sufficiently long to form two flaps, which, when lifted, permitted a thorough inspection of the diseased field. The crown of a large trephine was now applied over the centre of the necrosed area, about three-fourths of an inch back of the external angular process of the frontal, and a disc of bone removed. The dura was exposed and presented a normal appearance; the necrosis had barely reached the vitreous plate, and this fact accounted for the healthy appearance of this membrane. A hypodermic needle was now introduced through the dura into the brain substance below, for the distance of one and one-half inches with the view of exploring for any possible anomalous subdural accumulation, but in the two trials made the exploration gave negative results, as was anticipated. The diseased bone was now attacked with the chisel and gouge-forceps until all the necrosed lamina was removed and healthy bleeding bone tissue reached. The edges of the ulcer, which had become hardened and cicatricial, were pared and the flaps which had been dissected off were replaced and sutured. A carefully prepared antiseptic dressing was placed over the whole.

No noticeable effects followed the operation. The patient said that he felt better and relieved of a dull headache, which had affected him for some time before the operation. The week after the operation the dressing was removed, and the wound was found healthy and granulating, granulations springing from the dura mater and surrounding parts. The wound was redressed, and the patient sat up. He had had no "fits" thus far, and he was entertaining great hopes that he would never suffer with them again. On May 10 he was seized, much to his consternation, with a most formidable attack, which was well observed by the nurse, and which had all the characteristics of an epileptic fit. The wound, which thus far had been doing exceedingly well, was again examined and found to present no unusual phenomena. Bromide of potassium, in combination, was again ordered, but unfortunately during the course of the next night the patient was again seized with another convulsion, or series of convulsions, which ended with his life while in a comatose condition.

The next day a systematic cadaveric examination was made by the writer, assisted by several colleagues and students. Marked evidences of cerebral hyperæmia existed. The cortex and meninges were otherwise perfectly normal, the dura only showing a granulating circular area, corresponding to the point where the disc of bone had been removed. The gross appearance of the whole brain and of its vessels appeared to indicate health outside of the congested state of the bloodvessels. The lungs, heart and abdominal organs were practically healthy. The kidneys, which were especially examined, revealed no abnormality; the urine was albuminous, as had been observed during life. The specific gravity a few weeks before death had been noted to fluctuate between 1016 to 1018.

The cause of death, outside of asphyxia from spasm of the respiratory muscles, has remained obscure to this day in the mind of the writer.

CORRESPONDENCE.

LONDON LETTER.

[Our Regular Correspondent.]

The London Consultants and the British Medical Association:—The memorials presented to the council of the British Medical Association, asking it to take immediate action to remove from the association and the profession at large discredit incurred by the publication in the *British Medical Journal* of a fac simile of the late Emperor Frederick's handwriting, has been the chief topic of conversation for the last three weeks. The memorial was got up by a committee consisting of Sir Joseph Lister, Mr. Savory, the President, and Mr. Bryant and Mr. Tom Smith, members of the Council of the College of Surgeons, the Treasurer of the College of Physicians, and two fellows, Dr. Levering and Dr. Mathews Duncan. It was signed by a good many physicians and surgeons in London, and, after its publication in the *Lancet*, by a few practitioners in the country. The publication of the fac simile was stated to be despicable because it was a breach of professional confidence, and it was a breach of professional confidence because it contained an expression of the patient's opinion of the skill of one of his attendants: "The same Hovellput tried, before Bergmann ill-treated me." The editor of the *Journal* stated that the script came into his hands under circumstances which led him to believe that it was not a breach of professional confidence, but expressed regret that he had done so, as it had given offence. The council of the association met and adopted a resolution of the above scope, though the majority of the provincial members wanted to take a stronger line.

Some of the memorialists are not satisfied, but intend to continue the agitation, with the avowed object of preventing the *Journal* in future discussing "medical politics." It is in fact another attempt to get the organ of the general practi-

tioners under the thumb of the London teachers and consultants. The *Pall Mall Gazette*, which lives upon scandal and is altogether a disgrace to honorable journalism, eagerly seized upon and has tried to make as much capital out of it as possible. The *Lancet* has done the same, and the *Standard*, that highly moral organ which printed the proofs "conveyed" from some source unknown to the publishers has solemnly rebuked the editor for "his blunder." What the final upshot will be is difficult to foresee, but it is possible that the split may become serious, as the council of the association is hardly likely to allow itself to be dictated to entirely by a handful of London agitators, whose management of the College of Surgeons, and also to a less extent of the College of Physicians, has been criticized in the *British Medical Journal*.

The Merton and the Bradshaw Lectures.—The two lectures, "the Merton" and "the Bradshaw," recently delivered at the Royal College of Surgeons, were well attended. Sir Spencer Wells, who delivered the former—a new foundation for a lecture on Cancer and Cancerous Diseases—accepted the doctrine that cancer is really increasing with great rapidity in this country. Mr. Jonathan Hutchinson, who gave the Bradshaw lecture, enlarged on an old hobby of his, the value to museums of collections of drawings and models. He himself possesses one of the largest collections of drawings and photographs anywhere to be seen; he has a drawing and photograph made of every rare case which he meets with here, and is the recipient of many presents from practitioners who know his taste. He is a believer in the importance of studying rare cases, believing that they often throw much light on ordinary pathological processes; that they are, as it were, chemical experiments which nature makes for us.

Drainage of the Pericardium.—Dr. Dickinson has recently related to the Clinical Society a successful case of purulent pericarditis treated by incision and drainage. This is said to be only the third case on record in which

the operation has been followed by recovery, but as the disease is almost hopeless if left to nature the surgeon is fully justified in resorting to the knife. Dr. Dickinson's patient was a boy aged 10. The first case (Prof. Rosenstein's) was also a boy aged 10. The second case (Dr. Samuel Wert's) was a boy aged 16. Dr. Dickinson aspirated three times before the ordinary incision and drainage, but on each occasion the pus rapidly re-collected.

A Streptococcus Febris Puerperalis.—Dr. W. R. Smith, working in the laboratory of the Brown Institution, has isolated a micrococcus from the blood of two patients suffering from puerperal fever. Inoculated into mice it led to their death in two or three days, and micrococcus being recoverable from their blood; inoculated into the ears of rabbits it produced a transitory redness. He considers it to be distinct organism, and not either the *erysipelas streptococcus* of Fehleisen, or the *streptococcus pyogenes*. None of the subsequent speakers seemed disposed to accept the theory that puerperal fever is also one and the same, and always specific, if indeed it be ever specific in a strict sense. The bacteriologists have not yet examined Dr. Smith's work, the value of which depends upon whether his streptococcus is a different streptococcus from everybody else's streptococcus.

Cows and Scarlet Fever.—The same question has come up about cows and scarlet fever. Prof. Brown, Veterinarian to the Agricultural Department of the Privy Council, has issued a report, which is practically a defence of the impeached cows. He disputes Mr. Power's story of the origin of the epizootic at Hendon, upon which the theory that scarlatina may be produced by the milk of cows suffering from a slight udder disease now mainly rests, and sarcastically suggests that the conflicting theories founded by Dr. Klein, Prof. Crookshank and Prof. MacFadyean and Mr. Edington on their respective experiments, might be reconciled if only Dr. Klein would allow his *strepto-*

coccus scarlatina to be CALLED streptococcus pyogenes. Prof. Crookshank, he adds, says that Dr. Klein's streptococcus is only an ordinary member of a group of septic micrococci; and Dr. Klein says of Mr. Edington's bacillus that it is only an ordinary septic bacillus.

Oxford University.—Oxford University has 3100 undergraduates this year as against 2972 last year. Of this number perhaps forty or fifty are medical students, for Oxford, though the oldest university, is the youngest medical school in the United Kingdom. Its medical degree is still an honorary degree, but the infusion of a larger, though still small proportion of men, trained under such men as Burdon Sanderson, and in the atmosphere of Oxford, will be of incalculable advantage to the profession in this country. Oxford has now heartily taken up the system of "University Extension" lectures by which the clerks and artisans of all our large towns are reached. During the past year courses of lectures have been delivered in fifty-two towns by twenty-two lecturers. Thirty-six of these have been delivered on history, twenty-six on literature, fourteen on natural science, four on political economy, two on art. The courses have been attended by 13,036 students. Among other donations, five scholarships of £10 have been given to students, to enable them to reside for a short term of study in Oxford. Towards the expenses of the work the University contributed £387 10s. for secretary and clerk's work; while the local committees paid for lectures, etc., £2329.

A Quinquennial Census.—A census is taken in the British isles every ten years; already preparations are being made for the next census in 1891. A deputation waited on the Chancellor of the Exchequer and the President of the Local Government Board, on December 11, to urge the propriety of taking the census in future every five years. A correct and minute census is of great use for a variety of social and sanitary purposes, and a decennial period is too long. At the present time the Registrar-Gen-

eral of Births, Deaths and Marriages has had practically to admit this by ceasing to put out estimates of population for all the smaller towns. In 1881 it was found that the estimates given for some of the large towns was 11 and even 18 per cent. wrong. This, of course, throws the death rate out. The first regular census in modern times was, it appears, taken in Sweden in 1749, and was repeated every three years. Since 1775 the census in that country has been quinquennial. It appears that the original constitution of the United States decreed a decennial census, the first being taken in 1790, but many of the States take an intermediate census. In France the census has been quinquennial since 1835; in Germany since 1866, and the same period is observed in New Zealand, Greenland and Manitoba.

Professor Huxley.—The Royal Society's Copley medal was presented on St. Andrew's Day to Prof. Huxley, who, however, was not strong enough to attend the quarter anniversary meeting, so that the presentation had to be made in private. The medal was stated to be presented "for his investigation on the morphology and histology of vertebrate and invertebrate animals." Another member of the medical profession, Baron Ferdinand von Mueller, was the recipient of a royal medal "for his investigation of the flora of Australia." The other royal medal was awarded to Prof. Osborne Reynolds "for his investigations in mathematical and experimental physics." At the annual dinner, held later in the day, the toast of "The Guests," given by Sir John Lubbock, was acknowledged by the American Minister, Mr. Phelps.

Mr. Gladstone still "keeps his mind open" about vaccination. Under the law as it stands there is, he pretends to believe, "both hardship and inequality." There may be hardship to parents of the more crossly stupid type, but there is no inequality. The G. O. M., however, is all things to all men if perchance he may catch some—votes.

Schubert, the musician, was disinterred for the second

time the other day and his skull was measured again. was pronounced larger, longer and broader, but flatter than the average German cranium.

The demand for American honey is said to be rapidly falling off in this country, owing to the extensive prevalence of adulteration with glucose. Some of the stuff exported in recent years is described as more like refined molasses than the delicate produce of the bee.

It is reported by the botanists at Kew Garden that it has at length been found possible to raise sugar cane from seed, and hopes are held out of new varieties richer in saccharose.

PARIS LETTER.

[Our Regular Correspondent.]

MM. Gilbert and Léon have studied the hepatic lesions which are observed in rabbits after inoculation, through the mesenteric veins, with tuberculous cultivations. These authors experimented on twelve animals. Several of them were put to death one or several days after the inoculations. The others died in from three to five weeks, after wasting gradually, and frequently presenting considerable œdema in the posterior members. At the necropsy tuberculous lesions were detected in the liver and spleen. The other organs were intact. The liver was considerably hypertrophied, and weighed from 100 to 170 grammes. It was pale and presented small, whitish granulations on the surface of the sections and beneath Glisson's capsule. A luxuriant new growth replaced the normal tissue and predominated at the periphery of the lobules. In certain parts it was so disposed as to separate the lobules into two distinct parts—one central, round the intralobular vein, which was almost intact; the other peripheral, close to the portal spaces, from which all vestiges of glandular structure had disappeared. In certain parts the new growth formed careous areas. In some places they were irregularly disseminated; in others they formed isolated or con

glomerate noduli, often surrounded by conjunctival capsules. They were composed of a protoplasmic, slightly granulous body, and one or more nuclei; some resembled epithelial cells, others giant cells and others presented all the intermediary forms between simple epithelial cells and voluminous giant cells furnished with central or peripheral nuclei, and disposed in a series of necklaces.

The round cells, which helped to constitute the lesions were disseminated in the midst of the irregularly disposed new formation, and in certain cases were collected round the noduli, invading the walls of the biliary ducts, and forming several intracapillary collections.

The tuberculous bacilli were absent in the centre of the lobules, the only healthy portion of the hepatic parenchyma. They swarmed in the tuberculous regions, being rare in the careous portions. They presented themselves in colonies, collected round small vitreous balls, which were contained in the epithelial and giant cells. They pushed the nuclei outside from the cells. The hepatic lesions correspond to the increase of the bacilli; where these ceased to exist they disappeared.

Examination of the liver of a rabbit, which was put to death twenty-four hours after inoculation, showed that a considerable number of bacilli had remained in the capillaries, near the spaces. They were disposed in bundles or rows, in the same direction as the flow of the blood. Colonies first appeared on the fourth day and multiplied rapidly. On the seventh day the tuberculous lesions appeared in the endothelial vascular cells and in the leucocytes. Their intracapillary development resembled topographically that of secondary hepatic carcinoma. The hepatic cells became atrophied and disappeared, making way for the elements of the new growth. If the liver exercises a notable action of filtration on the tuberculous cultivations introduced into the mesenteric veins, it does not arrest the microbes contained in the injections. This is proved by the fact that the spleen of the rabbits inoculated

and then left to themselves was hypertrophied. It measured from seven to nine centimetres and presented tuberculous lesions in his preparations. The other organs remained intact.

Within the last few years M. Gattier has shown by his experiments on herbivorous animals that even after they have been bitten a certain time they may be rendered refractory to rabies by intravenous injection of rabic virus. MM. Nocard and Rouse have also employed this method successfully. It may be applied to all ruminating animals and to pigs, and is neither difficult nor complicated. The virus may be obtained from the dog that inflicted the bite. The nerve substance is dissolved in water and filtered, in order to get rid of the solid particles. The contamination of the perivenous tissue (when it takes place) does not prevent the success of the operation. M. Gattier has made several successful operations this year. In February he vaccinated two ewes with four intravenous injections 48 hours after inoculation in the parotidean region had been effected. They were rendered completely refractory, and in July were sent to the slaughterhouse. A pig of 8 months was inoculated on the 21st April in the parotidean region; 24 hours afterwards it was vaccinated with a copious injection in a vein of the ear. Although the perivenous tissue was contaminated during the operation, the animal never showed any symptoms of rabies, and on the 20th June it was sent to the slaughterhouse. Further successful experiments have confirmed M. Gattier's belief that herbivorous and omnivorous animals may be rendered completely refractory by this method of intravenous injections. He considers it possible that the animals are preserved not only from the effects of the bites already received, but also from any that may be inflicted afterwards.

MM. Balzer and Reblaub have made a series of experiments to determine what are the lesions determined by intra-muscular injections with gray oil and with yellow oxide of mercury.

It appears that the injections of gray oil provoke inflammatory lesions, which cause the formation of a hemato-purulent collection, which gradually absorbs. The muscle is not seriously affected by the mercury injected.

Yellow oxide causes more serious results. In one case an injection in the gluteal region of a dog determined a vast aufractuous area, full of running, hematic pus. The walls of this area, when sectioned, were found to be infiltrated with leucocytes, granulous cells and blood. The muscular fibres were isolated by the infiltrated elements; some of them were wasted and atrophied; others were vitreous or disunited.

These phenomena were present throughout the whole extent of the lesions, but did not extend far in the muscles.

M. Gaucher has cured 17 cases of diphtheritic angina by ablation of the false membranes and cauterizing the areolar tissue. M. Gaucher employs a solution of 5 to 10 grammes of crystalized carbolic acid in 10 grammes of alcohol, and adds 70 centigrammes of tartaric acid to render the solution antiseptic. After scraping the throat thoroughly with a short-haired brush he applies the solution. This is repeated three times a day. Every ten hours the mouth is washed with acid solution at $\frac{1}{100}$.

M. Cadet de Gassicourt has employed M. Gaucher's method in hospitals and in private practice. He admits its efficacy, though he has recently had to chronicle four failures.

RICHMOND LETTER.

[Our Regular Correspondent.]

At a meeting of the board of visitors of the University of Virginia, November, 1888, two assistants to the professor of practice were appointed, one to assist in the clinical work at the hospital and dispensary and the other to teach practical microscopy. These appointments were made necessary by the increase in the amount of clinical work and

by the decided increase in the number of medical students at the university this year. Two new wards for colored patients have been added to the hospital, and two more for whites will soon be added.

At the last meeting of the Richmond Academy of Medicine, Dec. 18, the following officers for the ensuing year were elected: President, Dr. J. S. D. Cullen; first vice-president, Dr. John R. Wheat; second vice-president, Dr. Jacob Michaux; third vice-president, Dr. A. Kuyk; secretary, Dr. Wm. F. Mercer; treasurer, Dr. Edward McCarthy; librarian, Dr. A. L. Wellford; assistant secretary, Dr. Wm. S. Gordon. Dr. Isaiah H. White read an interesting paper, in which he reviewed the various operations for vesical calculus and drainage, and concluded by advancing argument for perineal drainage. A banquet will be given on some near date in the future.

At a called meeting, Dec. 19, of the Medical and Surgical Society, the officers elected for the ensuing year were as follows: President, Dr. Jos. A. White; first vice-president, Dr. Landon B. Edwards; second vice-president, Dr. L. M. Cowardin; secretary, Dr. C. L. Cudlipp; treasurer, Dr. M. D. Hoge, Jr. The Society has offered a prize of one hundred dollars for the best paper by any fellow on some original subject to be selected by the author; and, in addition, Dr. Hunter McGuire has offered a prize of one hundred dollars for the best paper by any fellow on a surgical subject which will be announced by Dr. McGuire at the next meeting. The Society is flourishing, and promises to be a potent factor in elevating and quickening medical science in this city.

The physicians of Richmond have not been complaining lately of overwork. During the summer and fall the health of the city was good, and the same condition holds at present. The epidemic of typhoid fever which has been prevailing for some months past in several localities on the seaside has disappeared.

It may be interesting to know that sixty grains of sulfo-

nal have been taken without injury by a gentleman in this city. He was ordered thirty grains by his physician, and repeating the dose soon afterwards on his own responsibility, slept for twenty-four hours. Close examination revealed nothing abnormal in any of the functions. The patient could be aroused sufficiently to answer a question, and he awoke of his own accord to urinate or let the bowels act, but nodded vigorously during the interruptions. At the expiration of the time mentioned he awoke suddenly, expressing himself as feeling better and presenting no deleterious effects.

The election of Dr. Hunter McGuire to the presidency of the Southern Surgical and Gynecological Association is another merited honor bestowed upon this distinguished surgeon. Past Assistant Surgeon Frank W. Meade of the Marine Hospital Service has reported for duty at Norfolk, relieving Surgeon C. S. D. Fessenden. Dr. John H. Moorman of Roanoke has located in Norfolk and Dr. Chas. R. Cullen of Hanover has removed to Waldo, Fla.

Among the late deaths are those of Dr. James D. Galt of Norfolk; Dr. J. T. Humphreys of Danville, formerly of this city, and Dr. H. H. Hunter of Sunbury, near Norfolk.

The writer adds the compliments of the season to the editorial staff, and his best wishes for the continued prosperity and usefulness of a journal which has already achieved an enviable reputation in the past. W. S. G.

REMOVAL OF EYELASHES.

CALVERT, Tex., Dec. 26, 1888.

Mr. Editor—I would suggest to your correspondent who makes inquiry as to permanent removal of eyelashes, that electrolysis will furnish him with a better method than “dissecting out bulbs and all.”

An ordinary size carbon battery and a fine needle attached to an insulated wire are all the instruments required. The insulated wire is to be connected with the negative

pole of the battery, the needle inserted into the follicle of the hair to be removed, and the circuit completed by applying the positive pole to some portion of the skin. A very convenient method is to let the patient hold the positive electrode in one hand; when the needle is properly inserted direct him to apply it to the other. Eight or ten cells, if the battery is in good working order, will be found sufficient, and the current should be allowed to pass for about fifteen seconds, at the end of which time the hair can readily be detached, and the ciliary follicle will be permanently destroyed. The electrolytic action of the current is demonstrated by the escape of minute bubbles of gas during its passage. The pain caused by this action is quite severe, but doubtless could be prevented by the injection of cocaine.

A short account of the "treatment of trichiasis by electrolysis," which I read before the section on electro-therapeutics of the Texas Medical Association, at its last meeting, April, 1888, may be found on page 225 of the published transactions, if your correspondent should wish any further information on the subject.

I was led to employ this method by reading an article by Prof. Fox of N. Y. on the "Permanent Removal of Hair by Electrolysis," which appeared in the *Medical Record* of March 11, 1882, in which its operation is fully described.

Respectfully, DANIEL PARKER, M. D.

[The editors were, of course, aware of this method, but described the method by dissection as were likely to meet the requirements of a general surgeon. They are much gratified however to have the testimony of Dr. Parker as to the excellence of the method by electrolysis.—EDS.]

DR. WOLTERING of Munster, Wurtemberg (*Allgemeine Med. Cent. Zeitung*), recommends the more extensive use of gluten bread, both on account of its extremely nutritive qualities as an article of diet, and its very low price. He claims that pure gluten bread is three times as nourishing as meat, and that bread made with the addition of 40 per cent. of gluten contains more albumen than hare or chicken of the best quality.

PROCEEDINGS OF SOCIETIES

AMERICAN PUBLIC HEALTH ASSOCIATION.

To the President and Members, Board of Health, State of Louisiana:

Gentlemen—The undersigned, your delegates to the American Public Health Association, beg leave to submit the following report:

In accordance with the announcement, the association met in Milwaukee, Nov. 20, and was in session three and a half days. As a body representative of most of the health organizations of the country and also of progressive sanitation the meeting was a success, there being about one hundred and fifty members in attendance, and the papers and discussions upon subjects relating to the public health being interesting, instructive and valuable. The papers read and the discussions thereon will in due time be published, but it might not be out of place to direct your attention particularly to some of them, having an interest to us at the present moment.

A report by Dr. Chas. Smart, United States Navy, upon the "Pollution of Water Supplies," showed how often the drinking water is the cause of disease in a community, and what should be done to keep it pure and wholesome. Three States—Massachusetts, Minnesota and Illinois—have already made wholesome legislative progress in this direction, and the present tendency on the part of most health authorities is to give this matter full and earnest consideration.

A paper by Dr. Henry B. Baker of Michigan, advocating a uniform classification of disease in the compiling and publishing of vital statistics, proved interesting, and the matter was referred to a committee to report at the next meeting.

Dr. F. Montizambert of Quebec presented the results of his quarantine work on the St. Lawrence, he having

there adopted the system now in vogue at the Mississippi quarantine, and his results have been as satisfactory as our own. Following this Dr. Solomon read a paper descriptive of the contemplated improvements in our system as devised and now being carried out by Dr. Wilkinson, and these improvements met with general approval. The province of Quebec will adopt them at the St. Lawrence quarantine, and they will also be adopted on a smaller scale by other ports. Papers were read by Dr. Wirt Johnson of Mississippi, Dr. Jerome Cochran of Alabama and Dr. John H. Rauch of Illinois, bearing upon the different outbreaks of yellow fever during the past summer. Dr. Johnson showed how by isolation of the sick and thorough and systematic disinfection the disease had been stamped out in Jackson, Miss.

Dr. Cochran, in what was one of the best papers of the session, treated of the management of threatened yellow fever epidemic. His remarks summed up are as follows :

“This disease is caused by a transportable and transmissible poison, quite as specific as prussic acid, for instance ; but it is not known whether the same be a living organism, similar to the cholera microbe, or, as seems more probable, the product of some quasi-fermentative process like that caused by the yeast fungus, which, in feeding on sugar, decomposes it into alcohol, carbonic acid and water. These germs do not appear to be bacteria of generically distinctive character or kind, the probabilities pointing rather to a pathologically productive condition of the flora ordinarily resident in the alimentary canal. It is infectious, and, moreover, communicable, but whether from the patient’s respiration secretions or excrements is unknown, as is also its route of ingress into the human organism, whether from the skin, by inspiration or alimentation. Though this point is also not yet quite certainly determined, it is more than probable that not personal contact, but the immediate environment, as is the case of typhus and cholera, produces the infection. It is in the United States,

however, always of exotic origin; and, as in the case of a shower of sparks on a shingle roof, it is but one perhaps that will set fire to the building. Yet one or two sporadic cases are very unlikely, if properly handled, to produce an epidemic, even under otherwise unfavorable conditions. For it may be laid down, as a general proposition, that, in order to get across the street or over a wall, this infectious 'what-is-it' must be lugged there, as it were, by hand or in a bundle. Thus jails, convents and secluded private domiciles are demonstrated to be their own best quarantines. From this it is made clear, as night doth follow day—so at least Polonius would say—that whatever else may be true, so much is undeniable, non-intercourse is the best prophylactic in latitudes and at seasons where and when the daily mean temperature is protractedly 70 degrees or over. In other words, the golden rule is: 'Don't go near the fever if you don't wish to catch it.' And its corollary self-evidently quite as sound: 'Don't let the fever come near you if you don't wish it to catch you'—but only, be it remembered, in latitudes and at seasons where and when the daily mean temperature is protractedly 70 degrees or over. From all of which it further follows that domiciliary quarantine, prompt and perfect, is the desideratum, followed in due course by thorough disinfection. On the other hand, it is also certain that depopulation is infeasible and worse, because it involves stampedes and panic, and these in turn what might be called chaotic quarantining—unlawful, wasteful, cruel folly. So, too, are refugee camps necessarily of evil, though admirable in theory. Thoroughly competent health officers, few but efficient, should once for all be endowed with ample funds and authority—and then trusted to run the job themselves without the interference of boards of trade or other expert authorities in—other matters. For, be it furthermore remembered, that upon importation, even during "hot spells," a spreading of the disease does not follow as a matter of physical or logical necessity; and that in any case its spread, if it spread at

all, will be slow. So for this, if for no other reason, it would be advisable to take things easy—if there be a strong, well equipped health department, all the better; but in any case keep cool, especially in hot weather.”

The admirable logic of Dr. Cochrane’s paper and the sound advice therein contained made so favorable an impression and were so generally concurred in that the association decided to have it published in pamphlet form for distribution throughout the land.

One of the subjects which most interested your representative, and one which the city of New Orleans might well profit by, was the disposal of garbage.

The subject was ably handled in a paper by Dr. S. S. Kilvington of Minnesota, entitled, “Garbage Furnaces and the Destruction of Organic Matter by Fire.”

Dr. Kilvington reviewed the manner of disposing of garbage and human refuse from the dawn of civilization down to the present day, and demonstrated beyond question that the best, safest and most economical method of garbage disposal is its destruction by fire. After the reading of the paper a visit was made to the garbage furnace recently erected in Milwaukee, and all were favorably impressed with the completeness with which it did its work at a small cost. The furnace in question is that known as the “Eagle Furnace.” Particular inquiry was made as to the cost of erection and maintenance of such furnaces in New Orleans, and it was learned that four furnaces, according to the diagrams herewith presented with a total capacity of at least 200 tons per, day could be erected for about \$13,000, and the cost of maintenance would hardly exceed the present cost of handling the garbage.

The system recently introduced in Buffalo, known as the “Merz Vienna Garbage Destroyer,” also commends itself to your notice. We have been promised details of the system, with approximate cost of destroying the garbage of this city and shall lay them before you when received.

A very important paper was read by Dr. D. E. Salmon,

Chief of the Bureau of Animal Industry, showing how some diseases, notably consumption, were transmitted from lower animals to human beings, and demonstrating the necessity for the study of these diseases in cattle and their extermination as the only hope of lessening the frightful mortality from them.

Upon the subject of national legislation for the control of epidemics and the subjects of maritime and interstate quarantine the Association decided only to recommend and advocate the bill now before Congress, providing for the establishment of a Bureau of Health.

The association adjourned to meet next year in Brooklyn, New York.

W. H. WATKINS, M. D.,
LUCIEN F. SALOMON, M. D.,
Delegates.

LEADING ARTICLES.

TREATMENT OF FURUNCLES OF THE AUDITORY MEATUS.

It is seldom that such pleasure and profit can be derived from the reading of a short monograph (we jump to conclusions and push them to publication on the strength of half a dozen ill-considered cases) as may be had from the perusal of Dr. Lœwenberg's paper on the etiology and treatment of boils in the ear.*

By the researches of Pasteur and himself, Dr. Lœwenberg considers as established the microbial origin of furuncles in general, and those of the auditory meatus in particular, and details the great success he has had in the

*Etudes. Thérapeutiques et Bactériologiques sur le Furuncle de L' Oreille. Par le docteur Lœwenberg, D'après une Communication faite au neuvième Congrès Medical International (Washington, 1887). Extrait de *l'Union Médicale* 13 e série, Année 1888. Alcan-Lévy, Paris, 24 Rue Chanchat.

treatment of this torturing and intractable affection, by means of a treatment based upon these conclusions. This consists in the active abandonment of all the usual remedies and the employment solely of "ear-baths" of a saturated alcoholic solution of boracic acid. The patient lays his head upon a table with the affected ear uppermost, and the meatus is then filled with the solution, which is allowed to remain five or ten minutes. The process is repeated as many times a day as necessary. Under this treatment incipient boils are often aborted, recurrences or relapses are almost unknown, and only in very rare cases is the patient submitted to the almost unendurable agony of incision of the furuncle.

In the cases of women subject to boils of the meatus at or before each menstrual period, and those liable to outcrops of these pests each spring and fall, the prophylactic use of the remedy for a week or more has proven equally successful. It is quite true, as Dr. Loewenberg says, that the articles upon this subject in most of our text books are incomplete and unsatisfactory. In all or nearly all with which we are acquainted, the Cassandra-like warning is given that successive crops are to be looked for. In none, so far as we know, is attention directed to two very important points mentioned by Dr. Loewenberg: That a boil or succession of boils, in the meatus may be and is very frequently followed by an abundant growth of fungus (*aspergillus*) and all of its distressing accompaniments; that the removal of impacted wax by the syringe and tepid water is, in certain instances, soon succeeded by the appearance of furuncle or furuncles in the meatus—facts which the experience of the writer can abundantly substantiate. This is not the place for the discussion of the germ theory, or the microbial origin of furuncle, which we consider as yet to be at least questions for discussion and the accumulation of further data; but there can be but little doubt that the presence of bacteria and the substances due to their activity in the pus of an otorrhœa or furuncle must consti-

tute a source of active irritation. Two years ago (N. O. MEDICAL AND SURGICAL JOURNAL, Oct. 1886, p. 260) the writer testified to the very satisfactory results obtained in cases of otorrhœa and of the growth of aspergillus in the meatus by the insufflation of powdered boracic acid. During the past eighteen months he has been using a solution of bichloride alone in the treatment of aspergillus, and with unfailling success.

During this period an earlier essay by Dr. Lœwenberg led him to the trial of the same solution in cases of furuncles of the meatus, and with the most gratifying results—even more satisfactory than those ascribed by Dr. Lœwenberg to the use of his solution. If seen early the boil is usually aborted; if not its course is much shortened, and when used properly the writer can recollect no case of recurrence. The method is extremely simple and absolutely painless. One of Wyeth's compressed tablets of bichloride is dissolved in a pint of water as hot as the patient can bear; this is poured into a fountain syringe suspended a couple of feet above the patient's head; the nozzle is insinuated well into the ear, held down over a basin and the whole pint of solution allowed to stream through the ear. This is done several times a day if possible, but twice at all events. We regard the use of the large quantity of *hot* water as having decided and obvious advantages over Dr. Lœwenberg's small quantity of cold or slightly warm alcohol, though of course the latter would be absolutely indicated where the condition was complicated with perforation of the membrana tympani. All the precautions mentioned by Dr. Lœwenberg our own experience enables us to confirm. If the first boil be well advanced when the patient first comes under treatment, opium and leeches may have to be used to mitigate the pain; but if the hot sublimate douches are used frequently and thoroughly, and their use twice a day continued for ten days or so after all symptoms have disappeared, we can almost guarantee that there will be no recurrence. After our experience

with this method of treatment we hear with surprise and distress of the inefficient and often exceedingly painful modes of treatment too often applied for the cure of furuncles and aspergillus growth in the meatus.

A MEDICAL EXAMINING BOARD.

The Medical Examining Board of Virginia has been in operation for several years, and has done its work so well as to deserve and receive the hearty commendation of the profession everywhere, and especially the medical press. About the only opposition or harsh criticism directed to it comes from the State of Virginia itself, and perhaps this will not prove to be a move inimical to the Board when the circumstances are more fully known than at present. This opposition, if such it must be, is in the shape of an endeavor on the part of one of the schools, the University of Virginia, to exempt its graduates from examination. It is the fact that the petition comes from the University that gives the matter its peculiar hue, for no other school in the country has come anywhere near making the record before the Board that the University has established.

But our purpose in noticing this subject is of another order. We have watched the workings of the Virginia Board very closely, and the more we see of it the more convinced we feel that Louisiana, and if possible, every State in the South, should have one of its own.

Alabama has an examining system, which works very well, mainly because the profession is so well organized into one of the most successful and most useful and influential medical societies to be found in this country. We doubt very much that the Alabama system would prove satisfactory if it were tried in a State where the motto of the physicians is, "every man for himself" and "*scabies occupet extremum.*" The Alabama plan includes a State board and also a board in every county in the State. An applicant passing before a county board apparently has all the

privileges enjoyed by those passed by the State board. These county boards vary within very wide limits; some being very strict and severe and others equally lax.

We, therefore, would advocate one single State board, composed of at least twelve members and holding monthly, quarterly or semi-annually, just as were required, full meetings. We mean by the word *full* that all members should attend the stated or called meetings, and not simply send a list of questions to the president, who would thus alone be responsible for the results. Moreover, applicants should be subjected to written examinations upon the main, if not all the branches, and then examined orally by each member before the *full* board.

The members of the examining board should be appointed by the governor of the State upon the recommendation of the State Medical Society.

Some will say that this is too severe. Of course they will, for it has come to be almost a crime to inquire whether one styling himself a physician knows anything of his business or not. It would be a move in the right direction—namely, towards that time when the teaching and licensing functions will be held by different and distinct bodies. We would much prefer the plan as mentioned in our September number of having “colleges” for the various sections of the country; but that time is, we fear, distant; so if we can only organize our own State into a “college” and protect our own people we can afford to wait until others are educated to the same standard of self-preservation and dignity.

Here, then, is an opportunity for some one to make a name for himself and do a good to his fellow-citizens. Let some one with sufficient energy and determination to successfully wage the battle carefully prepare a bill covering the points noted, and such others as earnest consideration suggests, and bring it before the State Society at its meeting in New Orleans next spring. Then, after it has

been passed upon by the Society, let it be put into the hands of some influential senator or representative who will see that it is brought to action in the legislature.

THE STATE SOCIETY.

It is but a little over three months now before the time appointed for the next meeting of the Louisiana State Medical Society, and as yet we hear of very little work being done towards making that meeting either a success in itself or one in advance of its predecessors.

Within the last few months we have received the proceedings of many State societies, among them Alabama, Mississippi, New Hampshire, Massachusetts, and the reading of them makes us long for the time when our transactions shall be equal to the best of them. But one thing is certain—this end will not be attained until we learn that it requires work; not spasmodic exaction at the eleventh hour, by a few individual members, but constant earnest work by every man in the society from the closing of one meeting until the opening of the next.

Upon motion of Dr. Day the work of the society was divided for the current year into six sections: 1, General Medicine; 2, Surgery; 3, Obstetrics and Gynecology; 4, Ophthalmology and Otology; 5, Materia Medica and Therapeutics; 6, Oral and Dental Surgery. The president appointed:

Dr. Jos. Jones as chairman of section 1.

Dr. Day, section 2.

Dr. T. J. Allen, section 3.

Dr. H. D. Bruns, section 4.

Dr. T. Hebert, section 5.

Dr. A. G. Friedrichs, section 6.

And also added: Diseases of Children, Dr. J. W. Duprée; Dermatology, Dr. H. W. Blanc, and Anatomy and Physiology, Dr. S. E. Chaillé.

If these chairmen have not already gotten to work they can accomplish a great deal by bestirring themselves at

once. Three months is not a long time to write a good paper, but much that is valuable may yet be unearthed.

Again, it would be such a healthy sign of progress if the chairmen of every standing committee would bring in a full and complete report of matters placed in his charge for the year.

Then with a good attendance, and especially with free and full though careful discussion of every paper read, we will open up an era of progress that will know no end.

HOW SHALL WE BURY THE DEAD?

The request of the late Dr. H. D. Schmidt that his body, after death, should be placed in the *ground*, and not in a tomb or vault, as is usually done in New Orleans, is worthy of more than passing consideration and furnishes some food for reflection. Our custom of vault-burial is almost as old as the city itself, and was doubtless the outgrowth of a desire on the part of the living to consign their dead to a dry and decent resting-place, rather than into a muddy pool, some two and one-half or three feet below the surface of the soil, as must inevitably be the case in the greater number of our cemeteries should inhumation be practiced.

We have carefully studied this question, and after numerous personal observations have come to the conclusion that both methods, under existing conditions, are open to serious objection—vault burial, because the tombs may be imperfectly closed and sealed, and foul gases permitted to escape into the outside air; and inhumation, because bodies placed too near the surface in a damp soil may produce a like result during the process of decomposition. Another objection to vault-burial, and one more serious than that already referred to, is the possibility of contaminating the atmosphere on opening tombs which contain the remains of persons who have died of contagious and infectious diseases. This objection has, however, been met by the offi

cers of the Board of Health, and the sextons of the cemeteries have been ordered to disinfect vaults containing human remains with a solution of chloride of lime, six ounces to the gallon. This method we consider to be thorough, and, as far as it can be applied, effective; but the necessity which called it forth still remains, namely, the constant reopening of tombs and the temporary exposure of their putrefying and mouldering contents.

No vaults are opened in this city within one year after the last burial without a special permission from the Board of Health, and though we have been present at the opening of many of them it must be confessed that we have never detected at such times anything more than a musty odor. But if it be possible for disease germs to remain in wardrobes, trunks, etc., and about garments put away for months or even years, we do not see what is to prevent them from clinging to the body they have destroyed when moisture and a constant temperature are the conditions. This idea is based, we believe, upon rational grounds, and the argument that the sextons and grave-openers continue at their trade for years without contracting contagious diseases, does not materially weaken the point we would make—a *possible danger*; and this danger after all is to the young adults and children who attend funerals, and from whom it is next to impossible to get any reliable data for statistics. It is to be remembered that our soil is not one dead level everywhere, and the Metairie and Gentilly ridges, half way between the lake and river, form a convenient and notable exception. On these ridges are located some of the finest cemeteries in the country, and in dry weather graves can be dug in several of them to the depth of six feet without coming to water.

Inhumation might be practiced in other cemeteries on lower ground, and nearer the heart of the city, could our people but settle upon some practical form of drainage. If our canals were drained as they should be, a trench four feet deep could be constructed around many of our

suburban burying grounds, which would carry off the surface water and lower that of the soil, so as to permit decent and sanitary burial. So we find that this problem, like many other important ones, is mixed up with the general question of city drainage.

Among the many wise sanitary regulations which govern orthodox Jews is the law which directs them to bury their dead in the ground, and so far apart that the bodies there deposited shall not come in contact. The lawgiver evidently realized and anticipated the dangers from overcrowding human remains and the advantages of underground decomposition. It has not been found impossible by the Jews to carefully observe the letter of the law even in this city.

The returning of the body to the earth whence it came is after all not a sentimental nor a religious, but a natural and a rational custom. If given our choice of the worm or the bacteria, the moist or the dry rot, we believe that we would prefer the former after all. He is greedier, perhaps, but here he is quicker and more thorough. The ground gives back but little that can shock the nerves or injure the health of the living; the vault is a perpetual charnel-house.

In what we have said no allusion has been made to the disposal of the dead by cremation, and designedly so. As medical men we regard it as the cleanest, safest and altogether best method of disposing of the dead that has yet been suggested. But it will be long before cremation ceases to be anything but a luxury; a fad for the eccentric nabobs and wealthy enthusiasts; an epiphenomenon, as it were, of the great sanitary malady—slow decay. It will be taken up by boards of health and applied occasionally in cases of pestilential disease, but the great mass of the people will always prefer their six feet of earth.

DR. J. W. MALLET of the University of Virginia was married on Dec. 15, 1888, to Miss Josephine Burthe.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

CASE OF SO-CALLED SPONTANEOUS COMBUSTION.

Dr. J. M. Booth in *British Medical Journal*.—The term “spontaneous combustion” has been applied to two conditions: first, spontaneous ignitibility, and secondly increased combustibility; and I need hardly say that it is to the second category that the present case belongs. As Dr. Ogston remarks on these cases, the subjects were all found dead, their bodies, their clothes, and the articles in their neighborhood being partially or entirely destroyed by fire, the only remarkable thing about them being that the bodies were burnt and charred out of all proportion to the neighboring objects, and to an extent which seems incapable of being accounted for by the heat of burning clothes and objects in the vicinity.

On the morning of Sunday, Feb. 19, I was sent for to examine the remains of a man, A. M., aged 65, which were found in a hayloft. This man, a pensioner of notoriously intemperate habits, had been seen at 9 the night before to enter the stable below in an intoxicated condition, and he asked the lad and girl who saw him to shut the stable-door after him, which they did. They then heard him ascend the ladder leading to the loft above, and afterwards saw the skylight of the loft lighted, and, later still, the light put out. Between 8 and 9 o'clock next morning the wife of the proprietor of the stable, living near by, happening to look out of the window, observed smoke issuing from a hole in the roof of the loft. She informed her husband of the fact, and he on entering the stable was horrified to see through a hole in the loft-floor the remains of the old soldier perched on the joists above, and leaning against the wall.

The police were at once communicated with, and I was sent for to attest the accident. I found the charred remains of the man reclining against the stone wall, and kept only by one of the joists and the burnt remnant of the flooring under him from falling through into the stable beneath. What struck me, especially at first sight, was the fact that, notwithstanding the presence of abundant combustible material around, such as hay and wood, the

main effects of combustion were limited to the corpse, and only a small piece of the adjacent flooring and the woodwork immediately above the man's head had suffered. Several of the slates had fallen in over the corpse, making a small hole in the roof above it, and a small piece of the flooring immediately around him had fallen through into the stable below, leaving the hole through which he had been first seen. The body was almost a cinder, yet retained the form of the face and figure so well that those who had known him in life could readily recognize him. Both hands and the right foot had been burnt off and had fallen through the floor into the stable below, among the ashes, and the charred and calcined ends of the right radius and ulna, the left humerus, and the right tibia and fibula were exposed to view. The hair and scalp were burnt off the forehead, exposing the bare and calcined skull. The tissues of the face were represented by a greasy cinder, retaining the cast of the features, and the incinerated mustache still gave the wonted military expression to the old soldier. The soft tissues were almost entirely consumed, more especially on the posterior surface of the body, where the clothes were destroyed, and the posterior surfaces of the femora, innominate bones and ribs exposed to view. This was doubtless in a measure caused by the falling of the slates on the body, and a more perfect cinder would have been found had we arrived earlier on the scene. Part of the trousers on the anterior aspect of the legs, that had escaped the impact of the slates, was still represented in cinder.

Regarding the condition of the internal organs, I much regretted having been denied the opportunity of investigating their condition, as wishing to have a photograph taken of the remains prevented me at the time, and on my return from other work, later on, I found that the whole had been removed. The bearer told me that the whole body had collapsed when they tried to move it *en masse*. From the comfortably recumbent attitude of the body it was evident that there had been no death struggle, and that, stupefied with all the whisky within and the smoke without, the man had expired without suffering, the body burning away quietly all the time.

So much for the condition of the corpse. That strange fact remains, that while around about in close proximity were dry woodwork, and hay loose in bundles, these had

escaped, and the body of the man was thoroughly incinerated.

That increased combustibility does exist cannot be denied, though at first sight it is not so clear to what it owes its existence. In the doctrine that increased combustibility in bodies is due to excess of fat, Dupuytren has advanced the only explanation capable of setting the subject at rest, and on a true basis explaining rationally and philosophically the cases of so-called "spontaneous combustion."

When we consider the amount of fat some bodies contain, the subject grows even clearer, and a review of the cases demonstrates that the incineration was always most extensive in the skin and subcutaneous adipose tissue, and other places where fat is abundant, and least marked in organs and regions with less fat. The fatty degeneration of various organs and structures, the intermuscular and subcutaneous adipose tissue, along with the masses deposited on other parts of the body, all present a body of oleaginous matter amply sufficient to account for the combustion, and which, when once ignited, would tend rather to burn *in situ* than to flow out, thus explaining the greater destruction of the corpse than of objects in the vicinity.

Regarding the influence of alcoholic indulgence in these cases, it has been conclusively proved that tissues soaked in alcohol do not burn more readily than others not so treated, and it is only as a stupefying agent, and in its tending to the disposition of fat in the body, that alcohol aids in increasing its combustibility.—*Cin. Med. Times.*

TREATMENT OF CANCER BY OZONE WATER.

By Dr. J. Schmidt, Aschenffenburg, Bavaria.—In two cases of cancer the author obtained astonishing results from the parenchymatous injections of ozone water. After an observation extending over four months he thinks himself justified in the conclusion that ozone water, used in this manner, is capable of retarding the growth of cancerous nodules and causing their disappearance. He reports the case of an old man of 60, from whom ten years previously he had extirpated a small cancer of the lower lip. The patient presented himself again in July, 1887, with an extensive cancerous growth in this region, which necessitated the removal of the lower lip and soft parts as far as the symphysis. In November he returned with an extensive

recurrence and marked cachexia. After four months' treatment with injections of ozone water the tumor on the lower jaw had partly disappeared and partly been converted into a dense, hard mass, which was firmly attached to the jaw. The ulcers had healed. The right sublingual gland was very hard and firm, but this had come on within the last few weeks, during which the patient had withdrawn from the treatment, and was probably due to a recurrence.

The second patient, a man aged 56, suffered from an epithelioma at the inner angle of the eye of many years' duration. Injections of ozone water were employed during two months and effected a perfect cure, the ulcer being replaced by cicatricial tissue.

Schmidt thinks that ozone destroys the cancerous masses without attacking the normal structures or the body at large. He employs it in the strength of 50 milligrammes or 2 decagrammes to the litre of water. Before use the solution is always tested with iodine and starch, the color produced being an indication of its strength. The injections are made with a Pravatz syringe. The number varies with the extent of the cancerous area, ranging from one to forty per day. They are made at different depths, both into the diseased part and the healthy surrounding structures. The syringe should not be cleaned with carbolized fluid before injecting, as the ozone is decomposed by the acid. Schmidt also injects the solution into suspicious or swollen lymphatic glands. When dilute solutions are used the pain is slight and disappears within half an hour. Locally, some œdema and slight redness are observed, especially if strong solutions have been employed. These symptoms of reaction persist a few hours or days, according to the strength and frequency of the injections, and may serve as a guide to their administration. The injections should not, however, be suspended for more than two or three days.

During the time that this treatment was used the cancerous sores cleared up perceptibly, became smaller and cicatrized. The nodules also became smaller and harder, so that the introduction of the needle was difficult. Later the affected parts frequently showed a peculiar condition: The swelling became more persistent, the tissues were firm, œdematous, of a bluish-red color, and painful. On sections of these parts there was found an apparently healthy and subcutaneous tissue, and beneath this a dense,

doughy mass. Microscopical examinations showed only a small number of cancer nests. No ill results were observed from the injections, and suppuration never occurred. In degenerating and suppurating cancers Schmidt recommends previous curetting and applications of the thermo-cautery. Taking all in all the injection method is especially indicated for recurrent cancers and cancers which are not readily accessible to operative procedure.—*Münchener Medizin Wochenschrift*—*International Journal of Surgery and Antiseptics*.

THE TREATMENT OF PERITONITIS.

In an interesting discussion which took place at the Philadelphia County Medical Society on Nov. 7, reported in the *Medical News*, the treatment which seemed to meet with most approval was as follows: If the case is seen early and there is no organic lesion, to open the bowels freely by repeated doses of Epsom salts. If organic lesion is suspected, or if pus has formed, to open the abdomen and clean thoroughly by repeated douching with hot water. Opium has its place as a means of euthanasia.

[This is going back on tradition with a vengeance, but the treatment has so much common sense and so many facts to recommend it that one feels inclined to endorse it.—ED.]

AN IMPROVEMENT IN THE STETHOSCOPE OF LAENNEC.

In *Lo Sperimentale*, October, 1888, Dr. Elia Baquis describes a method of eliminating the disagreeable and confusing buzzing sound heard when a stethoscope is pressed against the chest-wall with some degree of force, so as to cause the ear to be closely applied to the disc, and there is an increase in the intensity of the sound. If this perfect contact be interrupted the sound becomes weaker, but clearer and more distinct. In order to ascertain the source of this increased sound, which is a great nuisance to beginners in auscultation, Dr. Baquis tried several experiments. He eliminated the cardiac sounds by stuffing the end of the stethoscope with a plug of gum; but upon pressing the disc of the instrument against his ear he heard the same deep, monotonous sound which he heard when he pressed the stethoscope against the chest. Other experiments were performed, which showed that the theories

commonly advanced to explain the phenomenon were incorrect. Dr. Baquis' explanation is this: When the cup of the stethoscope is pressed against the skin the atmospheric pressure in the barrel of the instrument is increased, which pressure is transmitted to the membrana tympani, whereupon the deep, continuous sound is produced; and he is confirmed in his belief by the clinical fact of the subjective sounds which accompany external otitis and catarrh of the Eustachian tube.

In order to set all doubts at rest he made a minute opening in the wall of the stethoscope, about one centimeter from the aural end. He closed the opening with the pulp of his finger, and applied the instrument to the chest, and the sound was produced as usual. He removed his finger from the opening, thus equalizing the atmospheric pressure, and the sound at once ceased. But he again applied his finger to the little opening and the sound was heard again. The opening was so minute that the pressure of the finger could not cause any increase in the pressure within the tube; therefore increase of pressure upon the external surface of the tympanum cannot cause the phenomenon, neither can the application of the ear to a closed cavity, because when this cavity (in the barrel of the instrument) is filled with water, the sound is heard just the same.

Whatever may be the source of this additional sound in the auscultation of the heart it is certain that it can be eliminated by making the minute aperture above mentioned. This modification of the stethoscope has been adopted by Prof. Federici, in whose clinic Dr. Baquis made his observations.

[The translator, some years ago, also observed a peculiarity in the sounds produced when the stethoscope was pressed with varying degrees of force against the chest-wall. The writer has not used the single-barrelled stethoscope much, having preferred Camman's binaural instrument. When the cup of the instrument is placed over the point of apex-impulse the same buzzing or roaring sound was heard as described by Dr. Baquis; but, in addition, the intensity of the "boom" and of the valvular sounds varied according to the degree of pressure. When the cup is placed on the skin with just enough force to shut out the outer air the "boom" of the impact is very loud, and the valvular "clicks" are also heard, but the diffuse "boom-

ing" masks the valvular sounds somewhat, and if a faint mitral murmur exist it may be "swamped" in the general sound. When the cup is pressed firmly against the chest the "booming" sound disappears, and the valvular sounds are sharper and clearer, but fainter. It has occurred to the writer that the conducting power of the tissues forming the wall of the chest might be altered by the pressure of the instrument, and thus alter the sounds transmitted through them.—A. McS.]

DIPHTHERIA.

Hoyer (*Memorabilien*, 1888, 129) defines his views on the nature of diphtheria and describes his method of treating it. Considering it to be a disease produced by a microorganism invading a tonsil whose epithelium is lost, he devotes his attention to the prevention of this invasion, or to the destruction of the bacteria which have already attacked the tonsil. For this purpose he paints the tonsil with a solution of 30 parts of gallic acid, 60 parts of distilled water and 10 parts of glycerine. A brush of fine bristles is employed and considerable pressure exercised against the diphtheritic membrane. He carries out this procedure three times in succession, repeats it every six or eight hours and continues the treatment until the diphtheritic membrane has disappeared. He prescribes also a gargle of one part of chlorine water and three parts of distilled water, to be used several times between the applications to the throat. The same mixture is to be injected into the nose in cases of malignant diphtheria. Persons who are in attendance upon patients with the disease should also use a gargle of the same nature. The author declares that he cannot say sufficient in praise of gallic acid for the purpose indicated. It renders the putrefactive bacteria innocuous, hinders their growth and increase by its astringent action on the tonsils, protects against their absorption, and by the same action loosens the deposition upon them. It is also entirely uninjurious to the patients.—*Am. Jour. Med. So.*

ACETIC ACID IN DIPHTHERIA.

F. Englemann (*Deutsch. Med. Wochenschr.*, No. 46, 945, 1888) made extended bacteriological studies on many of the different substances usually employed as local applications in diphtheria in order to determine their power to pre-

vent the growth of microorganisms. After detailing somewhat the nature of his experiments he concludes:

1. Diphtheria must be treated on the same principles which are generally accepted as applying to analogous processes in surgery and obsterics.

2. The majority of the substances recommended for local application in diphtheria deserve no confidence, since they do not exercise sufficient antiseptic power.

3. Almost only those act with certainty which in sufficient concentration have proved themselves of value in surgery also. Like these acts the hitherto little esteemed acetic acid.

4. Most of the powerful antiseptics are ill suited for use in diphtheria, on account of their local or general poisonous action.

5. Acetic acid appears especially to be recommended on account of its certain antiseptic action, its harmlessness and the slight irritation which it produces. It possesses also in high degree the power of penetrating animal tissues. *Amer. Jour. Med. Sc.*

SULPHONAL.

Sulphonal still continues to attract considerable attention, and its use is becoming very general. Dr. Julius Schwalbe, in the *Centralblatt für die Gesammte Therapie* for October, 1888, refers to fifty cases of the most varied affections in which sulphonal was employed. In sixty-six per cent. of these sleep was produced within three hours. In the nervous cases this action was even more pronounced—in ninety per cent. of them the indications being successfully fulfilled. Dr. Schwalbe consequently recommends sulphonal as a good hypnotic, especially in cases of nervous insomnia, in doses of from 15 to 30 grains. Where insomnia is the result of some direct organic distress its action is more or less uncertain. He has found that on account of its freedom from odor and taste sulphonal is readily taken, and that it does not affect either the temperature, pulse or respiration, and is consequently greatly to be preferred to morphine or chloral. In febrile affections, and in all cases where there is heart weakness, it is to be guarded against. It is especially suited for children, and the insignificant disturbances which it occasionally produces are not of sufficient importance to be counter-indications for its employment. M. Matthes has also employed sulphonal in twenty-

seven cases in Prof. von Ziemssen's Clinic, Munich (*Centralblatt für Klinische Medicin*, October 6, 1888), his report being accompanied by an analysis of the pulse-curves obtained through the use of the sphygmograph. He likewise confirms the favorable position which the drug has obtained, and believes that it is to be preferred to all other hypnotics, recommending, however, that the drug should be given at least an hour before it is desired that sleep shall be produced. He also thinks that when neuralgia or cough are the occasion of insomnia, that its result is unreliable, although he refers to several cases of neuralgia in which its employment produced relief. No effect was produced upon the pulse-curve, even after the administration of sixty to seventy-five grains.—*Therapeutic Gazette*.

HABITUAL INSOMNIA.

Those who are engaged in hazardous and speculative pursuits, and who get into the habit of irregular business life, and particularly into the habit of laying out plans and devices which shall be "sure to win," are almost always checked, comparatively early in their careers, by disturbances commencing in the circulation. Their earliest symptoms are commonly those of mental strain and irregular action of the heart, followed by results leading to habitual sleeplessness, insomnia generated by habit.

In persons of vigorous constitution the habit of disregarding proper sleep, and the insomnia which springs from it, may go on for several years without any apparent bad effect. In time, however, it is certain to produce its natural consequences. The first indications of danger are irritability of mind and feverish excitement, followed by depression, pallor and deficiency of appetite. These are succeeded by fits of unconsciousness, in which the affected person positively sleeps, and, it may be, sleeps soundly, without himself knowing the fact. In this way he gets rest, which for a little while may give a certain measure of relief; but soon the nervous failure increases, and one of two results succeeds: He either falls into a sleep which becomes a coma terminating in death, or he continues sleepless, unless artificially made to sleep by narcotics, and with progressing failure of power sinks into paralysis, to succumb from that affection.

In exceptional cases the insomniac makes a fair recovery.

Under regulative mode of life, and especially under the regulation which leads the sufferer to go to bed at unusually early hours, such as 8 or 9 o'clock, whether he can sleep or not, at first habitual insomnia or sleeplessness may be cured without any artificial aid. It is, however, apt to return after mental strain or worry, and indeed may be expected always to return if the strain or worry be severe or prolonged.—*Asclepiad.*

SURGERY.

CANCER BY SKIN GRAFTS.

The following case, in which carcinomatous nodules were transplanted from one breast to the other by means of skin, possesses considerable interest both pathologically and therapeutically. Having determined that a case in which the breast had been previously removed for cancer was too far advanced to permit of a second operation, Hahn obtained the patient's leave to ascertain if it was possible to inoculate the skin over the second breast by pieces derived from the affected skin over the first. Numerous small cancerous nodules were on April 9 cut off as evenly as possible with grafting scissors, and transplanted by Reverdin's method on the sound breast, after the skin on the selected spot had been removed, so as to leave an ulcer for its reception. On May 1 the transplanted pieces had taken firm root, and the ulcer was completely covered with epidermis. On May 19 at the edge of the pieces of skin some small projecting nodules appeared, about the size of a millet seed; they gradually increased in dimensions, and by June 26 had reached the size of a cherry stone. Four days later the patient died. On microscopic examination of sections of the transplanted skin, all of which gave a characteristic appearance, it was evident that the main mass of the tumors consisted of a well-developed connective tissue stroma, containing irregular masses of epithelial cells enclosed in it. These masses had clearly insinuated themselves into the healthy tissues, which were on all sides beginning to be invaded by the epithelial nests. The above related facts seem to clearly prove that carcinoma can under suitable conditions be inoculated upon healthy tissues; and the practical deduction to be drawn from this circumstance is that great care should be exercised during an operation to avoid taking up pieces

of cancerous tissue in the forceps and leaving them adherent to the edges of the wound, where they may afterwards find a permanent resting place.—*Centrblt. f. Chirurgie*, 1888, page 726.—*Practitioner*.

INTUBATION OF THE LARYNX.

The *Bristol Medico-Chirurgical Journal*, June, 1888, p. 73: After some introductory remarks of a historical character and describing the mode of introducing the tube, Mr. Dacre mentions some of the accidents liable to occur from intubation—(1) Asphyxia, from too prolonged attempts at introduction; (2) false passages made by the use of too much force; (3) membrane may be pushed into the trachea before the incoming tube; (4) asphyxia, from blocking of the tube also; (5) from œdema crowding over the top of the tube; (6) coughing out of the tube, followed by an immediate return of urgent symptoms; (7) ulceration of larynx or trachea from pressure; (8) inspiration of food into the tube, setting up pneumonia. Judging from a statistical table presented to the International Medical Congress at Washington by Max Stern of Philadelphia, the percentage of recoveries from intubation is much greater than after tracheotomy. In addition, intubation presents certain advantages over tracheotomy—(1) The tube is worn much more comfortably by the patient; (2) the air, having to enter by the natural channels, is warmed as in normal respiration; (3) coughing, and therefore expectoration, are more effectual; and last, but by no means least, an advantage which is especially noticeable in private practice—the operation is not so formidable a one as tracheotomy. It can therefore be urged much earlier than the more desperate operation would be, and the consent of friends can be more readily obtained for its performance. *Medical Chronicle*.

MIXED ANÆSTHESIA.

Obalinski of Cracow speaks highly of anæsthesia induced by a combination of chloroform and cocaine. He maintains that when anæsthesia is induced by chloroform it can be kept up by the administration of cocaine. The following is the method followed: After giving chloroform for a few minutes, until commencing general anæsthesia is noticed, a quantity of cocaine, varying from three-fourths to one grain, is injected into the tissues that are to be operated

on. After the injection of cocaine no further chloroform is administered. After this method of anæsthesia such operations as amputation of the leg and thigh and herniotomy have been performed. It is claimed for this mixed anæsthesia that it is less dangerous than either pure chloroform or a mixture of chloroform and ether. Obalinski followed the above method in twenty-four cases, and always with satisfactory results.—*Montreal Medical Journal.*

GYNÆCOLOGY.

ON THE VALUE OF PILOCARPINE IN PREGNANCY, LABOR AND THE LYING-IN STATE.

Dr. John Phillips, who read his paper, gave as his reason for bringing this subject forward, the uncertain and diverse opinions held upon the value of pilocarpine. He has treated the questions at issue under five heads: (1) The use of pilocarpine as an abortive; (2) for the induction of premature labor; (3) *intra partum*; (4) *post partum* and during the puerperium; and (5) in albuminuria with or without eclampsia.

Seven cases have been experimented upon and the results given in detail. Forty-eight cases under the second heading have been collected from all sources, of which twenty-seven have been arranged in two tables, while two original ones have been appended in full. The author concludes that five only of these can be considered as unqualified successes, and thinks that pilocarpine is able in a certain number of cases to induce labor, but that it is not in any way reliable as an *ecbolic*; those cases in which there is a tendency to premature termination of pregnancy being most suitable for its administration.

Pilocarpine *intra partum* is considered under three heads: (a) The "latent period" of labor; (b) the dilating stage of labor; (c) the expulsive stage of labor. Five instances occurred in the author's practice, and in one sphygmographic tracings were taken at various intervals. The result of thirty-nine cases is worked out—twenty-eight being successes and eleven failures.

The author concludes that during the dilating and expulsive stages of labor pilocarpine is equally productive of increase and intensification of labor pains with *ergot*, but with more certainty of action and with none of its ill

effects. Cases of simple uterine inertia are the most suitable for its administration. The drug is useless post partum and to stay hemorrhage.

In a third table the results of thirty-nine published cases of puerperal eclampsia have been given, with recovery of thirty-one mothers and eight maternal deaths, or 20.5 per cent. Although good effects were produced in twenty-eight cases, yet in nine such dangerous symptoms manifested themselves that the author is bound to warn others against its use, especially when coma is pronounced. He recommends bleeding in conjunction with pilocarpine where it will not act alone, and adduces evidence to show that the mortality is not greater under this mode of treatment than in any other. Statistics of treatment by other methods are given and the results compared. The question of the reason why pilocarpine is productive of uterine pains is discussed and three theories given; the "latent period" of the drug is referred to and illustrated by cases.

Further remarks are made upon the action of pilocarpine on the fœtus, complications attendant on its use, the proper dose for administration, and contra-indications.

The paper terminates with conclusions as to its value, and the precautions to be observed when used.—Transactions of the Obstetrical Society of London in the *American Journal of Obstetrics*.

TAIT'S METHOD OF PERFORMING PORRO'S OPERATION.

In a summary of the conclusions from a second series of 1000 cases by Lawson Tait, published in the *Medical Record* of Nov. 10, the description for performing "Porro's operation" is so excellent and the operation appears so easy that we publish it, with strong recommendation that our readers should give it the preference over the ordinary Cæsarian section or craniotomy.

This operation, I venture to predict, will revolutionize the obstetric art, and in two years we shall have no more of craniotomy and eviscerations, for this new method will save more lives than these proceedings do, and it is far easier of performance. It is the easiest operation in abdominal surgery, and every country practitioner ought to be able and always prepared to do it.

No special instruments are required, nothing but a knife, some artery forceps, a piece of rubber drainage tube, two or three knitting needles and a little perchloride of iron.

“My method of operating is to make an incision through the middle line large enough to admit my hand, and then I pass a piece of rubber drainage-tube (without any holes in it) as a loop over the fundus uteri, and bring it down so as to encircle the cervix, taking care that it does not include a loop of intestine. I then make a single hitch and draw it tight around the cervix, so as to completely stop the circulation. I give the ends of the tube to an assistant, who keeps them well on the strain, so as to prevent the loose knot from slipping; the reason for this being that should there be any bleeding or any necessity for further constriction, I could secure this in a moment without undoing any knot; and the simplicity of this method greatly commends it. I then make a small opening in the uterus and enlarge it by tearing with my two forefingers, seize the child by a foot and remove it. I then remove the placenta, and by that time the uterus has completely contracted and is easily drawn through the wound in the abdominal wall. The constricting tube will now probably require to be tightened, and the second hitch of the knot may be put on at the same time, and the work is practically done. Stuff a few sponges in the wound to keep the cavity clear of blood, and pass the knitting needles through the flattened tube and through the cervix, and in this simple way a clamp of the most effective kind is at once made; the uterus is removed about three-quarters of an inch above the rubber tube. The usual stitches are put in, the wound closed around the stump, which, of course, is brought to the lower part of the opening, and then the wound is dressed with perchloride of iron in the usual way.

The operation takes far less time to perform than it takes to describe, and as there is hardly any possibility of complications it is one of the simplest operations that can be undertaken and must always be pretty much the same, for this reason, no one need ever be in any fear about undertaking it, for in the absence of variation in the difficulties to be encountered it differs entirely from any other observation in abdominal surgery.

If performed before the patient has been mauled about by ineffectual attempts to deliver, its mortality will be no greater than that of ovariectomy; and the arguments in its favor against all alternative proceedings are, first, that it cannot be more dangerous to the mother than most of these are; that it saves the life of the child; that it prevents the

unfortunate mother from again being placed in a similar condition; and it certainly has the great advantage over alternative proceedings, having a similar object, that its great simplicity, as contrasted, for instance, with operations proposed by Thomas, Müller and Sängner, will make it possible for the country doctor, less experienced in surgery, to perform it without hesitation. These complicated and difficult proceedings may have their advantages, though I confess I do not see them; but they will be left for the hand of the experienced specialists. The operation I have described will be the operation of emergency, where only the resources of general practice are at hand."

A SUCCESSFUL VAGINAL HYSTERECTOMY FOR CARCINOMA UTERI

BY WILLIAM H. WATHEN, M.D., of Louisville, Ky. Abstract of a paper read before the Southern Surgical-Gynecological Society at Birmingham, Ala., Dec. 5, 1888.

The patient, Mrs. B. A., was 34 years old, of Irish descent, and the mother of five children. From the history given Dr. Wathen concluded that the disease had begun a year or eighteen months before she applied for treatment. She was then suffering with nearly constant bleeding, the blood mixed with an offensive matter. Her digestive and assimilative functions were not good; she was rapidly losing flesh, and her general appearance indicated approaching cachexia.

Examination discovered carcinoma of the cervix uteri extending up the endometrium, but not involving the vagina or any of the uterine adnexa. The uterus was in normal position and perfectly movable, and no enlargement of pelvic or other glands could be detected. He believed the disease could only be entirely removed by total extirpation of the uterus, and she was advised to have the operation performed as soon as her local and general condition could be improved. Accordingly it was done on Oct. 9, at the Norton Infirmary of Louisville.

She was prepared for the operation by being well purged, carefully bathed, and the vagina washed with two gallons of hot water. The hair was cut from the pubes, and the parts washed well with ether and a one-two thousandth solution of bichloride of mercury. The water was boiled, and the instruments and sponges were put by the nurse in weak carbolic acid solution. Chloroform was administered, the patient put in the exaggerated lithotomy posi

tion, and the neck of the uterus exposed by a Sims' speculum and retractors, and drawn to the vulva with a heavy vulsellum forceps. The vagina was cut away from the cervix at a distance of about a quarter of an inch from its attachment, and two or three small bleeding arteries secured by catch forceps. Further dissections posteriorly and anteriorly were made with the finger. The pouch of Douglas was first opened, and all posterior attachments of the uterus rapidly separated; then the uterus was carefully dissected from the bladder, great caution being observed to prevent wounding this organ or the uterus. Finally all that held the uterus in position had been divided except the folds of the broad ligaments. The index finger was now well hooked over the left ligament, and it was secured at a distance from the uterus by a catch forceps of Dr. Wathen's device. The right ligament was clamped in the same way. Both ligaments were then divided with the scissors near the clamps, and the uterus, ovaries and tubes were pulled away through the vulva.

The uterus was not inverted and was removed in just twenty minutes. To prevent the possibility of hemorrhage all bleeding surfaces or points were caught in catch forceps, so that when the operation was done eight pairs were left in the vagina. She did not lose more than one or two ounces of blood during the operation and none after it. The small forceps were removed in twenty-eight hours, and the two large ones clamping the broad ligaments were removed in fifty-two hours. A small pledget of sublimated cotton was introduced into the vagina to hold the forceps apart and to aid drainage, and the vulva was well covered with absorbent cotton and a T bandage applied. No sutures were used to control hemorrhage or to unite surfaces, and the vaginal vault was left open. The cotton was removed from the vagina when the small forceps were taken off, and subsequently used only as a dressing over the vulva. No vaginal washes were used, but the dressing was removed twice daily and the external parts carefully cleansed. She was allowed to lie on her back or sides, as preferred, and her water was drawn for one week. Her bowels were moved on the sixth day with sulphate of magnesia, and moved every day or second day thereafter. She had beef peptonoids, beef tea and mutton broth for three or four days, then began to take milk and a little solid food, each day increasing the quantity, and after the eighth day

took house diet. She suffered two days from the presence of the forceps, and for two days more from an irritability of the bladder. During this suffering she was given one-sixth of a grain of morphia two or three times daily. Her pulse after the operation and during the first day was 60 beats per minute; it then ranged from 60 to 90, seldom rising above 75. Her temperature reached nearly 101 the second day, and then ranged from 98 to 100 degrees. At no time was there any shock or sepsis, and she made an uninterrupted recovery, being out of bed on the fifteenth day and leaving the infirmary the nineteenth day.

The vaginal vault had perfectly united at the end of a week. Her general condition and appearance and all her functions had greatly improved at the end of the second week, and examination several times since can detect no evidence of any return of the disease. She looks and feels entirely well, and attends to her domestic duties and goes about as formerly.

A careful microscopical examination proved the growth involving the cervix to be adeno-carcinoma. The uterus had suffered marked change in configuration; the tubes were apparently in a healthy condition, and the ovaries presented no abnormal features except a few cysts.

Asepsis or perfect surgical cleanliness should be enforced in every detail of the operation. Weak solutions of disinfectants may be used, but Dr. Wathen doubts their efficacy, and strong solutions are positively poisonous. He believes the success of vaginal hysterectomy depends largely upon absolute surgical cleanliness, rapidity in operating and a perfect hæmostasis. By the use of clamps to control hemorrhage the technique of the operation is so much simplified and improved that the uterus, etc., can be removed in from ten to twenty minutes, and the loss of blood is no longer an important factor. The clamps also afford an excellent means of drainage, and do away with the necessity of a drainage tube. If we follow the technique of Schroeder, Martin and others, and use sutures to control hemorrhage and to unite the vaginal and peritoneal surfaces, or to close the vaginal vault, it will require from one to two hours to complete the operation, and the hæmostasis is not so perfect. Results have shown that it is best not to close the vaginal opening, and experience has demonstrated that the supposed dangers resulting from intes-

tinal or omental protrusion in the vagina are mostly imaginary, or at least reduced to a minimum.

The uterus should never be removed if there is any evidence of cancerous cachexia, or if, in a careful physical examination, any structure outside of the uterus in the pelvic cavity is infected. A microscopical examination of a part of the removed tissue by an experienced microscopist and pathologist may aid us very much in diagnosing cancer of the uterus in its incipiency, when we may expect the best immediate and subsequent results from vaginal hysterectomy.

Dr. Wathen believes the mortality in vaginal hysterectomy can be reduced as low as that in ovariectomy, and repeats what he has said at another time: "That it is positively criminal for any one to attempt to extirpate a cancerous uterus, or to do pelvic or abdominal surgery, until he learns the anatomy, physiology and pathology of the pelvic and abdominal structures, and knows how to make a correct diagnosis where it is possible to do so. He should also know the general principles and details of the most approved technique for such operations."

DERMATOLOGY.

SALICYLIC ACID IN DERMATOLOGY,

Dr. Heitzman of New York read a paper at the recent meeting of the American Dermatological Association on the value of salicylic acid in dermatology. "He found it to possess advantages over chrysarobin and tarry preparations for the treatment of some diseases, without having their disadvantages, and furthermore for dispensary practice it had the advantage of being cheap. The important point to be observed in using salicylic acid was to obtain a pure preparation. Unless of the best quality the drug does not act so well. The characteristic feature of the action of the remedy is its effect upon the epithelial structures of the skin and hypertrophic conditions of those structures. In callosities, corns, warts, and in fact any thickening of the epithelium, its beneficial action may be seen. No other agent softens and destroys these tissues so well, if we except acetic acid." The author also regards this drug as a valuable paraciticide, and one not yet appreciated. Twenty-four varieties of skin diseases were treated in the

observations made, and the drug was used either in the form of a powder, as a plaster, as an ointment or in solution. If used as a solution it should be one in alcohol, from which a watery solution of any desirable strength can afterward be made.

The author has found excellent results to follow its use in hyperidrosis, whether of the feet, hands, axillæ or other regions. His experience has been limited in seborrhœa alone, but when seborrhœa and acne existed together its action was attended with brilliant results. He had found 1 per cent. of salicylic acid and 6 to 8 per cent. of sulphur, a combination which, in seborrhœa of the scalp, did excellently and was much preferable to tar in treating fastidious patients. The parasitic action of the drug is seen in the cure of furuncle, and the author says that this is the only drug he knows of which, in the cure of this disease, acts by destroying the cause. In one case of dermatitis herpetiformis, salicylic acid proved to be the best remedy which the patient had employed. In psoriasis it was found very useful, and in lichen planus its superiority over Unna's sublimate salve was noted. The percentage of the solution must be high, a 3 to 4 per cent. lotion being necessary in some cases to destroy the lesions.

Eighty-six cases of eczema, in all its varieties, are recorded, and the results were favorable. To begin with, in eczema madidous and eczema pustulosum a $\frac{1}{2}$ per cent. solution was employed. In infiltrated patches 6 to 10 per cent. plasters or mulls were used. Chronic infiltrated patches of skin, attended with great itching, will have the epidermic scales softened by applying a 10 per cent. plaster at once. The rete mucosum is not much affected by the acid.

A three per cent. alcoholic solution, diluted to one-half per cent. solution to begin with, will assist in softening the comedones and hasten their removal in acne. In acne rosacea favorable results are reported, but not in sycosis. Here the salicylic does not penetrate to the roots of the hairs, and the pustules about them are not readily affected by the drug.

Salicylic acid powder, applied directly to a corn and maintained in situ, will remove the growth in eight or ten days. The corn returns if the pit is left, but this may be cut out with curved scissors. In rosacea hypertrophica it is equal to sulphur lotions. Brilliant results were noted

at first, when ten to fifteen per cent. mulls were applied as a germicide to lupus erythematosus. Though there was no cure there was great improvement. The penetrating power is not sufficient. In pruritus, especially of the extremities, a half per cent. solution did good, and obstinate pruritus ani was cured. In tinea tricophytina the author prefers mercurial plaster, but in tinea circinata and tonsurans he highly recommends it, and regards it as superior to the four per cent. sublimate solution in myrrh, recommended by Taylor. He says as tinea tonsurans is obstinate it is well to have a variety of remedies. In tinea versicolor he has found that Fleming's solution cures so quickly that he has not tried the salicylic.—*Journal of Cut. and Gen. Urinary Dis.*

ABORTIVE TREATMENT OF SYPHILIS.

Dr. L. Mannino reports the cure of patients presenting recent chancres. The treatment consists in the cauterization of the chancre with the Paquelin cautery, after having previously produced local analgesia with a solution of cocaine. Six patients were experimented upon, and four of them failed to present secondary manifestations. There seems to have been no doubt of the specific nature of the lesions, as nearly all of those who imparted the disease were examined and found to have syphilis.—*Giornale Ital. delle Mal. Veneree.*

SANITATION AND PUBLIC HEALTH.

MONEY FOR LEPERS.

During the last two years the Board of Health of Honolulu in the Sandwich Islands has expended more than \$250,000, the greater part of which was for expenses incurred on account of lepers.

PHTHISIS FROM HOUSE SWEEPINGS.

Carnet has experimented with the dust obtained from the walls and floors of various dwellings in which tuberculous patients had been; inoculating guinea pigs with it and carefully excluding all possibility of infection from outside sources. In this way twenty-one rooms of seven Berlin hospitals were examined, and bacilli found to have been

present in the dust from most of them. Positive results were also obtained with the dust from insane asylums and penitentiaries.

The dwellings of fifty-three tubercular patients were investigated in the same way, and the dust in the neighborhood of twenty patients found to be virulent. It was the case with absolute regularity that the dust was always virulent when the patient had been in the habit of spitting on the floor or in a handkerchief, while it was never so when a spit cup had been employed.—*Munchener Medicinische Wochenschrift*, 1888, No. 308. Quoted by Tennessee Health Bulletin.

CONSUMPTION AMONG INDIANS.

Consumption among Indians, according to statistical evidence, increases under the influence of civilization—i. e., under the compulsory endeavor to accustom themselves to the food and habits of an alien race. Dr. Matthews thinks that climate has very little to do with this increase, since the Indian race invariably suffers more than either the white or colored race. He is inclined to regard the disease as scrofulous in origin, and arising from improper and badly cooked food, bad dwellings and poor clothing.—*Sanitary News*.

LEPROSY INOCULATED.

In November, 1885, Dr. Arning inoculated with leprosy a native Hawaiian, a criminal condemned to death and confined in a jail at Honolulu. In answer to a request by Archdeacon Wright of England, who was interested in the case, Dr. Emerson, president of the Honolulu Board of Health, and Dr. Kimball, government physician, have made out a detailed statement of the present condition of the prisoner, in which there is a rehearsal of the commoner symptoms of the disease inoculated. "It is our decided opinion," say the doctors at the conclusion of the report, "that this man is a tubercular leper," and these men are experts in the disease. So here is another case to be added to the swelling list of probable evidence.

This is not a perfect test case, however. The man was a *native*. Had he been a foreigner—an Englishman or American, for instance—it would have been better. There still remains the possibility that he may have had the dis-

ease in his system before the inoculation was made. Another point to be considered in connection with the irruption of leprosy, and upon which sufficient stress has not hitherto been laid, is the liability of the disease to show itself when the vitality has been weakened by other causes. This may have been and probably was to some extent the case with the Hawaiian criminal, unless the jail diet and accommodations are very different in Kalakaua's kingdom from what they are elsewhere.

We believe the disease to be communicable, and that in the case cited it was probably inoculated by the physicians; but we are not perfectly certain about it. A few more of such inoculations *upon foreigners* will be invaluable to science and put at rest a question of increasing importance.

We consider that a large majority of opinions expressed on the subject of the etiology of leprosy are utterly worthless, as coming from men who may have seen two or three cases in a lifetime, and these in some of the large hospitals or clinic rooms of a great city. Leprosy is not to be studied in this way. A fair opinion must come from a large experience with the disease and the circumstances leading thereto, such as diet, sanitary condition of residence, family disease and a dozen et cæteras.

BOOK NOTICES.

A Manual of General Pathology.—Designed as an introduction to the practice of medicine. By Joseph Frank Payne, M. D., Oxon., F. R. C. P., etc., with 153 illustrations. Philadelphia: Lee Brothers & Co., 1888.

It is not only hard, it is impossible to do justice to such a work as this in the space at our command. Indeed it is distasteful to us to endeavor even to carve into the compass of a few lines a summary of its many excellences. The book is unique. Fresh, original, thoughtful, in the space of 522 pages we are given a wonderfully comprehensive view of the whole science of pathology, and from the very latest points of view. Read the chapter on New Growths for instance. Is it not excellent, clear, logical? Are not the points concerning the etiology of new growths, the nature of malignancy, well taken and argued? Does

not the classification of tumours adopted commend itself to our understanding at once? We must also commend the division of the work into two principal parts—dealing, first, with the processes of disease; second, with the causes of disease—as impressing a clear and definite idea of the subject dealt with upon the mind of the student. In the latter division the chapters on the vegetable parasites—the world-famous schizomycites—are particularly moderate and sound. On second thought we are glad that we have room to say no more. This is one of *the* text-books of the year and no student of medicine who wishes to get clearer and clearer ideas of the essence of disease, of the meanings that lie behind symptoms—and those who do not have missed their vocation in medicine—will fail to give it an attentive reading. Thinking so of the book, we regret deeply the signs of unpardonable proof-reading scattered all through it. We are also amazed to find Dr. Payne committing himself to a statement so behind the day as that the negro never has yellow fever. The record of the recent epidemics in the South should have taught him that this is what our friend Jno. P. Robinson was fond of terming “an exploded idea.”

H. D. B.

The Theory and Practice of the Ophthalmoscope. A handbook for students. By John Herbert Claiborne, Jr., M. D. 1888. George S. Davis, Detroit, Mich.

This volume forms the fifth number of the third series of those remarkably cheap and excellent little books, published by Mr. Davis, which we have had the pleasure of noticing favorably now many times. About the present volume there is nothing remarkable. As the author remarks, “the lines are cast in familiar places,” but as a brief and clear statement of the very elements of this subject it is fairly successful. It is certainly by long odds the best book on the subject to be had for the price, twenty-five cents, and no intelligent student or practitioner, who felt himself in ignorance of the matter, could go wrong in investing that amount in Dr. Claiborne’s manual. There is, unfortunately, some careless proof-reading, to which every conscientious reviewer should scotch, we think. On the same grounds and for the benefit of the author we call attention to the statement (p. 8) that a concave lens has a virtual, negative focus on the same side of the lens as the light. Why confuse a beginner with this ancient pervers-

sion of fact? A concave lens has *no* focus by refraction; the apparent focus existed in the eye of the sun alone. Again, we would suggest to the doctor that no tyro will find his explanation of the perception of a line and the meaning of astigmatism sufficient, if we recollect right our own miserable wrestlings with this matter. The explanation should certainly be extended.

The same objection that we made to speaking of the focus of a minus glass may be urged against the phrase (p. 25): Parallel rays are brought to a focus behind the retina of a hypermetropic eye. Beginners should be told the truth at first and once for all. On page 48, tenth line from the top, right eye should of course be left eye, and an equally obvious (but to the student highly confusing) mistake is to be found on page 54 in the italicized passage beginning: "It will be observed," etc. We thoroughly agree with Dr. Claiborne, and are pleased to see that he has the rare courage to speak it out, that no determination of refraction by the ophthalmoscope can be absolutely reliable unless the accommodation be paralyzed, and with him we have found weaker solutions than eight grains to the ounce inadequate to attain this end quickly and surely.

H. D. B.

Anæsthetics—Their Uses and Administration. By Dudley Wilmont Buxton, M. D., B. S., Member of the Royal College of Physicians; Member of the Royal College of Surgeons of England; Administrator of Anæsthetics in University College Hospital, the Hospital for Women, Soho Square, and the Dental Hospital of London. Philadelphia: P. Blakiston, Son & Co., 1888. New Orleans: Armand Hawkins. Price \$1.25.

When we find a book from the pen of a man who is administrator of anæsthetics in four public institutions of London we naturally expect something good from this new representative of a new specialty—shall we call it anæsthesiology? In a little volume of 160 pages the subject is well discussed and clearly presented. We are told what anæsthetics should be given, and how to give them; the accidents attending their administration, and how to combat them. The medico-legal aspects of accidents under their administration, including death under the knife, are thoroughly discussed.

Referring to local anæsthetics the author carefully mentions all the possible dangers of cocaine, and says very little in its favor as a useful agent in the minor operations. It may be that as a representative Englishman he has not used the drug as much as we do in this country, where new remedies are quickly tested to their utmost; or, as a specialist, he ignores remedies that do not display his trained advantages in their best light. We have used cocaine (the hydrochlorate) many times for circumcision, and always without untoward results. On one occasion, when twenty-five minims of a four per cent. solution had been injected into the prepuce, and we were tying the last suture after the operation, our impatient patient, whose face was covered, inquired: "Doctor, when are you going to begin to cut?"

The author's experience, however, makes him an authority on the subject of anæsthetics, and for this reason the book should be read.

H. W. B.

Comparative Studies of Mammalian Blood, with Special Reference to the Microscopical Diagnosis of Blood Stains in Criminal Cases. By Henry F. Formad, B. M., M. D., Lecturer on Experimental Pathology and Demonstrator of Morbid Anatomy in the University of Pennsylvania, etc.; with sixteen illustrations from photo-micrographs and drawings. Philadelphia: A. L. Hummel, M. D., publisher, 224 S. 16th street. 1888.

This is a very valuable addition to the knowledge on this subject. The method of differentiation between the blood of different animals is by measurement. Allowing, however, for all the skill and accuracy which we know Dr. Formad possesses, we would hardly be willing to stake a human life on the diagnosis of blood in criminal cases.

G. B. L.

Plomaines and Leucomaines, or the Putrefactive and Physiological Alkaloids. By Victor C. Vaughan, Ph. D., M. D., Professor of Hygiene and Physiological Chemistry in the University of Michigan; and Frederick S. Novy, M. S., Instructor of Hygiene and Physiological Chemistry in the University of Michigan. Philadelphia: Lea Brothers & Co. 1888. New Orleans: Armand Hawkins.

No knowledge concerning the germ theory of disease can be satisfactory without a corresponding knowledge of ptomaines and leucomaines, and we know of no more delightful way of obtaining it than by reading this book. The authors first give an interesting historical sketch of the discoveries made concerning the bodies. Then follow the different foods which have furnished poisonous ptomaines, together with the reports of some cases. The third chapter deals with their relation to disease. The fourth is specially interesting, as showing the similarity in reaction displayed by some ptomaines to some of the alkaloids, like strychnine, etc.; gives accounts of mistakes made by chemists in some celebrated poisoning cases, and giving warning as to the possibility of innocent persons suffering by such mistakes. Then follow their chemistry and discussion of their pathological significance. The book is short, clear and interesting, and, we hope, will be extensively read.

G. B. L.

The Life Insurance Examiner. A Practical Treatise upon Medical Examinations for Life Insurance. By Charles T. Stillman, M. S., M. D., Medical Examiner for the Mutual Life Insurance Company, for the General Agency of the City of New York; Examining Surgeon of the Traveler's Insurance Company of Hartford, Conn., for the City of New York, etc. New York: The Spectator Company, 16 Dey street. 1888.

This work will certainly be welcomed by a large number of medical examiners for life insurance companies, not so much to know how to examine an applicant, but how much an insurance company wants to know about him. There is a good deal of judgment to be used in interpreting the answers of applicants, and a physician can ask much more intelligently if he knows exactly what is wanted. G. B. L.

The Vest Pocket Anatomist. (Founded upon "Gray.") By C. Henri Leonard, A. M., M. D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynæcology in the Detroit College of Medicine. Fourteenth revised edition, containing 193 illustrations, "Dissection Hints" and Visceral Anatomy. Cloth, 12mo., 304 pages; price \$1.00. Illustrated Medical Journal Co., Publishers, Detroit, Mich.

The new fourteenth edition of this work has been increased in size by the addition of over 100 pages of text and 100 engravings; the page of the book has also been somewhat enlarged to accommodate better the engravings. The brain and its membranes, the eye, ear and throat, in fact the entire viscera and the generative organs of both sexes, form the new subject matter in this edition. Besides being a very popular dissecting room companion, it has become also a very popular surgical case companion for the practitioner, since the illustrations show at a glance (being photo-engraved from the English cuts of Gray) the positions of all the important blood-vessels, nerves, muscles and viscera.

Questions and Answers on the Essentials of Anatomy.
Prepared specially for students of medicine. By Chas. B. Nancrede, M. D., with seventeen illustrations. Philadelphia: W. B. Saunders. 1888.

Questions and Answers on the Essentials of Surgery.
Together with a full Description of the Handkerchief and Roller Bandages. By Edward Martin, A. M., M. D., with ninety illustrations. Philadelphia: W. B. Saunders. 1888.

Of late years the number of "compend," "essentials," etc., has increased at a great rate. In former times, when the branches of medical curriculum were not so numerous as they are now, the student was not so much pressed for time. As Dr. Martin, in the above "Essentials of Surgery," remarks; "Under our present system of rapid education outline works are of distinct value." The existence of these numerous condensed manuals is due to the overcrowding of the student. Instead of supplying a want thus wrongfully created, Dr. Martin would be more heroic if he were to agitate a reform in our methods of medical education. It is unnecessary to detail what the above books contain, for their titles indicate the nature and scope of their contents.

A. McS.

Obstetric Synopsis. By John S. Stewart, M. D., Demonstrator of Obstetrics and Chief Assistant in the Gynecological Clinic of the Medico-Chirurgical College of Philadelphia. Illustrated. Philadelphia: F. A. Davis. 1888.

This little book reads like a compilation of notes taken from lectures, and this its introduction acknowledges. It will be found very convenient by students as an aid in reviewing, but of course, cannot take the place of larger textbooks.

G. B. L.

Practical Anatomy. A Manual of Dissections. By Christopher Heath, F. R. C. S. Seventh edition. Revised by Rickman J. Godlee, M. S., Lond, F. R. C. S., with twenty-four colored plates and 278 engravings on wood. Philadelphia: P. Blakiston, Son & Co. 1888. New Orleans: Armand Hawkins, 194 Canal street. Price \$5.

This is an excellent work. The text is full and clear but not burdened with minute details, which are out of place except in works of a professedly descriptive character. The arrangement of the matter is that found in all dissecting manuals, namely: in describing a region the structures are treated of in the order in which they meet the dissector's eye, so that the student destroys nothing to which he would have to refer in late stages of his dissections. Surgical hints are inserted in connection with the articles on the blood-vessels. A series of colored plates (reduced) from Maclise's "Surgical Anatomy" form a valuable feature of the work. These plates form striking pictures, and serve to impress firmly upon the student the relative positions of the various structures. We may commend Mr. Heath's work as a valuable and faithful guide to medical students in the course of their dissections.

A. McS.

PUBLICATIONS RECEIVED.

Transactions of the American Otological Society. Twenty-first annual meeting, July, 1888, vol. iv, part 2.

Eczema; its Treatment. By A. E. Carrier, M. D., Detroit. Read before Detroit Medical and Library Association.

The Radical Cure of Varicocele, attended with Redundancy of Scrotum, demonstrated by Time. By M. H. Henry, A. M., M. D. From *Journal of American Medical Association*.

Double Choro Retinitis, etc. By C. A. Oliver, M. D., Philadelphia.

The Eye of the Adult Imbecile. By C. A. Oliver, M. D., Philadelphia.

The History of the *Filaria Sanguinis Hominis* in the United States, etc. By W. M. Mastin, M. D., Mobile.

Hysteria and Epilepsy. Physicians' Leisure Library Series. By J. Leonard Corning, M. D.

Phthiisology, Historical and Geographical. By G. A. Evans, M. D. New York: D. Appleton & Co. New Orleans: A. Hawkins.

Travaux D'Obstetrique du Docteur A. Auvar, Accoucheur des Hopitaux de Paris. Three volumes. Paris: Lecrosnier et Babé. 1889.

Transactions New Hampshire Medical Society. Ninety-eighth annual session.

The Case of Emperor Frederick III. Full Official Reports. By the German Physicians and by Sir Morell Mackenzie. New York: Edgar S. Werner. 1888.

Saunders' Question Compend: 1. Essentials of Obstetrics. By Wm. Easterly Ashton, M. D. 2. Essentials of Anatomy. By Chas. B. Nancrede, M. D. 3. Essentials of Surgery. By Edward Martin, A. M., M. D. 4. Essentials of Medical Chemistry. By Lawrence Wolff, M. D. Philadelphia. W. B. Saunders, 33, 35 S. Tenth st. These excellent compends will be reviewed at length in February number.

Manual for Hospital Nurses, with Recipes for Sickroom Cookery. By Edward J. Dornville, M. D., London. Sixth edition. Philadelphia: P. Blakiston, Son & Co. 1888.

Two Cases of Gunshot Wound of Abdomen. By N. Senn, M. D. Reprint from *Medical News*.

Inflation of the Stomach with Hydrogen Gas. By N. Senn, M. D. From *Medical News*.

Nystagmus. By Chas. Kipp. Reprint from Transactions of American Otological Society, 1888.

The President's Annual Address. By Robert Battey, M. D. Reprint from Transactions American Gynecological Association, vol. xiii, 1888.

Below Sea Level and High Altitudes of Southern California. By Walter Linsley, M. D. Reprint from *New York Medical Record and Southern California Practitioner*.

Contagiousness of Phthisis. By L. F. Flick, M. D. Transactions of the Medical Society, State of Pennsylvania.

Inebriate Asylums and their Work. By T. D. Crothers, M. D.

Transactions Mississippi State Medical Association. 1888.

Comptes Rendus de L'Athénée Louisianais, Paraisant tous les Deux Mois.

A Manual of Dietetics for Physicians, Mothers and Nurses. By W. B. Pritchard, M. D. Dietetic Publishing Company, New York.

Case of Typhlitis with Double Perforation of the Cæcum and Peritonitis. L. S. McMurtry, M. D.; American Medical Association, 1888.

Treatment of Peritonitis by Abdominal Section. L. S. McMurtry, M. D. Kentucky State Medical Association, 1888.

The Preferable Climate for Phthisis. Chas. Denison, M. D. Reprint Transactions Ninth International Medical Congress.

Annales de la Sociét Medico-Chirurgicale de Liege, 1888.

Furuncle de L'Oreille. Par le Docteur Loewenberg. L'Union Medicale.

The Life Insurance Examiner. By Chas. F. Stillman. The Spectator Company, New York, 1888.

Subglottic Laryngeal Tumor. By E. Fletcher Ingals, M. D. Reprint from *Medical News*.

Case of Coloboma of Iris, Lens and Choroid. C. A. Oliver, M. D., Philadelphia.

Why Electrolytic Treatment of Stricture does not Succeed in all Hands. By G. C. H. Meier, M. D.

Consequences of Acute Suppuration of Middle Ear. By A. R. Baker, M. D. Reprint from Ohio State Medical Society, 1888.

Report on Hydrophobia. By Chas. W. Dullis. Reprint from Transactions of Medical Society of Pennsylvania.

Mineral and Thermal Springs of California. W. F. McNutt, M. D. Reprint from Transactions Ninth International Medical Congress.

Medical Communications of Massachusetts Medical Society, 1888.

Projet de Loi sur la Collation des Grades Académiques. Discussion dans les Séances du 9 Février et du 5 Aout, 1888.

RESOLUTIONS ON THE DEATH OF DR. SCHMIDT.

At a recent meeting of the Orleans Parish Medical Society it was unanimously agreed to give public expression of a sense of loss experienced by the members in the death of Dr. H. D. Schmidt. With this end in view the following resolutions were framed:

Whereas, Dr. H. D. Schmidt, an honorary member of this Society, revered and respected by all, has departed this life leaving behind him the legacy of a distinguished name and the impress of a noble character; be it

Resolved, That we, the members of the Orleans Parish Medical Society, recognize the valuable contributions which Dr. Schmidt has given to science; his earnestness, zeal and enthusiasm during the many years of painstaking research which he has spent in the cause; his love of labor for labor's sake; his simplicity of character.

Resolved, That we recognize in the life led by Dr. Schmidt a patience in suffering and a perseverance under physical disabilities that might well have appalled a weaker nature, but which perseverance enabled him to accomplish during his latter days labors equal to those performed in the vigor of his manhood; a consideration for the inexperience of the youth and all about him who desired knowledge, patiently imparting information and stimulating a wholesome desire to pry into the hidden and wonderful storehouse of nature; a man of marked characteristics and strong opinions—an altogether unique character, whose virtues will long be cherished by his friends, and whose reputation is appreciated wherever science is studied and disinterested labor applauded.

Resolved, That a copy of these resolutions be sent to the widow of Dr. Schmidt, and that they shall also be published in the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL*.

J. P. DAVIDSON, President.

HENRY WM. BLANC, M. D., Chairman.

EDWARD SOUCHON, M. D.

STANFORD E. CHAILLE, M. D.

Committee.

MEDICAL NEWS AND MISCELLANY.

THE United States consular agent reports 332 deaths from small-pox at Trapini, Italy, for the month of October, 1888, "almost all children, not vaccinated."

DR. E. R. LEWIS of Westerly, R. I., reports to the *Boston Medical and Surgical Journal* the birth of a baby weighing 15 pounds, 2 ounces. It was the eighth child.

WHAT will be the result of the cases of yellow fever on the U. S. steamship Boston? Better send her to the Louisiana Quarantine Station and have her thoroughly disinfected.

DR. H. D. BRUNS of the staff of the JOURNAL was elected Pathologist of the Charity Hospital, to fill the vacancy caused by the death of Dr. Schmidt. The JOURNAL congratulates Dr. Bruns and the Hospital.

DENTITION SYRUP.—Paul Vigier proposes the following formula: Hydrochlorate of cocaine, 0.10 gm.; syrup, 10 gm.; tr. saffron, 10 drops; mix; to be rubbed upon the gums several times daily.—*Le Prog. Med.*

MOUTH WASH.—The following wash for shrinking the gums is given by various French journals of pharmacy: Tanic acid, 8 gm.; tr. iodine, 5 gm.; iodide potass., 1 gm.; tr. myrrh, 5 gm.; rose-water, 200 gm.; mix. A teaspoonful in a third of a tumbler of water.

WITH the first of the new year Dr. N. S. Davis ceases his connection with the *Journal of the American Medical Association* as editor-in-chief. How well his work has been done is evidenced by the rapid advance in circulation and in value made under his guidance. The *Journal* is now one of the leading medical papers of the day. Dr. John B. Hamilton replaces Dr. Davis.

OUR publisher Mr. Herman A. Hasslock, of Hasslock & Ambrose, is a candidate for Public Printer under the incoming administration, and if promptness, energy and a thorough knowledge of the art is a recommendation he will fill the place with credit to the government and himself. We cordially commend him in every particular, as our relations with him have been close, pleasant and profitable.—*Nashville Journal of Medicine and Surgery.*

THE DOCTOR'S CODE—AN ETHICAL ODE.

Shall a doctor advertise?
Is it foolish? Is it wise?
Will it pay, or will it not?
"Yes, that trick will take the pot."

Since I think that it *will* pay
Comes the question—In what way?
Shall I start a monthly sheet,
Naming every fool I treat?

Shall I seek the public prints,ⁱ
That at all deception squints?
Can I face the angry frowns
Of my rivals?—Stupid clowns!

No—a better way I see,
Wherewithal to catch the fee;
And my colleagues' eyes to "wool"
With the celebrated "pull."

So if in the *Globe* I see
"The distinguished Dr. Bee
Called to Coventry to-day—
Gunshot wound—a street affray,"

How I cuss the whole *Globe* crew
(To Dr. R. and P. and Q.),
And then down to newspaper row,
With many a smile and smirk, I go

"You naughty man"—a sly side wink—
"You've broke the—Let's go take a drink."
* * * "Oh, Billy, by the way,
Was called to see Judge Cash to-day."

Another puff next week. And, too,
I've got another method—new!
It wouldn't do to sign a puff
In print—'twould raise a mighty huff

But "word of mouth" dies in thin air;
You can't locate "talk" anywhere.
So wondrous cures of mine I tell,
Out-lying the manager of—well—

As thus: "Old Mrs. X—bad case;
Giv'n up by five—cancer of the face;
My salve—one box; new creature now,
Case just like yours; cure you, I vow."

"Doc. Stokes? Too old. Clear out of date,
And Bacon—yes, he'll have to wait;
Will *some* day make a *fair* M. D.,
But—swaddling-clothes—all *theorie*."

Oh, selfish and short-sighted fool!
Didst ever read the "Golden Rule?"
Which teaches you should always do
As you would have men do to you.

—*J. W. M., in Indiana Medical Journal.*

AN outbreak of scarlet fever in Glasgow has been traced to a dairy; fourteen of the ninety-two families supplied from this dairy were found to be infected.

PNEUMONIA, says Dr. Seibert of New York, is a house disease, originating, with diphtheria and inflammatory rheumatism, in damp, dirty or unventilated rooms and cellars.

LIEBREICH'S MILK JELLY, a palatable preparation for the sick, may be made as follows: Dissolve one pound of granulated sugar in one quart of milk by heat, and boil ten minutes. When completely cool, add slowly while stirring one ounce of gelatin in four ounces of water; add also the juice of three or four lemons and three wine glasses of either sherry, Rhine wine, brandy or whisky.—*Bartholow.*

THE next meeting of the American Medical Association will be held at Newport, R. I., on Tuesday, June 25, 1889. The session has been deferred by authority to this date. Dr. W. Thornton Parker is local secretary and Dr. H. R. Storer is chairman of the committee of arrangements. The occasion will be the 40th annual meeting of the association and the 250th anniversary of the settlement of Newport.—*Polyclinic.*

GLYCERIN ENEMATA IN CONSTIPATION.—Subbotic (*Centralbl. f. Gynäköl.*) has found that when glycerin enemata fail to produce satisfactory evacuation of the bowels the failure is due to an empty rectum. Glycerin purges by stimulating to increase secretion only that part of the bowel with which it comes in contact. Sufficient irritation is not produced in any empty rectum to cause the downward passage of feces from the upper portion of the bowels. When the rectum is full the action is prompt and efficient.—*Polyclinic.*

DR. GEORGE M. STERNBERG says that in yellow fever the urine and the vomited matters are highly acid. The intestinal contents also have an acid reaction. He therefore proposes an alkaline treatment, and gives the following formula:

℞ Sodii bicarb..... 150 grains.
Hydig. chlorid corrosiv..... $\frac{3}{10}$ grains. .
Aquæ puræ..... 1 quart.
M. Sig.

The patient to take about one and three-quarter ounces every hour, ice cold. The house physician at the Garcini

Hospital has sent (*Medical Record*) a report of twelve cases treated by the alkaline and bichloride method, and it appears that all of them recovered. While these twelve cases were being treated, eight cases were treated in the same institution by other methods and five of the eight died.

FOR SUPERFICIAL NEURALGIA.—Garretson's favorite application for superficial neuralgias, especially of the face :

℞ Aconitini, gr. ij.
Veratrini, gr. iv.
Olei tigllii, gtt. ij.
Olei olivæ, ℥ ij.

M. Sig.—Rub over the affected spot thrice daily.—*Medical Summary.*

TONIC LAXATIVE.—I respectfully submit the following formula which I have known to prove of unexceptional value as a tonic-digestive-laxative :

℞ Pepsinum purum pulvis
Cascarin.
Quinine sulphate, ää gr. xxx.

M. Ft. capsules No. xxx.

Sig.—One capsule at meal time as needed.—*Med. Age.*

CHOLERA INFANTUM.—

℞ Argenti nitrat, gr. j.
Acid nitric. dil., m. viij.
Tinc. opii deodorat., m. viij.
Mucil. acacia, f ℥ ss.
Syr. simplicis, f ℥ ss.
Aq. cinnamoni, f ℥ j.

M. Sig. A teaspoonful every three, four or six hours to a child one year old.—*Bartholow.*

A PILL for GOUT.—The following formula is suggested by Dr Loomis of New York :

℞ Ext. colchici acetici.
Ext. aloë.
Pulv. ipecac.
Hyprarg. chlor. mit., ää gr. i.
Mxt. nucis vom., gr. $\frac{1}{4}$ ad $\frac{1}{2}$.

M Sig. Ft. pill No. i. To be taken every four hours until it purges. These pills may be carried about and employed at the first sign of an attack. They will often abort it.—*Medical Age.*

DR. H. A. HARE, of the University of Pennsylvania, has found that if, during anæsthesia, respiration stops, in man and in the lower animals, the free use of ether poured upon the belly causes so great a shock by the cold produced by its evaporation as to cause a very deep inspiration, which is often followed by the normal respiratory movements.—*Practice*.

ANALGESIC COTTON.—Under the name of “cocained and morphinated cotton” the following formula by Eller is given in the *Union Méd.*, Oct. 20, 1888: Solution of cocaine (3 per cent.) 30 gm.; morphine sulph., 0.8 gm.; absorbent cotton, 30 gm. Dissolve the morphine in the cocaine and soak the cotton in the solution. It may be made into a small ball and introduced into the cavity of an aching tooth, or, previously moistened, may be used in like manner for earache.—*American Journal of Pharmacy*.

The National Druggist reports that Dr. Castleman of Houston, Tex., prescribed a solution of antipyrine, gr. iss, and sweet spirits of nitre, m. v. or vj. to the dose, for a child suffering with fever to the extent of 105° in mouth. Shortly after second dose the child died. The parents sued the doctor for malpractice. Dr. Ludwig Bremer of New York, after experiments upon lower animals states it as his opinion that the green compound resulting from the mixture of the two agents is not toxic. The editor of the *Druggist* tried it upon himself without ill effect.—*N. Y. Medical Record*.

DR. BARTENS of Roda, in the case of a boy fourteen years of age, practiced skin transplantation from the body of a man recently deceased. The lad was severely burned on the upper surface of the feet and legs near the amaleoli, and all efforts to produce a new growth of skin proved unavailing. Twenty minutes after death of a man of 70 years a large flap of integument was removed from the corpse, laid for a few moments in lukewarm salt water and small pieces transplanted to the ulcerated surfaces, each foot receiving fourteen grafts. The operation was a perfect success, the foot healing and all motions being restored.—*Western Medical Reporter*.

MORTUARY REPORT OF NEW ORLEANS

FOR NOVEMBER, 1888.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....	.....	.....	.....	.....	.....	.....	.....
“ Malarial, unclassified	6	3	8	1	5	4	9
“ Congestive.....	3	.....	2	1	3	.....	3
“ Continued.....	2	.....	1	1	2	.....	2
“ Intermittent.....	.....	.....	.....	.....	.....	.....	.....
“ Remittent.....	2	.....	1	1	1	1	2
“ Catarrhal.....	.....	.....	.....	.....	.....	.....	.....
“ Typhoid.....	3	.....	3	.....	3	.....	3
“ Puerperal.....	1	1	.....	2	2	.....	2
Typho-Malarial.....	.....	.....	.....	.....	.....	.....	.....
Scarlatina.....	2	.....	2	.....	2	.....	2
Small-Pox.....	.....	.....	.....	.....	.....	.....	.....
Diphtheria.....	18	6	8	16	.....	24	24
Whooping-cough.....	.....	1	1	.....	.....	1	1
Meningitis.....	5	1	4	2	1	5	6
Pneumonia.....	6	12	9	9	10	8	18
Bronchitis.....	9	4	8	5	3	10	13
Consumption.....	31	23	25	29	54	.....	54
Congestion of brain.....	8	1	5	4	4	5	9
Diarrhœa.....	8	1	4	5	5	4	9
Cholera infantum.....	9	4	10	3	.....	13	13
Dysentery.....	3	.....	2	1	3	.....	3
Debility, General.....	3	3	2	4	6	.....	6
“ Senile.....	16	16	11	21	32	.....	32
“ Infantile.....	9	4	5	8	.....	13	13
All other causes.....	185	95	153	127	160	120	280
Total.....	329	175	264	240	294	210	504

Stillborn children—White, 27; colored, 20; total, 47.

Population of city—White, 180,000; colored, 68,000; total, 248,000.

Death rate per 1000 per annum for month—White, 21.93; colored, 30.88; total, 24.38.

DIPHTHERIA RECORD FOR NOVEMBER, 1888.

Dist.	CASES.			DEATHS.		
	White.	Colored.	Total.	White.	Colored.	Total.
1	10	1	11	3	.....	3
2	12	3	15	5	1	6
3	12	5	17	2	2	4
4	19	1	20	7	1	8
5	1	3	4	1	2	3
6	3	2	5	.....	.....	.....
7	.....	.....	.....	.....	.....	.....
	57	15	72	18	6	24

HENRY WM. BLANC, M. D.,
Chief Sanitary Inspector.

METEOROLOGICAL SUMMARY—NOVEMBER.

STATION—NEW ORLEANS.

DATE	Mean Baro- meter.	TEMP'RE.			Precip. in inches and hund.	GENERAL ITEMS.			
		Mean	MAX	Min		Mean barometer, 30.104.	Highest barometer, 30.34, 4th.	Lowest barometer, 29.67, 8th.	Monthly range of barometer, 0.67.
1	30.20	73.5	84.0	66.8	.....	Mean temperature, 61.8.	Highest temperature, 84.8, 8th.	Lowest temperature, 41.0, 28th.	Monthly range of temperature, 43.8.
2	30.13	70.5	84.5	64.5	T	Greatest daily range of temp., 20, 2d.	Least daily range of temp., 4.3, 20th.	Mean daily range of temperature, 14.1.	Mean daily dew-point, 52.4.
3	30.17	72.0	79.8	63.9	.02	Mean daily relative humidity, 79.4.	Prevailing direction of wind, N. & N.E.	Highest velocity of wind and direction, East, 33 miles on 8th.	Total movement of wind, 5784 miles.
4	30.06	69.0	79.2	63.9	.07	Total precipitation, 1.50 inches.	Number of days on which .01 inch or more of precipitation fell, 10.	No. of clear days, 11. No. of fair days, 13. No. of cloudy days, 6.	MEAN TEMPERATURE FOR THIS MONTH IN
5	30.10	69.0	82.2	65.0	T	1874... 63.0	1879... 64.9	1884... 59.7	1875... 65.5
6	30.05	68.0	81.0	64.5	.....	1876... 59.1	1881... 61.2	1886... 59.1	1877... 58.2
7	29.88	68.0	82.0	63.0	.....	1878... 60.7	1883... 63.5	1888... 61.8	1882... 62.8
8	29.74	72.5	84.8	67.5	.60	TOTAL PRECIPITATION (IN INCHES AND HUNDREDTHS) FOR THIS MONTH IN			
9	30.00	51.0	60.5	48.0	.....	1874... 1.12	1879... 3.79	1884... 3.13	1875... 6.79
10	30.14	51.0	62.0	45.5	.....	1876... 4.35	1881... 7.24	1886... 5.33	1877... 6.58
11	30.25	51.5	62.3	45.0	.....	1878... 7.78	1883... 6.36	1888... 1.50	1882... 1.08
12	30.20	54.0	66.7	48.0	.....	Dates of frosts: { Light, 11th and 28th. Killing, none.			
13	30.08	60.0	66.5	57.0	.47				
14	30.02	64.0	73.1	60.0	.05				
15	30.06	62.0	72.7	57.3	.....			
16	30.17	59.0	70.0	55.0	.....			
17	30.20	59.5	71.7	55.7	.....			
18	30.11	64.0	74.6	62.0	.....			
19	30.11	64.0	72.7	62.0	.05				
20	30.22	60.5	64.8	60.5	T				
21	30.18	55.5	58.6	53.5	.06				
22	30.16	54.5	60.3	52.0	.03				
23	30.22	54.5	62.9	50.5	.....			
24	30.33	51.0	61.3	45.0	.....			
25	30.20	53.0	63.2	48.5	.....			
26	29.99	49.5	56.8	45.0	.....			
27	29.93	49.5	53.3	47.0	.07				
28	30.07	47.0	56.7	41.0	.....			
29	30.15	47.5	60.3	43.0	.....			
30	30.12	47.5	57.8	45.0	.08				
31	.....	.....	.....	.....	.....
Sums	.....	.....	.....	.....	1.50				
Means	30.104	.....	61.8	.....	.....		

R. E. KERKAM, *Signal Corps Director.*

THE NEW ANTISEPTIC,

Katharmon

NON-IRRITANT.

NON-ESCHAROTIC.

FORMULA: THE ACTIVE PRINCIPLES OF PHYTOLACCA
DECANDRA, GAULTHERIA PROCUMBENS, HAM-
AMELIS VIRGINICA, HYDRASTIS CAN-
ADENSIS, MENTHA ARVENSIS,
THYMUS VULGARIS.

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PERAL STATE, SEPTICÆMIA, PYÆMIA AND SURGICAL FEVER.

DOSE:—From one-half to one fluid drachm.

In Acute Cystitis, when the urine is painful, scalding and irritating, use internally from one-half to a teaspoonful every three or four hours, or a little later on when the inflammation becomes **Chronic**, as an injection into the bladder in the proportion of from one to two drachms to two ounces of tepid water.

In Leucorrhœa use one ounce to eight ounces of water as an injection once or twice a day.

In all Catarrhal states of nose and throat, locally, half and half, or by atomization or inhalation in the proportion of one drachm to two ounces of water.

In Stomatitis, ulcerative or gangrenous, use either as a gargle (four drachms to two ounces), or internally thrice daily in the usual dose.

In Pharyngitis and Laryngitis use through inhalation in proportion of one drachm to two ounces of water.

In Gonorrhœa, as an injection, four drachms to two ounces of water once or twice a day as indicated.

In Obstetric Practice, both as a prophylactic measure and cleansing agent, it is most excellent. It should be applied to hands in full strength in making vaginal examinations or used per enema in the proportion of one part to eight of water.

In Vaginitis, specific or non-specific, as an injection from one to four ounces of water.

In Dermatitis locally applied in full strength every two or three hours.

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success.

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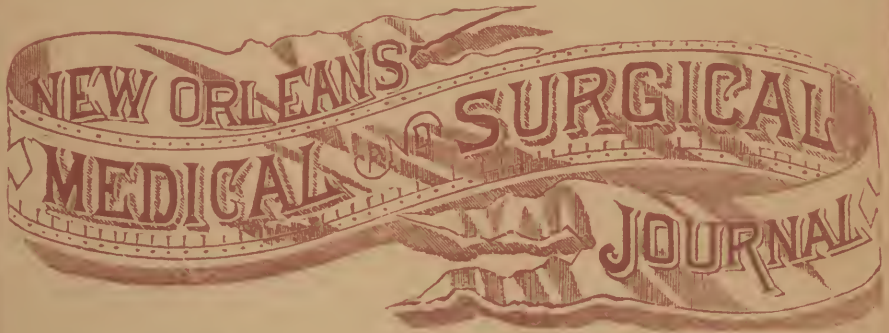
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The



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*Paullum sepultæ distat inertia
Celata virtus.—HORACE*

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FEBRUARY, 1889.

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Diphtheria and Disinfection. ✓

By C. P. WILKINSON, M. D., President Board of Health, State of Louisiana.

The very valuable editorial in the December number of THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL on diphtheria suggests the following supplemental notes on the same subject.

The medical profession is to-day confessedly in ignorance of the causes of diphtheria, the successful treatment of the malady and the safe and positive methods for its repression. Until something more is known of the origin of the disease the causes of its existence must remain speculative, and measures for its prevention or extinction be carried on only in the line of experimentation.

The factors which produce this poison in the human being, whether mould, damp soil, sewer gases, general unsanitary condition of habitations, or by communication from domestic animals, all or any of these, are not yet recognized as positive, nor are other sources satisfactorily assigned.

The tendency of modern science is to designate a specific cause to every effect. If true, that diphtheria poison is, as it is asserted to be, a distinct entity, following its own laws of reproduction, growth and death, this truth is but the prelude to the knowledge of those laws which must inevitably follow, sooner or later, and through this we will probably be enabled to obtain a greatly increased power to control them.

Until that truth, however, shall be demonstrated all present sensible and practical efforts towards riddance of the disease must be limited to attempts at destruction of the active agent, wherever it is known to have appeared, and the enforcement of general sanitary laws to prevent, as far as may be possible, its recurrence.

To accomplish this object the people at large, the members of the medical profession and the sanitary authorities, must unite and work harmoniously towards one common end.

The laity must recognize the unanimous and loudly-proclaimed verdict of the medical profession that at all times and in all cases diphtheria is contagious, and yield a common-sense acquiescence in the necessities which impose the isolation and quarantine of those stricken with the disease. Further, they should also refrain from secreting from the disinfecting officers garments and material lately in immediate use about the patient, and consequently most certainly infected.

On the medical attendant rests the imperative duty of inculcating into the minds of the doubtful the full danger of intercourse, the necessity of proper application of disinfectants to the ejecta, to the utensils and other material about the sick, and also to direct proper inquiry into the sanitary condition of the premises, with suggestions for the rectification of apparently existing evils.

To the sanitary authorities belong the responsibilities of legal correction of illegal violation of sanitary ordinances, the best protection of the neighbors from actual dangers,

and the thorough application of the most certain known disinfectants to infected material compatible with safety to life and property.

The complete performance of every detail of this tripartite duty would surely rapidly diminish the danger, if not entirely remove it. Unfortunately each of the three factors is wanting in that thoroughness of application absolutely essential to success. The laity will readily admit that from a bad case of diphtheria others may follow, but invariably the lighter forms of the disease are considered barren of the dangerous quality of contagion, and even a recognition of the danger will not always deter the curious from braving it, generally to the peril, unfortunately, of an innocent third party. Concealment of articles lately in the infected room from the disinfecting corps, thus invalidating any great good which might result from their work, is another most pernicious practice on the part of the people. In two instances where this occurred—in one from a shawl and another from a blanket secreted—to the children enveloped in them diphtheria soon followed in a fatal form.

Isolation of the sick from other members of the same family, instructions for proper disinfection of material in immediate proximity, and prompt report of the case to the sanitary authorities, that designative marks may be placed on the house to caution those willing and glad to remain away from infection, appertain to the duty of the attending physician. To the credit of a few of our physicians, some perform this duty well.

The opportunities offered to the attending physician for thorough application of disinfectants are far greater than those enjoyed by the disinfecting corps. He possesses the confidence of the people in the house, and to his directions most attention will be given. The disinfecting corps are strangers and officers of the law—looked on often with suspicion, and to them is yielded only a partial, and reluctant obedience.

The physician has opportunity to make application of

disinfectants to a limited infected centre, as it were; the disinfecting corps come upon the scene only after recovery or death of the patient, and find the area of their work very much extended.

The duty of the sanitary authorities in the case in point is that of subsequent disinfection of premises. Disinfection, to be of measurable practical value, must annihilate every particle of infection. Can we assert that this is now accomplished by the present methods? Only from lessons of analogy, in the absence of positive knowledge, can we direct our engines of destruction, to say the most, intelligently. Ignorance, then, of positive measures of relief is the fault of the sanitary authorities, and is an impediment of no small moment in the successful accomplishment of the object aimed at.

The known germicidal effect of bichloride of mercury and of sulphur fumes, and their easy and safe application, presents to our consideration these, as suitable agents for employment in attempts at destruction of diphtheria poison, if it be true that this poison is a specific organism, and not the result of various cumulative unsanitary conditions, acting upon an enfeebled human frame. One hypothesis upon another!

Among much other testimony pointing towards the beneficial results obtained by use of these in efforts to destroy diphtheritic agents, that presented in the annual report of the Michigan Board of Health for 1886, compiled by Dr. Baker, secretary, is most convincing. Reports were received from a large number of points in that State infected with diphtheria, where disinfection was entirely neglected, where it was negligently and loosely applied, and where it was rigidly enforced. The favorable course of the disease was in exact proportion to the intensity of disinfection, which commends most strongly the employment of that measure until its uselessness be demonstrated beyond cavil or dispute. Disinfection consisted in making use of bichloride of mercury and sulphur fumes. We are

led, then, to these agents, not from conviction of certain success following upon their application, but because we believe in their possible and probable value.

Whether or not the decline of diphtheria in this city has been dependent upon the disinfection of premises infected, or merely coincidental, the intelligent reader may judge for himself after a recital of connected events.

To present the subject comprehensively we will not only divide the city into two geographical divisions—Algiers and New Orleans proper—but will eliminate from consideration the first five months of the year. The reason for this lies in the fact that, prior to June, there were not very many cases in New Orleans, and none at all in Algiers.

During the month of June diphtheria appeared in Algiers for the first time in two years. The number of premises infected and number of cases reported are as follows :

ALGIERS.		
1888. Month.	No. of Premises infected.	No. of cases.
June.....	4	7
July.....	19	36
August.....	48	71
September.....	24	31
October.....	11	14
November.....	4	4
December.....	3	3
Total.....	113	166

About the middle of August the appearance of so large a number of cases prompted diligent and searching inquiry into the manner of application of methods then used in attempts at repression, and into the existing sanitary condition of the district. The last investigation revealed no apparent cause peculiar to the infected houses. For the most part yards, houses, cisterns and privies were in clean condition. The subsoil waterline was undoubtedly within a few inches of the surface, for the street gutters were so shallow and so grown up in grass as to be useless for drainage. The disinfection then practiced was found not to be as thorough in its application as was possible. Arrangements were quickly made to institute radical improvement

in this particular. The physicians were supplied with packages of bichloride of mercury, and urgently requested to compel disinfection of ejecta and of material about the sick—a request readily complied with. A pink flag was placed at the door of every infected house. Heads of families were instructed in every case to deny entrance to visitors, under penalty of the law. Public funerals were prohibited. Immediately after death of a patient the body was enveloped in a sheet saturated in a solution (1 to 500) of bichloride of mercury, and interred as quickly as possible. Immediately following the recovery or interment of a case of diphtheria the sanitary officers took charge of the premises wherein the case had occurred, and, making use as far as possible of the mercuric solution, then fumigated the whole house and contents for ten continuous hours with burning sulphur. In addition to these measures more than half of the entire sanitary police force was stationed in Algiers to act as quarantine patrolmen and to see that the sanitary rules enjoined were not violated.

In a few days, because of these methods, or merely coincidentally, epidemic influences expiring by limitation, the number of cases began declining in the ratio exhibited in the preceding table.

For the same period of time, commencing with June, in the city proper, the course of the disease has been as follows:

	Premises infected.	No. of cases.
June.....	17	43
July.....	38	46
August.....	46	58
September.....	86	105
October.....	71	91
November.....	66	68
December.....	33	33

While the disinfectant process was being applied in intense form in Algiers, New Orleans suffered by enforced negligence. The financial embarrassment of the city prohibited the employment of a sufficient sanitary police. The concentration of the greater portion of the force in Algiers, and the uncertainty of success in attempting to destroy

foci of infection by stringent methods of disinfection, precluded the employment of similar efforts in more than one locality, until the cause of the disease, under that treatment, gave us reason to claim demonstrable good therefrom.

In the latter part of August diphtheria began to increase in New Orleans, and early in September the large number of cases occurring compelled a withdrawal of the remaining sanitary police from every other duty than the disinfection of diphtheria-infected houses. This work was unhappily, though unavoidably, interrupted by the necessity of detaching the men to other duties during the possibility of the introduction of yellow fever into the city from Jackson, Miss., and Decatur, Ala., and for a time attentive disinfection of premises was not carried out. The close of September found us with a total of 105 cases, all of which had occurred during that month in New Orleans proper. The uniform rule has been that the winter show marked increase in number of cases over the autumnal months. Should the disease, then, uncontrolled, pursue its usual course, the prospect for the coming winter was anything but pleasant to contemplate.

In New Orleans proper more difficulties in applying disinfectants were encountered than were met with in Algiers. A very much larger population, with proportionate divergent ideas and opinions, prevented any unanimity of action on the part of the people. The superiority of the urban over the suburban practitioner prompted many of the profession to view with indifference our endeavors, some to sneer and some to interpose obstacles against them.

In spite of much opposition the middle of October found the disinfecting corps again actively at work. Contrary to the general rule October, November and December have each shown a steady diminution instead of increase in the number of cases.

This following upon a disinfectant plan of treatment in our locality, may be claimed as a coincidence merely.

The repetition of that event, under the same plan in another locality, verges very closely upon proof that the two are related as cause and effect.

If we consider that the disease has not abated from any other cause than disinfection of premises where it has appeared, the recital of its course in this city during the past few months, under that plan of treatment, is not an unworthy contribution to the statistics of sanitation. Also, the practice pursued has been the means of saving many valuable lives.

The value of disinfection in attempts to repress diphtheria has been submitted to a crucial test. The history of the disease shows that there is some period of incubation, and that the appearance of the membrane is not its first manifestation—a period of malaise, more or less short, uniformly preceding its development. The length of this period of incubation, and the time elapsing between the first symptoms of illness and the appearance of the membrane, the later manifestation being invariably waited for in the early stages of the disease by the intelligent physician before conclusively diagnosing and reporting the case, must be added together and counted as an essential factor in accurately dating the time of reception of the poison causing the disease.

These periods are stated to be by—

	Period of Incubation.	Time elapsing before Membrane appears.
Solis Cohen	2 to 5 days	$\frac{1}{2}$ to 2 days
Mackenzie	2 to 5 "	$\frac{1}{2}$ to 5 "
Flint	2 to 8 "	1 to 4 "
Jacobi.....	2 to 14 "	1 to 2 "

It is not unwise to conclude that at the time a physician dates his report of a case of diphtheria, three days previous to that date will embrace, for that case, the minimum possible conjoined period of incubation and malaise. A case, then, reported within three days subsequent to disinfection of the habitation should have its cause assigned to something anterior in date to the time of disinfection.

Should cases, following a first case, occur to a large extent among the inhabitants of premises subsequent to disinfection, and after the lapse of the conjoined minimum period of incubation and malaise, our faith in the efficacy of the measures of disinfection would be justly overthrown.

Since the first of June of 1888 there have occurred in all of New Orleans 118 cases of diphtheria in premises following a first case; or, for convenience, let us say, 118 cases of secondary development. Of these, 90 occurred previous to any disinfection, except that which may have been instituted by instructions of attendant physicians; all but two of them occurred within ten days of the appearance of the first case, and these two within twelve days. Within three days after disinfection, by the sanitary corps, five cases were reported, and three additional cases were shown to have been in intimate contact with other cases within seven days, making a total of 98 cases of secondary development from influences which had not been subjected to disinfection by the sanitary authorities. Of the 20 cases of secondary development in premises which had been disinfected, 3 manifested no symptoms until after 40 days; 3 until after 20 days; 2 until after 17 days; 4 until after 14 days, and 3 until after 13 days, or a total of 15 of the cases manifesting no symptoms of the disease, subsequent to first case, until after a greater lapse of time than that of any case of secondary development occurring in premises not disinfected. Whether or not these 15 cases contracted poison from sources beyond their domiciles or from poison *de novo* therein is an open question. But, including the whole 15 as cases occurring subsequent to disinfection, we are confronted with 98 cases, or 83 per cent. of the whole number, occurring previous to, and 20 cases, or 17 per cent. occurring subsequent to disinfection by the sanitary officers.

To what extent occurrence of cases might have been prevented if the people themselves had been careful to establish the best possible isolation, and all the attend

ant physicians, and not a few, been diligent in securing disinfection of material in proximity to patients, it is difficult to estimate.

Disinfection of premises, it is true, was practiced in former years, but from the testimony of those then and now engaged in the work it would appear that the previous manner of application was certainly inferior to that which has been in service during the past few months. In addition to more intense form of disinfection another feature of protection has been added. Advertisement of infected premises by the exhibition of a pink flag has informed the public of a danger to be avoided, and to this must be attributed a part of the causes which have operated to diminish the number of cases. The possibilities of distribution of the disease from an infected centre are lessened in exact proportion to the absence of means of conveyance of infected material to healthy localities.

Should the people, the medical attendants and the sanitary authorities make use of the known means of preventing the disease, much benefit will result. The most perfect working of only one part of the mechanism must always be attended with a diminished amount of good. To achieve complete success every essential factor must perform thoroughly the duty assigned to it.

What should be done to prevent the origin of the disease no one is in a position to say. The immense benefit to mankind which would flow from such knowledge is worth more than the sacrifice of labor, time and money in the cause.

It is possible that local forces may be operating here to produce the disease. If so, an accumulation of information relating to these forces is the first step towards their demonstration. With this in view I have had prepared the following circular, which is left at each house where a case of infectious disease occurs:

FORM I.

INFECTIOUS DISEASES.

This form will be taken up by the Sanitary Officer and filed at the office of the Board of Health. Physicians are requested to be exact in their answers, as thereupon depends the value of the report.

A case of..... Date.....188
 Name of patient..... Age..... Sex..... Race.....
 At No St., between Sts.
 Supposed origin of attack.....
 No. of persons in premises—Adults..... Children.....
 Length of time residing in premises.....
 Same disease occurred in premises, Dates.....

DWELLING.

Brick or frame Roof..... Age.....
 Damp or dry..... Walls.....
 Height of lower floor above ground.....
 Ventilation of rooms, good or bad.....
 Privy vaults, clean or foul..... When last cleaned.....
 Kind of privies.....

WATER SUPPLY.

Cistern, barrels or hydrant Sufficient or insufficient.
 Pure or impure
 Cisterns or barrels, when last cleaned

YARD.

Damp or dry..... Drainage, good or bad
 Under dwelling, damp or dry..... High or low.....
 Clean or unclean Above or below grade of sidewalk.....

ADJACENT PREMISES.

Sanitary or unsanitary condition.....

ADJACENT STREETS.

Paved or unpaved Gutters, clean or foul.....

DOMESTIC ANIMALS.

No. of dogs..... Cats..... Healthy or unhealthy

Remarks:

The above answers are recorded as the result of my personal inquiry.

Signed..... M. D.

These blanks will be furnished to physicians, on application, for other than infectious diseases, and when returned to office of Board of Health will be preserved and made up in the form of a record.

The purpose of this circular is twofold: First, the accumulation of evidence bearing on the subject from expert sources; second, the education of the inhabitants to the importance of proper sanitary surroundings. I venture to say that this circular will be read by all capable of

so doing in every house where it is left, and the intelligent will institute such inquiry as will probably lead to the correction, as far as possible, of existing sanitary evils.

Another purpose, not immediately connected with the above, is to lay the foundation for the accumulation and classification, at the office of the Board of Health, of valuable data appertaining to disease, accessible to physicians and others interested. The value of such collection cannot be overestimated. The carefully-noted statistics of any one physician cannot exceed the sum of his limited experience; whilst one central repository for the notes of hundreds engaged in sanitary and medical work must become a source of the most extensive information.

The Removal of Hair and Cutaneous Outgrowths by Electrolysis.

By HENRY WILLIAM BLANC, M. D., formerly House Physician New York Skin and Cancer Hospital; Lecturer on Dermatology, Tulane University of Louisiana; Dermatologist to the Charity Hospital, New Orleans; Instructor in Skin and Venereal Diseases, New Orleans Polyclinic, etc.

The subject of the removal of superfluous hair, moles and other blemishes, by means of electricity, is one of general interest to the profession, and which has been quite widely discussed in the journals of the North. No succinct account of the process has ever been presented to the readers of the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL*, and a statement of the methods to be pursued may be all the more acceptable apropos of a discussion in the December and January numbers of this *JOURNAL* on the removal of the lashes in certain diseases of the eye. In the January issue Dr. Parker, of Calvert, Texas, has briefly described the operation, and it is chiefly to elaborate what he has said, and to present the subject more in detail, that this paper has been written; for it is upon the details and nicety of manipulation that success in applying electrolysis to the skin depends.

A few words as to the history of the operation for the

removal of hair. It was first instituted in 1875 by Dr. Michel of St. Louis for the purpose of destroying hairs in trichiasis. Shortly afterward Dr. Hardaway, taking the hint given by Michel, applied the process generally to the removal of superfluous hair, and introduced it to the profession. Since then Piffard and Fox in New York, Brocq in Paris, and Crocker in London, have thoroughly tested and found this little operation the best and only one for permanently removing hair.

The methods pursued by the different dermatologists vary only in their minor details. Mine were learned in New York, and were acquired, for the most part, from my friend Dr. George T. Jackson, who has recently published a work on diseases of the hair and scalp, in which a thorough account of the operation is given.

For applying electrolysis to the skin a galvanic battery must be used. It would be well to have twenty cells, though it is seldom that so many are necessary for the removal of hairs. A needle-holder, preferably a short one, is the next thing required, and a set of needles varying in size. These needles must be very fine and flexible. They are made of platinum, iridium or steel, according to the fancy of the operator. But the latter are the cheapest and equally as good as the others; besides they can be procured ready-made from jewelers and watchmakers, and are known as "brooches." To be successful the physician must have a steady hand and a good eye, for he will be called upon to introduce the finer point of a fine needle into a hair follicle which he hardly sees. The idea is for the needle to pass into the hair follicle without injury to it, just as a sound passes into the urethra. This seems almost impossible at first, but it is astonishing how well the sense of touch can be educated to distinguish between a natural and an artificial aperture in the skin.

It should be remembered that the object of the process is not only to obliterate the *follicle*, but to destroy the

papilla of the hair, upon which its growth and vitality depend.

Having attached your needle to the *negative* pole of the battery, and introduced it to the estimated depth of the papilla, instruct your patient, who is holding in the right hand the handle of the positive electrode, to press the sponge firmly against the palm of the left. This "makes" the circuit, the current of electricity passing from the hand to the point of the needle; and the electrolytic process begins.

Be it remembered that the resulting change in the tissues, their decomposition, is not due to a caustic action, nor to elevated temperature, for which purpose an entirely different apparatus should be employed. The *electrolytic* action taking place in the follicle is soon perceived, for in the chemical changes ensuing hydrogen is liberated from the tissues; and is detected in the shape of small bubbles of a pearly appearance, arranged about the point of entrance of the needle. If the needle be allowed to remain long in the skin a few drops of water will mix with the hydrogen. But the needle must be removed within half a minute if the current be strong, and a minute if the current be weak. At the end of this time the hair will be loose, and can be rubbed off if it be long, or removed by slight traction with a forceps if it be short. A hair that requires to be *pulled* is not ready to be removed—its papilla is not destroyed.

It has been said that ten cells of a zinc-carbon battery are about the required number. That depends. If the fluid and zincs are new fewer cells will do, and if they are not new then more are necessary. I use a milliamperè-meter, and though it is not indispensable it saves much trouble and gives great satisfaction; for if my fluid be old, and this instrument tells me that my current measures at least one and a quarter or one and a half milliamperès, I know that I have enough electricity to destroy hair, though perhaps not enough to obliterate vascular nævi. Why do we use the negative electrode? First, because experience

has shown it to be a better and safer destroyer of the nutrition and growth of the hair, and, second, because there is no chemical action upon the needle inserted, as would be with a positive electrode.

When the mistake has been made connecting of the needle with the positive pole two rather unpleasant results have been noted: a larger scar, from a slightly caustic action of the needle, and the deposition of peroxide of iron, which forms a brownish-black speck in the skin.

It is customary for many operators to hold a small epilating forceps in one hand while they retain the needle-holder in the other, grasping the hair with the forceps, preparatory to introducing the needle. I think this a bad plan. The direction of the hair follicle, which is never at right angles with the skin, should be ascertained from the inclination of the hair, and the needle passed, unassisted, in the same direction. By holding the hair with forceps its direction is more apt to be lost, and the purpose of the act thus defeated.

The pain produced in removing hairs varies in different persons, and on different portions of the face, next to the eyelids the upper lip being the most sensitive. Of course, strong currents are more painful than weak ones. In a general way it may be said that a weak current, applied for a longer time, gives less pain and better results than a strong current applied for a short time. Patients do not as a rule complain of the electric current. They become interested, learn to make and break the circuit at a sign from the operator, and generally characterize the sensation as "disagreeable," rather than painful.

From what has been said it will be seen that the number of hairs that can be removed at one sitting must vary with circumstances, and I consider that one who destroys between twenty and twenty-five is doing well, for hairs that are very close together must not be removed at the same sitting.

With increased experience great skill is acquired in piercing the papilla of the hair, and hence the greater number of follicles permanently obliterated. From fifteen to twenty per cent. of hairs will grow again even when great care is taken, so the face must be gone over twice and even three times, as the case may be.

The after treatment is simple. Instruct the patient to wash the face well (if it be the face) in very hot water, for three minutes, and if it continues to be irritable to use vaseline or cocoa butter as an ointment.

The details of the operation for the destruction of moles, hairy and vascular *nævi*, etc., are very similar to those already given.

For moles which are raised above the skin, a very fine sewing needle may be employed. It should transfix the little body until the point of the needle reaches the opposite side, on a level with and not below the healthy skin. Introduce the needle some six or eight times, according to the size of the mole, transfixing it in all directions. The growth will soon assume a whitish appearance and will look as if it were stuck on. In a few days it will dry and fall off. If the mole be large, from two to three milliamperes may be required. Pigmentary *nævi* are removed just as moles. Vascular *nævi* give more trouble. They are generally large growths on small children and require care and patience. A large sewing needle introduced as described above for moles will do the work, if the current be of sufficient strength. They generally require several sittings, as too strong a current will produce ulceration, and the neat and delicate results of the process will be lost. A compress should be applied to the *nævi* after every application of electricity. Electrolysis has been found useful in other diseases of the cutaneous surface, but it is not designed to review them here.

In my mind the application of electrolysis, in the conditions mentioned, gives by far the best results attainable,

for no depilatory applied to the surface can remove hair without injuring the integrity of the skin; and no knife or caustic can obliterate moles and nævi with so much ease, or so little scar-tissue resulting in their places.

Notes from the Anatomical Rooms of the Medical Department of Tulane University of Louisiana.

By RUDOLPH MATAS, M. D., Demonstrator.

Accessory Fasciculus of the Soleus in both Legs of the same Subject, associated with Absence of the Plantaris in both Extremities. ✓

While demonstrating the posterior tibial region of an adult male negro subject the attention of the writer was called by Messrs. McCowen and Jowers, who were dissecting the part, to the total absence of the plantaris in both extremities. While verifying this assertion an anomalous muscular slip was exposed which, presented the following characteristics: On the left leg a flattened, but thick muscular slip, quite muscular in the upper two-thirds of its length, originating: (1) from the anterior (deep) surface of the soleus, about five centimeters below the lower tibial origin of this muscle (oblique line of tibia and middle third of its inner border); (2) from the transverse intermuscular septum, which separates it completely from the deep tibial group; (3) from the inner border of the posterior surface of the tibia, covering a space equal to the upper half of its lower third. From these points of attachment the muscle descends on a line almost parallel with the tendo Achillis, but midway between this and the tendon of the flexor longus pollicis, and in a more superficial plane than the latter tendon, to the inner tuberosity of the calcaneum, where it ends in a very distinct, though slender tendon.

On the right side, the muscle was much longer and had a more extensive origin, but terminated by a similar tendon at the same point in the calcaneum, viz.: the inner tuberosity. On this side the origin was (1) from the second fourth of the posterior surface of the fibula; (2) from the tendinous

arch of the soleus; (3) from the deep surface of the soleus, with the sheath of which it was very closely adherent; (4) from the inner border of the posterior surface of the tibia, from about the middle of this surface to a point about four centimeters above the inner malleolus. From this last point the thick muscular fasciculi rapidly contracted to a round tendon, which descended obliquely and superficially over the *flexor longus pollicis*, *flex. long. digit.* and *post tibial* vessels and nerves till it reached its destination at the inner tuberosity of the calcaneum. In both instances a distinct and quite large nerve filament could be traced from the posterior tibial nerve to the muscle.

Remarks.—Prof. Testut, in his great work, *Les Anomalies Musculaires* (G. Masson, Paris, 1884), discusses in his usual masterly manner the anomalies of the soleus, and classifies them under four heads: 1, Accessory fasciculus of the soleus; 2, gradual disappearance and absence of the tibial head; 3, direct insertion of the soleus into the calcaneum without connection with the tendon of the gastrocnemius; 4, tensor fasciculi of the soleal arch. After reading the literature of the subject as summarized by Testut, and his own interpretation of this anomaly, it cannot be doubted that the instance here reported is a variety of the so-called accessory fasciculus of the soleus described by Cruveilhier as the *soléaire surnuméraire*, or the *second soleus*, by Pye-Smith. “A third and broad supernumerary soleus muscle is sometimes found,” says Cruveilhier, “which is situated in front of the soleus, has the same attachments as this muscle, but is inserted into the calcaneum by an isolated tendon.” But this description of Cruveilhier’s is far from covering all the cases, and in reality is proper to one variety. Pye-Smith, Howse and Davies-Colley saw in 1869, their *second soleus* detaching itself in front of the ordinary soleus from the oblique line of the tibia and the enveloping aponeurosis of the common flexor of the toes. It was also attached to the inner

surface of the calcaneum by an isolated tendon. The preceding year Bankart, Pye-Smith and Phillips had come across an analogous case.

Chassaignac speaks of a peculiar tendon which the soleus sends to the superior surface of the calcaneum in front of the tendo Achillis. Hellema reports a similar observation.

In 1872 Davies-Colley, Taylor and Dalton observed a new specimen of the accessory tendon of the soleus which detached itself from the oblique line of the tibia, as well as from the deep surface of the normal muscle, terminating below in front of the tendo Achillis, on the surface of the calcaneum.

In the same year Beswick Perrin (*Medical Times and Gazette*) presents us with a description of an analogous small muscular fasciculus, but much shorter than the above, which had the same insertion, but originated above from the anterior surface of the tendon of the soleus. Quain, in his excellent work on the arteries, refers to a similar muscle which covered the posterior tibial artery.

Laskowski reported a similar muscle to Testut, which was found in his anatomical rooms at Geneva, but which was associated with a normal plantaris.

Testut himself has observed two instances of this anomaly. In both the plantaris was absent, as in the present instance, and in both the tendons were inserted on the inner surface of the calcaneum and originating from the anterior surface of the soleus.

In none of the cases thus far reported does there appear to have been so high an origin as in the right leg of the subject of this observation, or a distinct fibular origin of the anomalous muscle.

Anatomical significance: The present instance is a striking confirmation of the opinion of Testut, viz.: that this muscle, the so-called accessory soleus, is simply an anomalous plantaris. It adds another instance to the list above detailed of reported cases in which the appearance of this muscle has coincided with the total suppression of

the normal plantaris—the case of Laskowski excepted, which must be regarded as an example of double plantaris as suggested by Testut. If the view is accepted, that the plantaris is the homologue of the palmaris longus of the forearm, and that like it it is a rudimentary muscle, which is the functionless equivalent in man of a very powerful flexor in some of the lower vertebrates, and if we bear in mind the very numerous variations which these muscles, and the plantaris especially, exhibit in the human species, we will be impressed with the plausibility of Testut's explanation.

The object of the writer, however, is not to discuss the significance of this anomalous muscle, so much as to intelligently record this observation for the benefit of students of philosophic myology.

Notes on an Anomalous Muscle found in Dissection of the Posterior Part of the Leg of an Adult White, (Male) Subject.—An Independent Fibular Flexor Proprius of the Second Toe. By F. M. Thigpen, Medical Student, Medical Department, Tulane University of Louisiana.

Its upper portion consists of a flat band of fleshy fibres, about one inch in width, which arise by an aponeurosis from the posterior aspect of the lower part of the fibula, just above the external malleolus. Passing across the posterior surface of the lower extremity of the tibia, it becomes loosely attached to the tendons of the flexor longus pollicis, flexor longus digitorum and tibialis posticus, by means of connective tissue. Here the fibres change their direction downward and terminate in a long slender tendon, which passes about one inch behind the internal malleolus, and continuing onward into the sole of the foot, receives a well-marked tendinous slip from the flexor longus pollicis, and crosses above the tendon of the flexor longus digitorum to be inserted into the base of the last phalanx of the second toe, passing through a fissure in the tendon of the flexor

brevis digitorum in a manner similar to that of the tendons of the long common flexor.

RELATIONS.

1. *In the leg.*—Anteriorly it is in relation with the posterior surface of the lower extremity of the tibia, the tendons of the flexor longus pollicis, flexor longus digitorum and tibialis posticus, and the posterior tibial vessels and nerves.

Posteriorly it is in relation with a quantity of adipose tissue and the tendo Achillis.

2. As it passes through the interval between the inner malleolus and heel, it lies below the tendon of the flexor longus pollicis, and above the posterior tibial vessels and nerves.

3. As it passes downward into the foot it is in relation above with the tendon of the flexor longus pollicis and with the first lumbricalis, which is attached to it. *Below*, with the tendon of the flexor longus digitorum, the innermost tendon of the flexor brevis digitorum and the internal plantar nerve.

Internally, with abductor pollicis at its origin, and the lower part of the tendon of the flexor longus pollicis. *Externally*, with the flexor accessorius and the second lumbricalis.

The tendon, which should go to the second toe from the flexor longus digitorum, is wanting, and its deficiency is supplied by this anomalous muscle. Its point and manner of attachment in the foot, and the place at which it receives the tendinous slip from the flexor longus pollicis, are in every respect similar to those of the tendon from the normal muscle.

In the opposite leg of the same subject the flexor longus digitorum is normal, and the anomalous muscle described above is wanting.

REMARKS BY DR. MATAS.

The independent fasciculus to the second toe, which

Mr. Thigpen has accurately described, is quite interesting as a myological anomaly in man, not only because of its rarity (for the writer has not come across an exactly similar fasciculus in over two hundred subjects that have come under his observation, and neither is he aware of a precisely similar *recorded* example), but because its anatomical significance, when regarded in the light of its homologies and of the evidence furnished by comparative anatomy. At first sight this independent slip, with its completely separate origin and insertion, might be regarded as a simple repetition of another comparatively rare, but well established anomaly known as the *flexor proprius secundi digiti pedis*, which was first described by Bahnsen (Henle and Pfeufer's Zeitschrift, vol. xxxii, page 32), quoted by Testut (op. cit.); by Shepherd, *Muscular Anomalies*, Wood's Reference Handbook of the Medical Sciences, and by Thane in Quain's Anatomy, ninth edition, 1882. But the present observation differs strikingly and radically from Bahnsen's flexor, which originates on the posterior surface of the *tibia*, while in the case under consideration the muscle is attached originally to the *fibula*. In Bahnsen's anomaly it is plain that the independent *flexor proprius secundi digiti* is like Bartholin's (also rare) *flexor proprius minimi digiti* (which also originates from the tibia), simply an evidence of exaggerated differentiation of the *flexor longus digitorum*. But the present anomaly suggests something more than a mere specialization in the tendons of a normal human muscle. It is in reality an abnormal reproduction in the human foot of a condition which is normal in inferior zooloölogical orders, in which the functional as well as the morphological homologies of the pelvic and thoracic limbs have been actively preserved. In order to make this statement more intelligible it will be necessary to revert briefly to the human and comparative characteristics of the long flexors of the toes.

It will be borne in mind that the original phalanges of the toes are flexed in man by two muscular bodies, which are

detached, the one and the other from the bones of the leg, and described in our classical texts under the names of the *flexor longus pollicis* and the *flexor longus digitorum*. The *flexor longus pollicis* originates invariably from the fibula; the *flexor longus digitorum* from the tibia. Neither ascends above the superior line of insertion of the soleus. Now, in most of the quadrumana the muscle of fibular origin (the flexor prop. pollicis) furnishes perforating tendons to the third and fourth toes. In hylobates it furnishes a tendon to the second toe (Gegenbaur, second ed., Human Anat.) In the Gibbon (*Hylobates leusciscus*), according to Bischoff the first, second, third and fourth toes are furnished with tendons by the fibular muscle; the fifth toe only being supplied by the tibial muscle, which in man is called the long common flexor of the toes. In the Gorilla the tendons to the second, third, fourth and fifth toes are supplied by the fibular flexor (*flexor longus pollicis* in man), according to Macalister.

These facts prove that the long flexor of the big toe and the long common flexor constitute a single muscle functionally, and they explain to us equally as well the connections which exist between these two muscles normally in the sole of the human foot. (Gegenbaur, op. cit.)

These connections we must now look into in order to elucidate our subject.

In the majority of cases the tendon of the *flexor longus pollicis* sends an external tendinous band, which soon divides into two secondary slips, which are furnished to the second and third toes respectively. These tendons blend with those which are supplied to the same toes by the long common flexor tendon. More rarely the flexor longus of the big toe sends a fasciculus to the fourth toe. On the other hand, it happens quite frequently that the external slip, furnished by the long flexor pollicis, is furnished exclusively to the second toe. The fifth toe never receives a tendinous band from the long flexor of the toe. The long common flexor of the toes is, therefore, reinforced by acces-

sory tendinous bands from the proper flexor of the big toe, for which reason it would appear that this muscle is more properly a common flexor of the toes, and could be properly distinguished as the *fibular flexor* of the toes as, Pagenstecker and Testut have done already, in order to distinguish it from the long common flexor of the toes, which should be distinguished as the *flexor tibialis*. The flexor longus pollicis, on the other hand, sometimes receives a tendinous bundle from the long *flexor communis*, this fasciculus being furnished on a level with the point of intersection of these two tendons.

Sometimes, however, these communicating bands are completely absent, and the tendons of the two muscles simply cross one another without any proper tendinous communications being transferred to either of them *

From the preceding data, which have been thus summarily presented, we may now return to the interpretation of the anomalous and independent fasciculus described by Mr. Thigpen. If we notice (1), that the muscle originates from the fibula and not from the tibia; (2) that it receives a well-marked slip from the long flexor of the big toe (in Simian anatomy, the *flexor fibularis*); and (3) that it is exclusively furnished to the second toe, yet being totally independent of the flexor longus digitorum, we cannot but conclude that it represents a highly differentiated portion of the *flexor fibularis*, reminding us vividly of the condition seen normally in the hylobates and other quadrumana already referred to, and is not to be considered as a specialized fasciculus of the long common flexor, as we would be led to believe by a more superficial examination.

This conclusion leads us to consider a step further the more philosophic significance of this anomalous fasciculus,

* These peculiar and interesting connections between the long flexor of the big toe and the common flexor in man, which are barely mentioned in our classic texts, have been the subject of most thorough and systematic study on the part of some of the ablest anatomical investigators, notably by Sir Wm. Turner (vide Transactions Royal Society of Edinburgh, vol. xxiv, 1865), and by F. E. Schultze of Rostock, 1867; also Wood, Macalister, Pyc-Smith, Howse, Davies-Colley, Chudzinski, Gies, Murie and Flower and by Testut, who has presented us with a most thorough critical and erudite contribution in his monograph already quoted.

and I will be forgiven, I hope, if I digress for a moment to discuss the homologies of the long digital flexors of the foot with those of the upper extremity, in order that we may reach more lucidly the final lesson taught by this observation.

Wood, Macalister, Bahnsen and Hildebrandt have met rare instances in man of independent muscles, not supernumerary, in the upper extremity, which preserve a distinct autonomy from their origin to their insertion, and which have been designated by the names of flexor proprius indicis, flexor proprius minimi digiti and flexor proprius medii, these muscles corresponding in their terminal attachments to the corresponding tendons of the normal *flexores sublimis et flexores profundi digitorum*. These anomalies indicate a profound differentiation of the pronator-flexor mass of the forearm, and their analogy with the independent *flexor indicis pedis* here described is indeed almost identical morphologically. But the anomalies of the digital flexors of the thoracic limb must be given a very different interpretation than that which could be offered in explanation of the anomalies of the same muscles in the lower extremities. As Testut has said (op. cit.): “By the isolation of the two common flexors of the fingers, and by the complete independence of the long flexor of the thumb, the hand of man enjoys a most varied range of movements. It possesses in this respect an incontestable superiority over the hand of the primates. Some of the quadrumana, the gorilla and chimpanzee, for example, may sometimes present distinct flexors for the index, but we find in none of them a long flexor of the thumb distinct throughout its extent from the common flexor. Yet no matter how superior the human organ of touch may appear to us, we cannot deny that it could be perfected still more and that the anatomical independence of each one of the flexor tendons, for instance, would involve with it a *functional* independence of each one of the four last digits, which would prove extremely advantageous.

“Why should we not then see in the instances of partial independence of these tendons which have been recorded, the result of a natural tendency of an organ to evolve towards a better anatomical disposition, an endeavor to reach that state of ideal perfection which we are far from possessing, but which we may hope to reach some day?”

“If this is true, we need not seek in forms below us for a normal type of an anatomical disposition which we have recognized as abnormal in man, in the shape of a proper flexor for the index, middle and little fingers and we must be led to admit that, by the side of the retrograde anomalies, which carry us back to an inferior type, there are other abnormal dispositions of another order, which elevate us towards a type still more perfect than the human type, and which might be designated in opposition to the preceding by the name of *progressive* anomalies.”

But can we apply Mr. Testut's plausible and, to say the least, pleasing interpretation of the anomalous independence of the digital flexor tendons of the upper extremity to those of the lower limb? Can we say that the existence in the lower limb of the subject dissected by Mr. Thigpen of an independent fibular flexor of the second toe is an evidence of progressive evolution, or a reminder of lower origin, an atavistic trait?

Formed originally on the same plan, the pronato-flexor region of the leg (Humphrey) is homologous with the pronato-flexor region of the forearm, and presents similar muscular elements, though its morphological characteristics have been profoundly modified by the necessities of adaptation to environment.

“The hand, that marvellous organ of prehension and of touch, had especial need of numerous and varied movements, and it is for this reason that the articulations which enter into its composition are so movable, and that the muscles designed to put them into play have remained distinct, preserving with their anatomical independence their functional independence. The foot in man, which is

intended above all to serve as a basis of support to the other segments of the inferior extremity, and by their mediation to the entire body, demands great solidity in its construction. For this reason we see the intrinsic articulations of the tarsus and metatarsus tending more and more towards an absolute immobility; the detailed and isolated movements giving way to the conjoined or associated movements, all the extensors and elevators, etc., fusing as if to concentrate their efforts in the production of these movements.”

Such is, therefore, the manifest tendency of the human foot—a tendency towards consolidated action and aggregation of force, not its division and dispersion in isolated and autonomic actions; and thus, consequently, are we led to assume that any abnormal morphological disposition in a contrary direction cannot be of a perfecting, elevating or progressive character. This conclusion conforms to the facts of comparative anatomy, and leads me to believe that the independent tendon, described in this observation, like all those of a similar character in the foot, is merely a retrogressive trait, a vestigial phenomenon.

SELECTED ARTICLES.

QUININE INTOXICATION, OR ICTERO-HEMATURIC FEVER FROM QUININE.

DR. TOMASELLI, of Catania. Read before the First Congress of the Italian Society of Internal Medicine. Translated from *La Riforma Medica* by A. McSHANE, M. D.

The first publication by Tomaselli upon this subject appeared in 1874, when he reported seven clinical cases observed by him. Prof. Binz made this paper the subject of a special communication to the Medical Society of Bonn. Tomaselli also reported twelve cases in 1877, which were spoken of by Prof. Jaccoud in the Paris Academy of Medicine. Two other cases were reported in the *Rivista Clinico e Terapeutica* and in the *Archivio*

Clinico. In 1879 Prof. Karamitsas of Athens published five cases (*Bulletin Générale de Thérapentique*) and sustained the opinions of Tomaselli against the opposition of Le Roy de Mericourt and Berarger.

Another case was published by Prof. Ughetti in the same year, with some critical remarks in *Lo Sperimentale* of Florence, and in the *Osservatore* of Palermo. Other cases were published by Vincezo, Restuecia, Cassone, Galvagno, etc.

It is well known, as Tomaselli remarks, that quinine, in special conditions, in individuals affected with malaria, gives rise to serious symptoms as soon as it enters the circulation. Sometimes it produces a *simple hematuria*, sometimes a *hematuric fever*, and finally it may give rise to an *ictero-hematuric fever*, more or less severe, with all the symptoms of a fatal intoxication of the blood, comparable to an attack of pernicious malarial fever.

The hematuria arising from quinine had been noticed by various physicians, but it was generally looked upon as a symptom of little importance. Such is not the case however with the *ictero-hematuric fever* of quinine, which, prior to Tomaselli's observations, was entirely unknown. The conditions which favor this singular action of quinine are, according to Tomaselli, two: 1. Chronic (and sometimes recent) malarial intoxication. 2 A special idiosyncrasy, often hereditary.

The latter represents the special predisposing cause, and the malaria the condition which determines in the organism this intolerance to quinia. This will explain the toxic action of the drug, giving rise to a series of morbid phenomena, which are alike in all cases.

The quinia, when given to cure a malarial fever or to prevent the return of a paroxysm, does not produce its well-known salutary effects, but causes instead a new febrile attack, differing from the malarial paroxysm in coming on at a different hour, and in presenting different symptoms.

The attack appears from one to six hours after the in-

gestion of the quinine. While the patient is tranquil and apyretic he is seized with a convulsive tremor, more or less violent, with lowering of the surface-temperature of the body; the face becomes pale and expressive of deep suffering; the patient fears death, not rarely there is an aversion to the quinine. After one or two hours of this primary stage the temperature rises rapidly, reaching sometimes more than 105° Fah. The patient vomits bile, and there may be bilious diarrhœa; at the same time he feels an uncontrollable desire to urinate, and he passes a large amount of bloody urine, which is repeated at frequent intervals; then follow salivation, præcordial anxiety, dyspnœa, recurring spells of weakness and jaundice. The duration of the paroxysm is proportionate to the intensity of the fever. The paroxysm usually terminates at the end of 24 or 48 hours by abrupt or gradual defervescence, and all accompanying symptoms disappear except the jaundice, which may persist for several days.

If no fresh intoxication take place, the patient regains his health after a long convalescence; but if the toxic paroxysms be repeated at short intervals by a persistence in the quinine, and if, further, the dose be increased, the patient rapidly passes into a state of collapse, and death results from cardiac paralysis. Quinine bears a causal relation to this paroxysm, which is developed as soon as the drug is brought into the circulation, and continues as long as the quinine is persisted in. It ceases as soon as the quinine can no longer be detected in the urine, and recurs when the remedy is resumed. As a rule, the blood undergoes a rapid dissolution. If observed during the attack the red blood-corpuscles are found to be diminished, but the diminution in different cases varies so greatly that no exact limits can be set to it. If the blood be examined with the hæmometer before and after the quinine paroxysm the second examination will show that the blood contains less hæmoglobin than at first, the difference varying from 10 to 12 degrees.

The urine, before the experiment and during the malarial paroxysm, presents the characteristics of a nearly normal urine. The urine passed during a quinine paroxysm is of a more or less intense reddish-brown color, due to the hæmoglobin, and contains biliary pigments, as jaundice also exists. Under the microscope are seen epithelial cells, fibrinous cylinders, organic detritus in varying amount, consisting chiefly of altered blood-corpuscles, and rarely of well-preserved corpuscles. During the paroxysm quinine is found in the urine.

Such are the principal elements which are found in relation with quinia; but in regard to the other elements, and in single cases, there may be some variation; for example, the urea, the amount of which is variable. The hæmoglobin, however, is one of the most constant, but the presence of the red blood-corpuscles, though rarely well preserved, cannot be denied. If, then, in the larger number of cases we have to deal with hæmoglobinuria we have sometimes to meet with hematuria. The importance of these cases does not consist, however, in the hematuria or hematinuria, which is a secondary matter, but in the complex of morbid phenomena, among which fever stands at the head.

From all these facts it may be inferred that the quinine exerts a solvent action upon the blood (not unlike that of arseniuretted hydrogen, bisulphide of carbon, etc.), and that the dissolution takes place rapidly in the circulating fluid; the red globules are in part destroyed, and separation of the hæmoglobin takes place, followed sometimes merely by hæmoglobinuria and sometimes by hematuria occurring during the passive renal congestion resulting from the elimination of the hæmoglobin. These products of the destruction of the blood are the principal causes of the various subsequent morbid phenomena, though it is also possible that the quinine, besides its solvent action, exercises in a greater degree a paralyzing action upon the vasomotor centres.

The presence of fibrinous casts in the urine is of great significance, both of itself and of the possible grave consequences it foreshadows. The fibrinous masses, when abundant, obstruct the uriniferous tubules and arrest the secretion of urine. Such suppression, whether complete or partial, may, from retention of the solids in the blood, give rise to uræmic poisoning. In any event, the renal alterations follow the disintegration of the blood. Tomaselli cannot say in what these alterations consist, as all of his cases recovered; but he concluded that they were transient, as the epithelial cells and the fibrinous and epithelial casts from the urine disappeared as soon as the quinine paroxysm terminates.

After this, says Tomaselli, if, from a scientific standpoint, there remain certain researches to be made and questions answered, this does not lessen the importance of the quinine intoxication, which is now an indisputable clinical fact.

Dr. Tomaselli sums up the results of his observations as follows:

1. The complex production of all these toxic phenomena is not an intimate property of the drug, but it is a special morbid fact or entity, united to an occult susceptibility of some individuals, which arises from the malarial infection. Neither the abuse nor excessive doses of quinine can be regarded as an efficient cause of the development of such an intoxication, since this may also be produced by small doses.

2. All preparations of quinine, without excluding decoction of the bark and the dry extract, provoke the same phenomena, but not always with the same intensity in the first paroxysm.

3. The effects are produced, no matter how the medication may have been introduced, whether by the mouth or through the skin, etc.

4. A variable period of "silence" (from one to six hours) intervenes between the administration of the quinine

and the appearance of the morbid symptoms, according to the greater or less solubility of the drug, and the manner in which it is introduced into the system.

5. The phenomena due to the quinia persist as long as it remains in the blood, gradually decrease, as it is eliminated, and disappear completely when it is altogether excreted; jaundice, anæmia, and prostration, however, remain.

6. A point worthy of notice relates to opposite effects of the quinine. for, while it gives rise to poisonous symptoms, it does not lose its anti-periodic effect. This double effect can be shown when the dose is just sufficient to prevent a malarial paroxysm.

7. Another very important fact is the constant coincidence of the malarial infection with the quinine intoxication.

8. The deterioration of the system, as Marchiafava has also observed, resulting from the action of the malarial poison, is the condition which chiefly determines an incompatibility with the preparations of quinia.

9. This incompatibility (intolerance) is congenital, but kept latent by favorable organic conditions. According to Tomaselli it is a special idiosyncrasy occasioned by the malarial infection. The rare appearance of this strange effect and its occurrence in several members of the same family confirm this idea.

10. If the patient remove from the malarious locality he recovers, and if for a long period of time he have no malarial attacks he will be able to tolerate the quinine upon a recurrence of malarial infection (sometimes, at least); but this tolerance is only temporary, for the toxic symptoms reappear if the quinine be given repeatedly.

Confusion between *ictero-hematuric fever from quinine* and *malarial ictero-hematuric fever* may arise not only from their form and mode of development, but also from the coincidence of these two causal elements. Tomaselli,

however, thinks that the old rule here receives a just application, *post hoc, ergo propter hoc*.

Let it be well borne in mind that the administration of quinine in the intermission is followed by a more intense febrile attack of an ictero-hematuric form. Confusion between *malarial fever* and *quinine fever* might be possible whenever there is a resemblance in the clinical aspect: but malarial fevers have never presented ictero-hematuric symptoms before the administration of quinine. On the contrary, this form is observed invariably after the use of quinine, so that its development is not coincident with that of the malarial fever, which, returning after the cessation of the quinine attack, preserves its type and original simple form, unaccompanied by jaundice or hematuria. Tomaselli has never observed a malarial ictero-hematuric fever before the administration of quinine, nor after the suspension of the drug; and he has never seen a quinine intoxication independent of malarial infection. Now, if the fever, which follows the immediate action of quinia, be unlike the one preceding it in intensity, form and type, does it seem logical to believe that it is entirely different in its nature?

It must be added (leaving out the cases of facial neuralgia) that the quinia causes the ictero-hematuric fever, not only when given for the purpose of abbreviating a malarial paroxysm, but it produces the same effects even when given as a prophylactic.

Tomaselli says: "We should proclaim facts more than theories."

There are two doubts however which arise: 1. That malarial fever, independently of the action of quinine, may be transformed into a *pernicious ictero-hematuric fever*.

2. That the quinine, stimulating the contractibility of the splenic tissue, may give rise to an abundant outpouring of the malarial poison into the circulation, thus causing a fever of greater intensity, with the *pernicious ictero-hematuric form*.

Tomaselli responds to these doubts: That a simple ma-

larial fever may become pernicious is a well known fact; but how does it happen that a simple quotidian or tertian fever, after continuing for many days, suddenly becomes pernicious; and, moreover, always ictero-hematuric almost immediately after quinine is administered?

That the spleen does contract under the action of quinine is a fact first demonstrated by Prof. Cantani, and afterwards confirmed, experimentally, by Rochefontaine.

Many have written upon bilious hematuric malaria fever in Madagascar, the Antilles, Senegal, Guadeloupe and Greece. Pellarain, writing of the disease in Guadeloupe (1876) said that the jaundice and hematuria appeared after the administration of quinine, when previously the disease was simple malarial fever; if the quinine was persisted in the majority of the patients died. The eminent French writer observed this strange fact, but could not give a reason for it. He thus expresses himself: "Among the physicians of the country there is such unanimity of opinion in regard to the inconveniences of sulphate of quinine, administered in bilious hematuric fever, that we must suspend judgment until we can learn more on the subject. Popular opinion is so well established upon this point that whenever a patient passes blackish urine you hear the remark: 'That is nothing strange; he has taken plenty of quinine.' One point which would be of great value if proved is that hematuric fever is not seen in this country until quinine has been used. As for me, without banishing quinine from the treatment of this fever, I take care to give it in moderate doses."

Ictero-hematuric fever from quinine is not related to the paroxysmal hæmoglobinuria described by various authors. Tomaselli comes to this conclusion for the following reasons: 1. The action of cold, unassociated with quinine or malaria, or syphilis (according to Prof. Murri), has an indisputable influence on the development of paroxysmal hæmoglobinuria. 2. The development of this clinical type, presenting attacks at very variable intervals, from one day

to a whole year, always develops under the influence of cold. 3. Quinine has no injurious action in paroxysmal hæmoglobinuria, and also cold has no bad effect in quinine intoxication.

Tomaselli sums up as follows: 1. Quinine exhibits, in certain individuals affected with malaria fever a toxic action, giving rise to hematuria and more frequently to an ictero-hematuric fever. 2. In these cases it is necessary to suspend the quinine and cure the malarial fever with the succedanea (eucalyptus, arsenic, etc.)

HOSPITAL REPORTS AND CLINICAL NOTES.

TRANSFUSION.

Service of Dr. MILES. Reported by E. D. MARTIN. ✓

H. M., æt. 26 years, bricklayer, white, came to hospital on November 28, 1888, with large pectoral abscess and partial paralysis of left arm. Patient gave a history of having been stabbed two weeks previously, knife entering about one inch from insertion of great pectoral muscle. Abscess was opened and found to contain a large quantity of pus and blood-clots. About two hours after opening of abscess patient had a hemorrhage from this wound. Compress applied and patient put to bed. Several hours later a second hemorrhage occurred, and, like the first, appeared to be venous in character. Compress was reapplied more firmly, and hemorrhage temporarily checked. Patient complained of intense thirst, and was given to drink warm milk and tea. Three hours later a third hemorrhage occurred, much more profuse than either of the others, and unmistakably arterial. Patient was almost in a state of collapse.

Dr. Miles was summoned and decided to ligate bleeding vessels immediately, as compresses would not check the hemorrhage. On opening the axilla the knife was found to have divided the median nerve, and cut half through the

axillary artery, which was gaping wide and bleeding profusely. Hemorrhage was controlled by pressure upon subclavian, and a ligature put around each end of wounded vessel.

By the closing of the stab wound a traumatic aneurism had been formed in the axilla, and feeble circulation had carried on through the arm for the past two weeks. Opening of the abscess and removal of blood-clots left a free exit for the blood; hence these hemorrhages.

Patient's pulse was now 170 per minute, and scarcely perceptible at wrist. At the suggestion of Mr. Borde, R. S., one pint of saline fluid (60 grs. to pint of warm water) was injected through the median basilic vein. This had an immediate and beneficial effect; pulse became full, more regular and less frequent.

Patient was taken back to the ward. No further hemorrhage occurred. Wound has almost healed, and he will soon be restored to his normal state of health.

There is no doubt that the injection had much to do with saving the patient's life. The hemorrhage had been profuse, and there was scarcely blood enough in his body to stimulate the heart to proper action. The injection acts mechanically, and perhaps in many cases equally as well as the transfusion of blood. In this case, as soon as the fluid was injected a marked change was perceptible. The heart was stimulated to action, and a full pulse resulted. Nor was there any apparent weakening at any time after.

The apparatus used for this purpose is extremely simple, consisting of a large glass funnel, a long rubber tube, and a small canula.

The fluid is poured into the funnel which is held up at arm's length, and allowed to run for some time, so as to drive the air out of the tube. The canula is now inserted into the vein, usually the median basilic, and the fluid is carried into the circulation.

This apparatus was also used in the case of a little girl, about 12 years old, who had lost so much blood from nasal

hemorrhage, that no pulse could be detected at the wrist. Half a pint of saline fluid was injected, and almost immediately the pulse was restored.

FOUR CASES OF REMITTENT FEVER TREATED IN CHARITY
HOSPITAL DURING MONTHS OF NOVEMBER
AND DECEMBER. ✓

Service of Prof. JOHN B. ELLIOTT. Reported by H. C. BLACK, Resident Student.

In speaking of these cases I shall refer to them as Nos. 1, 2, 3, 4. All of the cases were young men, aged from 18 to 25, and giving very similar histories—that is, all of them were laboring men living on plantations.

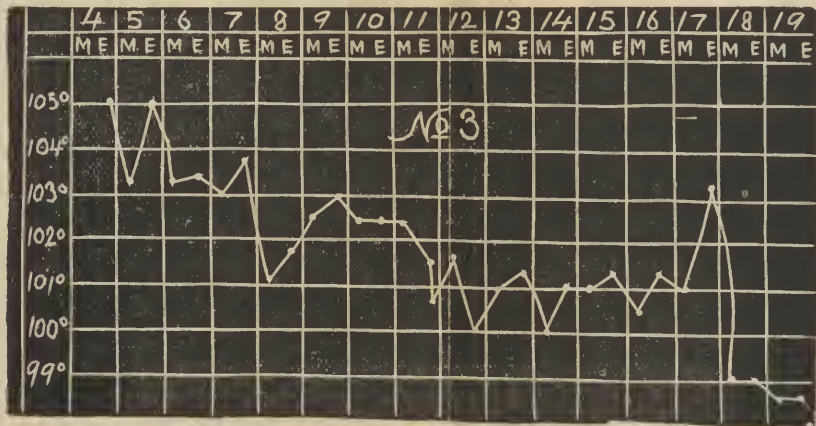
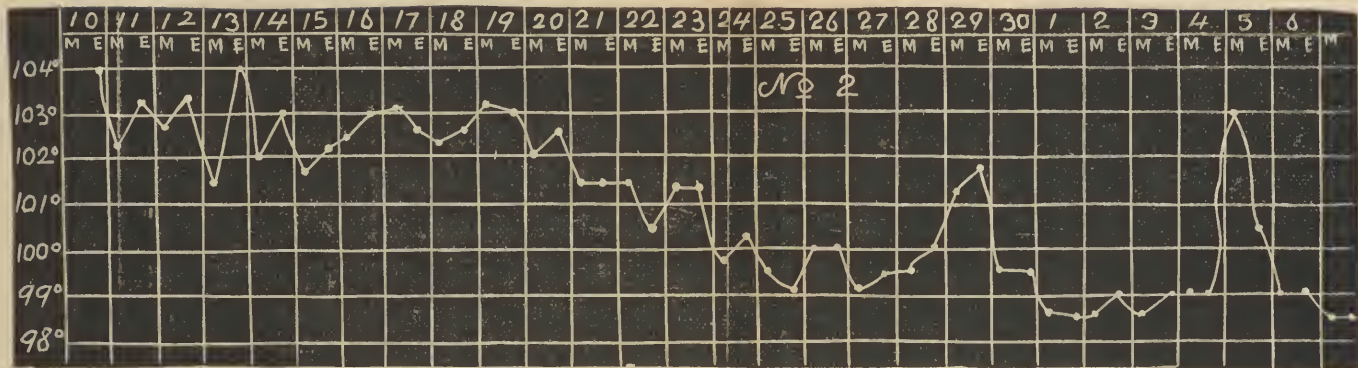
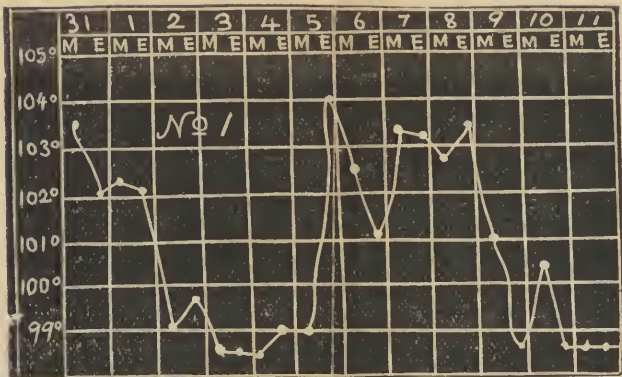
No. 1 gave a history of having had an attack of malarial fever, tertian type, one year ago. After this first attack he was very liable to attacks of chills and fever, which, beginning as tertian, soon became quotidian unless promptly checked. He entered ward 20 of Charity Hospital, Oct. 31, 1888, and was very anæmic. Upon physical examination a loud blowing murmur was heard at apex of heart; this murmur was pronounced by several physicians as a mitral regurgitant murmur from organic disease of heart. Patient was sent to bed, treated with quinine as the basis of treatment. Fever being continuous, the quinine was given according to many plans: as 5 grains every 3 hours, 10 grains 3 times a day, and varied with several different methods. Very high temperature was met with antipyrine or antifebrine, and the bowels kept regular. This treatment was kept up for one month, and as the temperature chart accompanying shows his temperature, after one month of the foregoing treatment, registered at $103\frac{2}{5}^{\circ}$ F. in the morning. The temperature was met with antifebrine, and evening of same day showed 102° F. The patient was then placed upon the following treatment by the instruction of Dr. Bemiss: \mathcal{R} tr. digitalis \mathfrak{z} i, syr. simp. \mathfrak{z} i, liq. ammo. acetat, ad. \mathfrak{z} vi; sig. Tablespoonful at 5, 8 and 11 A. M. Also \mathcal{R} cinchonidia sulph. grs. x at 11 A. M. and 1 and 3 P. M. Patient was given milk ad., lib. with \mathfrak{z} ss. of whisky.

every two or three hours. As the chart No. 1 will show the patient's temperature went steadily down till it reached normal, on morning of fourth day, when it continued at very little above until evening of sixth day after beginning this treatment, when I again found patient's temperature had gone to 104° F. Upon inquiring into the cause I found patient had not had an action from his bowels for 48 hours. A calomel purge was administered, and chart again shows that with a little fluctuation temperature again reached normal on evening of 10th, since which time there has been no rise in temperature up to this writing, Jan. 1, 1889.

Upon the morning of December 12 patient was placed on quinine and iron, and began improving very rapidly, growing in color, strength and weight. On December 20 again examined his heart and found mitral regurgitant murmur at apex as it was upon entering Hospital. December 26, six days later, examined heart, with Drs. Elliott and Bemiss, and no murmur at all, and patient apparently as well as ever he was.

Case No. 2 entered ward 19, Charity Hospital, Nov. 10, 1888, and gave history of having had fever for a week before entering. Having diagnosed remittent fever patient was treated very much as case No. 1 in his first month was treated, but little abatement of fever following treatment. Few days after admission treatment was changed to the neutral mixture, with grs. x of cinchonid. sulph. three times daily, as described in case No. 1, and the temperature chart will show a steady decline from Nov. 19 to Dec. 1, 1888. Temperature remained normal till morning of 5th, when it went to 103° , and patient proceeded to rapid convalescence on quinine and iron, and left Hospital thoroughly cured and with good strength, Dec. 21, 1888.

Case No. 3 was very similar to case No. 2, and was treated at latter half of illness exactly as No. 2 was treated. Patient left Hospital one month exactly from date of entrance; or, entering Ward 19 Nov. 4, 1888, left Dec. 3, 1888. His chart shows convalescence from Nov. 18.



Case No. 4 entered ward 21, Charity Hospital, Nov. 15, 1888, with history of having been sick with fever for more than a week before admission. As we learned later patient was just recovering from an attack of mania-a-potu when he fell sick with remittent fever. His chart shows that, entering Hospital with temperature of 104° in evening, he was convalescent in twenty days, with temperature at normal on morning of 4th December.

Cases Nos. 2, 3, 4 were very much depressed, with pulse very soft and compressible. Cases 2 and 4 showed tendency most of time to diarrhœa; case No. 3 to constipation, while No. 1 was extremely anæmic, although his bowels kept very regular.

Nourishment was kept up in the four cases with milk, milk punch at intervals, eggs, etc. In all four cases that I have presented the tendency was to higher evening than morning temperature before the treatment was inaugurated which I spoke of using last.



AINHUM.

Service of DR. MATAS. Reported by E. D. MARTIN.

D. W., aged 50 years, colored, laborer, came to hospital in December, 1888, suffering from little toe of right foot. On examination patient was found to be afflicted with *ainhum*, a disease common to Brazilian negroes, and so called from its peculiar mode of attack upon the toes. Begins nearly always with little toes; sometimes extends to the others. The word literally means to "saw." A constricting band is formed around the toe and finally amputates it.

Patient gave a history of having had little toe of left foot amputated two years before, by Dr. Chassaignac, for the same trouble. Patient was put to bed, base of toe injected with cocaine, and disarticulated at meta-tarso-phalangeal joint by Dr. Matas. Two weeks later patient was discharged cured.

CORRESPONDENCE.

LONDON LETTER.

[Our Regular Correspondent.]

The British Medical Association and Its Critics—Sir Morell Mackenzie and His Critics—The Greatest Waterworks of Modern Times—A Pennyworth of Gas—Confirmation of Koch's Cholera Theories—Two Sick Physicians—The Medical Book Trade in London.

The memorial to the council of the British Medical Association, and the action of the council thereon, to which I referred in my last letter, was followed by a private meeting, presided over by Sir Joseph Lister, at which two more resolutions were adopted—one expressing gratification at the action of the council so far as it went, but complaining that it was no guarantee for the future; the other asking that a specific apology should be sent to Prof. Von Bergmann. As to the latter, the resolutions passed on Nov. 2 by the council ought clearly, as a matter of courtesy, to have been officially sent to Prof. Von Bergmann, but as to the latter there is a good deal of speculation. "Guarantees for the future" might mean one of half a dozen different things, and the general impression is that an ambiguous phrase was purposely used because the tail of the memorialists, who wished to wag the head, must need have some sop thrown to them. One section of the memorialists is really indignant and dissatisfied with the management of the advertisement department; they complain that there are too many advertisements, and that the wholesale and retail druggists are allowed to praise their wares in their advertisements and to quote testimonials. Another section objects to the whole editorial power being in the hands of one man (these are chiefly certain members of council of the Royal College of Surgeons); another section thinks that too much space

is given to the work of the branches (and the branches think that too much space is given to the lucubrations of these gentlemen); another section objects to the association publishing a journal in opposition to those to which they contribute. A few are personal friends of Prof. Von Bergmann, and a great many hastened to sign their names that they might for once in a way appear in such highly respectable company. As there are only some 120 of them it will be seen that their unanimity has only a slender basis; that is a dissatisfaction with things as they are, though for various reasons. The fact is, that the great success of the association has now become a source of danger to it. It is a power in the state and a great power in the profession. Of the men who made it what it is many still live and take an active share in its work, and of these none have done more than the editor of the *Journal*, Mr. Ernest Hart. He is, however, of a pugnacious spirit, and as his voice has grown more powerful with the increasing circulation of the *British Medical Journal*, so his shafts of invective sarcasm have been winged with a more powerful flight. He has now been caught trifling, and there are a good many people, especially in London, who would not be sorry to be "even with him."

Sir Morell Mackenzie is to be hauled before the council of the Royal College of Surgeons of England, on January 10. Perhaps, however, this is too strong an expression, for he himself is not summoned to attend, only he has had notice that a formal resolution condemning his book will then be proposed. Mackenzie is a member of the College of Surgeons, it being the universal practice of London students of his generation, and indeed for several generations later, to take that diploma. It would, therefore, seem to be well within the competence of the college council to consider, and, if necessary, censure his conduct; but it is said that very strong lay interest will be brought to bear to prevent this.

There is, in fact, a danger of his being thought a martyr by the public. There is to be a discussion at the Clinical Society of London, on Friday next, on laryngeal cancer, raised by papers by Dr. Butlin, Dr. Lemon and Dr. Newman of Glasgow, and as the subject is "topical" there is likely to be a large audience on the watch for "topical allusions."

Cities may be supplied with water from a great variety of sources, but they all fall into one of three classes. These are: 1, from rivers; 2, from lakes; 3, from impounding reservoirs. The largest impounding reservoir in the world has just been completed in Wales, the water being required for the supply of Liverpool. The valley of the Vyrnwy, in the heart of the hills of Montgomeryshire, contained but few inhabitants. The water is now rapidly covering their deserted habitations, and the village of Llanwyddin, with its church of St. John the Baptist, has disappeared from mortal sight beneath the accumulated waters of the river which once flowed by its side. The huge masonry dam which now closes the lower end of the valley, was begun in 1881, and the sluices were closed on November 28. The artificial lake thus formed will be four miles long, will vary in width from half mile to two hundred yards, and will have a storage capacity of twelve hundred million gallons. The Vyrnwy is a mountain torrent, and in the rainy season commonly conveys a quantity of water which is one thousand times greater than its fine weather flow. It is this excess only which will be stored, for a quantity of water equal to its fine weather flow will always be run into the old bed of the river. The water will be conducted in tunnels and pipes to Liverpool, a distance of sixty-eight miles. This aqueduct will be longer than the most celebrated of ancient times; the Claudian aqueduct was thirty-six miles long, the Anio Novus was fifty-three. The Vyrnwy aqueduct, however, will not be carried at a uniform gradient, but will follow the contour of the country, being in part tunnelled, in part formed of cast-iron, wrought-iron, steel or

concrete pipes, according to the different requirements and gradients of each situation, the material chosen being adapted to the amount of strain which will be thrown upon it in different places. It is expected that the lake will be full, and the water cleared and ready for distribution by next August. The total expenditure has been £1,800,000 sterling (\$9,000,000).

Petroleum oil is almost universally used by the artisan and poorer classes in London as an illuminant, and the number of accidents which occur yearly with these lamps is very large. Mr. R. W. Brownhill has invented an ingenious prepayment gas meter, based on the principle of the cigar, coffee and other automatic supply stands to be seen in every railway station in London. It consists of a small attachment, which can be applied to any meter, and which will cause the gas to be delivered in definite quantities as paid for by pence dropped into a box. All that has to be done is to drop in a penny and pull a small handle, when sufficient gas for the supply of an ordinary burner for six hours will be delivered from the meter. Any number of pennies may be placed in the box, one at a time, up to 143, the handle being pulled after each penny, which would ensure 858 hours' gas to one burner, or a shorter supply to several.

The distress in London this year appears to be less than usual so far, owing mainly to the mild open weather which has permitted the building and other outdoor trades to continue working right up to Christmas. The death rate also has been low, measles and whooping-cough being the only zymotics at all prevalent. The death-rate from diseases of the respiratory organs has been much below the average. The registrar-general's report for 1887, just issued, gives a death-rate from all causes in England and Wales of 18.8 per thousand living, the lowest rate yet recorded.

One of the first scientific papers published from the Royal College of Physicians' laboratory, Edinburgh, was

on Koch's cholera bacillus; it is by Dr. Neil Macleod of Shanghai and Mr. Walter J. Miles, F. R. C. S. Dr. Macleod found it possible to demonstrate the bacillus in forty out of forty-four cases of cholera, of which thirty had terminated fatally. They say that there is no evidence to show that it is a normal inhabitant of the human alimentary canal, and that there was, therefore, no ground for the theory advanced by Dr. Klein and the late Dr. Lewis, that it is a result of the disease. They confirmed the results of Koch with Guinea pigs.

Sir William Jenner has been seriously ill. He has had, it is said, a slight apoplectic seizure, and as he is now in his seventy-fourth year the prognosis is necessarily rather grave. If he should retire from active life his loss will be very severely felt, as he possesses certain qualities, not too frequently met with in our profession. Dr. Sir William Gull, who is two years his senior, and was for many years his chief rival in consulting physicians' practice in London, has, I regret to state, suffered a second apoplectic attack.

The medical publishers in London have lately exhibited a very cautious spirit. A year or two ago the talk was of nothing but new books, and many ambitious series were projected, but few if any of these were completed. Now we are presented chiefly with new and revised editions of standard works. We have had, for instance, a new edition of Erichsen's Surgery, edited by Marcus Beck; of Homes' Surgery, edited by W. Pick, and of the handbooks of medicine by Dr. Bristowe, Dr. Roberts and the late Dr. Hilton Fagge. The last-named work is again edited by Mr. Pye-Smith, who brought out the first edition. This revision has been extremely well done, and the work is now one of the most remarkable of the modern learned clinical school of English medicine.

THE record of contagious diseases in New York for the week ending Dec. 22 was: 241 cases of scarlet fever and 53 deaths; 374 cases of measles and 24 deaths; 144 cases of diphtheria and 44 deaths.

INLAND QUARANTINE.

Editors New Orleans Medical and Surgical Journal—

This communication has for its *raison d'être* a recent and most interesting editorial in the JOURNAL on the subject of inland quarantine. When, last summer, the appearance of yellow fever in Jackson, Miss., was followed by the establishment of shotgun quarantine at almost every village, town and city in the Gulf States, I set down in writing a rough outline of a plan for a national quarantine service, which in my opinion, would guarantee perfect safety, while it would, at the same time, avoid the disastrous consequences of the crude system of local quarantine in vogue. This plan was never published, nor was it intended for publication, but I find the ideas expressed in your editorial so much in accord with my own that I have determined to transmit to you a copy of my original rough sketch, for such use as you may choose to make of it.

I am of the opinion that all plans contemplating the regulation of interstate quarantine, whether under State or national authority, can do but little to avoid panics, and at the same time cause no serious damage to commercial interests. That something must be devised, which, while guaranteeing perfect safety, will make interstate and local quarantine no longer necessary.

A condition precedent to the possibility of such a measure is the establishment by Congress of a Bureau of Health, with full power to act in the premises. Such power being granted, the following plan, in outline, is suggested as being perfectly feasible and possessing manifest advantages over any that has been so far adopted :

1. To guard in so far as possible against the introduction by seacraft of infectious diseases from localities in which they are endemic or epidemic, *without suspending intercourse*, and, furthermore, without any possibility of the *quarantine laws being misused to discriminate against any port by diverting its commerce.*

(a) Let there be established at all seaports wherever it

may be necessary quarantine stations, with all the modern conveniences for disinfection, etc., with detached stations for *infected* vessels.

(b) Vessels to be divided into classes, based on the presence or absence of infectious diseases at their ports of departure, and on their own sanitary condition, each class having a special line of treatment and a *fixed* period of detention for vessels coming within it.

2. In the case that infectious diseases are imported, in spite of these precautions, or develop from any cause, known or unknown, in any locality in the United States—

(a) The National Bureau to take immediate charge of the infected place, and permit no one to leave who will not consent to be conveyed to the most convenient of the stations, later to be mentioned, there to undergo such detention as may be necessary, and have baggage and effects thoroughly and scientifically treated.

(b) The establishment, in localities where the spread of yellow fever is improbable of fully-equipped refuge stations, with quarters graded according to the refugee's desire and ability to pay his way or not.

(c) No one to be permitted to remain at the station longer than the *fixed* period except in case of illness. It is argued that people without means will have no greater hardships to endure on being discharged than they would on leaving the infected place under any other conditions. Popular subscriptions would find use in this phase of the matter.

3. Expenses to be provided for by national appropriation.

4. Subscriptions from railroads that will be benefitted by the adoption of the plan and all other subscriptions to be applied to increasing the comfort of the stations, and in giving aid where it may be needed and deserved, etc.

5. Details as to number and location of stations, management and police of same to be fixed after mature consideration.

Very respectfully.

S. D. KENNEDY, M. D.

LEADING ARTICLES.

MORTALITY FROM CANCER.

Sir Spencer Wells, in the last Norton lecture, gave some statistics on the increased mortality from cancer which are startling indeed. In England the increase has been from 7245 in 1861, to 17,113 in 1887. That this is not due to the natural increase in population we see from the fact that the proportion to 1,000,000 inhabitants had increased from 360 in 1861 to 606 in 1887, in England. In Ireland, from 350 in 1877 to 430 in 1887, and in Scotland, from 404 in 1871-'65 to 540 in 1881-'85. There is no explaining away these figures; the fact stands that, from some cause or other cancer has increased and is increasing rapidly. In a quarter of a century the mortality from this disease has about doubled. Should the same proportion of increase keep up, a hundred years more will find the mortality to be something like 1 per cent.; in 200 years, 15 per cent, and it would take less, than three centuries to kill the whole of the population of England with cancer.

Is this not truly startling, and have we any reason to suppose that these calculations, which are based upon English statistics, are not applicable to us? If so, the sooner we set about trying to find out, with all the earnestness the subject demands, what changes in habits and surroundings are responsible for these diseases, the better it will be for the preservation of our race. If we are not able soon to remove the cause or cure the disease, Malthus need never have been anxious about the earth being overcrowded.

The data for these researches could be easily obtained if systematic and intelligent endeavors were made to get them.

Very few persons die of cancer without their neighbors and friends being aware of the facts. It seems to us that by dividing up these statistics of cancer mortality according

to the walks in life, habits, climates, races, antecedents, diseases, etc., data could be gathered that would go far towards preventing and stamping out the 'disease. This field of research gives in our opinion much better promise of success than hunting for a "bug" under the microscope.

Our legislators can certainly find no better opportunity for benefiting mankind in general and their own people in particular than by furnishing the means and money for the collection of these statistics.

THE ATTITUDE OF THE PRESS TOWARDS THE PROFESSION OF MEDICINE.

It is the function of the daily press to instruct the people, in all branches of science and in all forms of knowledge, as well as to gather news for them and advance their political and social interests. Thus, to particularize, it is a matter approved of by all physicians to see the people informed of such medical matters as can be presented in a shape easily understood by them. The public learn thus to have more respect for the profession. Especially is it well frequently to call attention to the sanitary and hygienic laws which should govern every household and every community. Indeed it is more and more the endeavor of medicine to prevent disease by preventing the violation of nature's laws, and when the press lends its great influence to the more silent but earnest exhortation of the physician, as he goes from house to house in his mission of mercy, the feeling engendered is not as against one intermeddling, but as if assistance and comfort were being given.

But this is not always the attitude of the press towards the profession. It is by no means a rare thing to see a paper heaping ridicule on ridicule upon the whole profession, either because of the failings of a few or because of some personal prejudices of the editor. Beyond the injustice to the true physician, utterances in which "quack" and "leech" and similar terms figure largely, we think that much injury is done to the public.

There are many people, principally among the poorer classes, who are, at best, often sceptical as to the merits of medicine, and if their scepticism is strengthened by editorials and squibs derogatory to physicians, it may readily occur that the practitioner will find himself utterly helpless because of the want of confidence of his patient, and the half-hearted way in which his efforts are seconded by the attendants.

Sometimes these strictures are more due to thoughtless writing than to a desire to deride; but let the editor imagine himself describing or criticising his own family physician, and perhaps he would alter his words. To those who mean to do harm we can only say that as much is done to the people as well.

Where an individual commits a wrongful or unprofessional act, or a crime, score him as he deserves, but not the whole profession—the good and the bad alike.

In this connection we might mention a frequent custom of the press, which often produces wrong impressions upon people and leads to injurious consequences—the printing of the treatment of diseases. No two cases are ever exactly alike, and nearly every person has some idiosyncrasy of his own, hence, though the plan recommended may suit in a number of cases, it may prove hurtful in a few.

Teach the people the laws of health, urge them to cleanliness, persuade them that certain diseases are spread by contagion or infection and must be isolated; in short, teach them to obey and assist the Board of Health or other sanitary authority, but do not attempt to treat their individual diseases, or to prejudice them against the physicians that may be in the course of events called upon to treat them.

AN ANNOYING MISTAKE.

The *Satellite* for November, 1888, contains at page 99 a brief notice of the article published by Dr. Bruns, of our staff, in the *Medical Record* of July 14, 1888. We are

gratified at the notice, but decidedly chagrined that the *Satellite* should have copied the misspelling of Dr. Bruns' name, of which the *Record* was guilty. Dr. Bruns' name (which he always writes out in full, Henry Dickson Bruns) has been on our title page for over five years, and medical editors might, we think, begin to have some knowledge of it.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

The *Occidental Medical Times* of San Francisco, Cal., for January, 1889, brings us details of three cases of aortic aneurism operated upon by Loretta's method, occurring in the practice of Dr. Wm. Watt Kerr of San Francisco. In 1886, Dr. Barwell, of London, suggested the propriety of combining Loretta's method with electrolysis by connecting the positive pole of a battery to the end of a wire, the remainder of which had already been introduced into the sac, and in this way hastening the formation of a clot. The report of Dr. Barwell's case reached Dr. Kerr in 1887, and in October of the same year he had a patient who was willing to undergo the operation. This patient was a Greek, aged 38, who, upon his admission into the hospital, presented symptoms which pointed to an aneurism of the ascending aorta. He was kept in bed, ordered low diet and large doses of iodide of potassium, and this treatment was continued for three months without any apparent benefit. On October 14, 1887, the following operation was performed: A medium-sized hypodermic needle, coated with shellac and containing the end of a drawn silver wire, was passed through the chest wall into the aneurism, and along the canula the wire was pushed until fully six feet of it had been introduced into the sac. The positive pole of the battery was then connected with the external end of the wire, the negative electrode, in the form of a flat tin plate, was laid over the epigastrium, and through this circuit the current passed for fifty minutes. The wire was then cut off close to the canula, and an attempt made to force the remaining end into the sac by means of a stiff piece of wire, but the clotted blood on the point of the needle,

where the wire emerged from it, rendered this impossible; and consequently the canula was slowly withdrawn until its point appeared just outside the sac wall, when the wire was cut off and the end easily pushed back. The relief from pain and the diminution in pulsation progressed much more rapidly than was anticipated; but about the ninth day the patient began to complain of a pressure behind the sternum; on the twelfth day pulsation was well marked in the supra-sternal notch, and on the eighteenth day the patient died.

At the autopsy made by Dr. D. W. Montgomery and Dr. C. C. Wadsworth the following state of affairs was found: "A fusiform aneurism of the aorta was found extending from the base of the heart to the origin of the *left* subclavian artery. Part of the anterior wall of the aneurism was formed by the posterior surface of the sternum, and the second costal cartilage on the right side, both of which were eroded from pressure. The wire entered from the outer surface of the sac, and around it, as well as on the walls, a firm clot was formed. In other organs certain lesions, characteristic of tertiary syphilis, were found.

The next case of Dr. Kerr's was more encouraging. The patient was an Irishman, aged 56, who had enjoyed perfect health until the beginning of 1887 (he was admitted on Oct. 26, 1887), when he began to suffer from pain in the chest, which might last half an hour or a day and then disappear for a week, and in one instance for three months. The pain increased in severity and duration until it was present through all his hours of labor, and finally compelled him to give up work in the month of July. In the hospital Dr. Kerr diagnosed aneurism of the intra-pericardial portion of the aorta. The patient was kept at rest and given large doses of iodide of potassium until Dec. 19, when as no improvement followed the medicinal treatment, it was decided to try whether any benefit would result from electrolysis. Accordingly two insulated needles connected with the positive pole were introduced into the sac, while the negative electrode was applied to the epigastrium and the current continued for one hour. At first there seemed to be a slight diminution in the pulsations, but time showed that there was no real improvement, and consequently the combined wire operation was performed as in the former case.

The *modus operandi* was the same as already described, with the exception that ten feet of wire were introduced and the current was continued for half an hour. During the entire time that the electrolytic process was going on the patient's pulse was very small and rapid, at one time being 140 beats to the minute, causing a feeling of distress and dyspnœa, but no pain. From the day of the operation up to January 16, 1888, he had slight pain and a burning sensation over the aneurism, but on that day they disappeared. On January 18 he was seized with an attack of hoarseness, which continued until January 22; but this was probably due to cold, as from this time on he continued to improve, the pulsations diminishing both in area and force, until he left the hospital on February 24, with the remark that "he felt as well as ever he did." He promised to inform Dr. Kerr at once on the recurrence of any bad symptoms, but up to the present time he has not reported.

Dr. Kerr's third operation was undertaken in a woman, 45 years of age, who was suffering from an aneurism of the ascending aorta. After introducing the canula it was found that the silver wire had been drawn so hard that it would not coil up within the sac, and prevented further progress by impinging against the opposite wall. The difficulty could not be overcome by altering the direction of the canula, so the wire was withdrawn and an attempt made to introduce a softer piece, but the violent hysterical movements of the patient rendered this impossible without the aid of an anæsthetic. A recollection of the effect produced upon the heart of case 2 by the electric current, together with the fact that the patient had on two occasions suffered from attacks of paroxysmal dyspnœa, which were expected to prove fatal, rendered the use of an anæsthetic very dangerous, and consequently it was deemed more prudent to abandon the operation. A subsequent autopsy displayed the aneurism as above described.

Dr. Kerr believes that from six to ten feet of wire are sufficient to introduce into any aneurism, the object being simply to favor a deposition of fibrin, and at the same time provide, as it were, a matrix which will support the clot. If any one wishes to see how much wire is necessary for the purpose he has only to take a bottle about the size of the aneurism and through the perforated cork pass several feet of wire, when he will find that it takes very few loops to fill the bottle. The custom of using thirty or

forty appears to be a mistake, for it will cause either too great an obstruction in the vessel operated upon, or it will pass away in loops to other portions of the aorta, or even into the heart.

The number of cases on record up to the present time are too few to indicate the value of this operation; but at first sight we should expect that in properly selected cases the results of the combined operation would be superior to those of simple electrolysis. Dr. Kerr insists on "selected cases," for it appears to him that many cases of aortic aneurism are unadapted to any form of operative procedure, while others are particularly suitable. Thus the large vessels of the neck, springing from the transverse portion of the arch, must give rise to a variety of results in the blood-stream that render it almost an impossibility to produce an extensive deposit of fibrin at this point; but, on the other hand, a sacular aneurism, arising from the ascending or descending aorta, from its comparatively isolated position, would entitle us to hope for a favorable result.

ELECTRICITY IN URETHRAL STRICTURE.

Dr. Daywalt of San Francisco speaks almost enthusiastically of electricity in the treatment of urethral stricture. This subtle agent has, in his hands, given most gratifying results. The surgeons are now divided in opinion as to the merits of the treatment, but the positive results of Dr. Daywalt, in the shape of cures, should offset a very large number of negative failures. In impermeable strictures he thinks it is *the* treatment. He believes that about 25 per cent. of the men are afflicted with urethral stricture, and of this vast army of sufferers he thinks that 85 per cent. can be *cured* by electricity, and *all* of them *relieved*. But electricity is like an edged tool, it must not be trifled with. In skilled hands it will perform wonders; in unskilled it may do irreparable damage.

The following rules are observed by Dr. Daywalt, though he claims no originality for them, being principally indebted for them to Prof. Glenn of Nashville: First—the current used must always be the galvanic; the negative pole must be the one applied (in the urethra), the positive *never*. The positive pole, instead of curing, may increase the trouble; the muscular fibres of the urethra may so con-

tract around the positive electrode as to necessitate forcible removal. It is a law in electricity that a scar made with the positive pole heals by contraction, while one made with the negative heals without contraction. Second—the current must never be too strong; it is better to do too little than too much at one sitting; just a sufficient current to accomplish the desired result, and no more. Pain must never be produced; only a slight tingling or burning sensation. Third—the battery must be cut off before the electrode is withdrawn, otherwise acute pain may be produced along the course of the urethra, remaining for some time. Fourth—“the applications should be at least five days apart, increasing the intervals as the treatment progresses.” Fifth—“force should never be used. The bougie must be guided in the most gentle way, and electricity alone allowed to do the work.” Sixth—it is well to leave a little urine in the bladder; it serves to diffuse the stimulus, and is more agreeable to the patient than when the bladder is empty.—*Occidental Medical Times*.

PULMONARY CAVITY HEALED BY INJECTIONS OF NITRATE OF SILVER.

An Italian journal reports the following case: A peasant, aged 26, contracted pneumonia, which passed into a chronic state and gave rise to purulent expectoration and extreme emaciation. Dr. Maragliano found a cavity at the base of the right lung. Medicines having proved of no avail he decided to inject into the cavity a grain of nitrate of silver, dissolved in twenty-five grains of distilled water. There was sharp pain for two hours, at the end of which time it disappeared; the frequency of the pulse and the fever diminished. The expectoration was increased for several days, but it soon began to decrease progressively, recovering in time its normal characteristics. A year later the cavity had completely cicatrized. A second attempt at this treatment was made in Madrid, but with an unfavorable result.—*Revue Internationale. L'Union Médicale du Canada*.

SIGNIFICANCE OF COUGH, AND INDICATIONS FOR EXPECTORANTS.

Thomson (*Tran. Med. Soc. Co., New York*) states a useless (non-expectorant) cough may be distinguished from one accompanied by expectoration by noting that the

former is invariably single, while the latter is always multiple. The Germans locate the sensitive points from which afferent impulses originating cough frequently arise, in the respiratory tract, from the bifurcation of the trachea to the second or third division of the bronchi. Cough is not excited in the respiratory tract below this situation. Simple inflammatory irritation of this portion without secretion is a cause of the short, tight cough often present in bronchitis and phthisis. Expectorants, such as tartar emetic, are here indicated to promote bronchial secretion. Inflammatory irritation of the pharynx, common in ordinary colds and in advanced phthisis, is a cause of useless cough. Aconite or the local use of morphine and starch are the most useful remedies. The constant hacking cough of pleurisy is most readily checked by limiting the movements of the affected side by strapping. The pleuritic cough of phthisis limited to one lung is also dissipated by this procedure.

The cough arising from irritation of an aortic aneurism is best relieved with morphine. Leeches applied to the sternum often give surprising relief. The cough due to the pressure of an enlarged bronchial gland on the vagus is lessened by the application of dry cups to the interscapular space. The usual indications in cough accompanied by expectoration are to further liquefy secretions and render its expulsion easier. In the capillary bronchitis of children, cough and dyspnoea are relieved and expectoration favored by administering frequently a half teaspoonful of milk and lime water. The *modus operandi* depends upon an associated action between the œsophagus and the bronchial tubes. Thomson finds that oils are the best liquefiers of bronchial mucus because of their power to increase the watery flow from mucous membranes. Linseed oil is especially active. He prescribes it in emulsion with oils of gaultheria and cinnamon, dilute hydrocyanic acid, glycerin, simple syrup and water.

THE MANAGEMENT OF PROGRESSIVE CEREBRAL HEMORRHAGE.

A. H. Smith (*Medical Record*) advocates a revision of the generally adopted methods of management of cerebral hemorrhage, since, in the form in which it usually occurs, none of nature's various provisions for spontaneously arresting hemorrhage in other situations can be operative

within the cerebrum. Thus, in the majority of cases, the rupture does not occur in the continuity of the vessel, but in the wall of a minute aneurismal dilatation formed upon it, and destitute of contractile tissue. Cerebral tissue is too soft to offer any considerable resistance to the escape of blood, and the loss of blood is never sufficient to bring about diminished cardiac action. When as a result of free hemorrhage the brain is compressed to its utmost, and the whole intra-cranial space occupied, bleeding ceases. But the gravity of the prognosis is directly proportionate to the amount of blood effused. So that "as we shall in all probability have to rely upon pressure in the end to stop the bleeding vessel, it is vastly better that this pressure be exerted by blood within the vessels than by blood extravasated into or upon the brain. The more room for blood in the vessels the less room there will be for blood outside of them." Smith, therefore, advises lowering the head, and perhaps even the administration of amyl nitrite to diminish the *vis a tergo* in the injured vessel. Raising the head, purging or bleeding to diminish the amount of blood in the cerebral vessels or general systemic vascular system, he believes tend to increase the risk of further hemorrhage rather than to lighten it. Cold to the head is useful in cerebral hemorrhage, not to contract the cerebral vessels, but to hasten the firm coagulation of the effused blood.

RECENT OBSERVATIONS RELATING TO INTUBATION.

Conclusions.—As the result of my experience in the treatment of croup or diphtheritic laryngitis requiring operation, I would maintain that intubation and the internal use of the bichloride of mercury yield thus far the best prognosis.

The difficulty in feeding (the strongest and most valid objection to the method) may be overcome in great measure by the employment of a trained nurse, personal supervision on the part of the physician (the idiosyncrasies of each patient as regards the ability to swallow liquids being carefully studied), the use of solid and semi-solid nourishment, rectal or forced feeding through the stomach-tube per mouth or nares, and intermittent intubation.

If the symptoms in a case lead us to believe that the trouble is localized in the larynx and trachea a full-sized tube should be inserted. A smaller tube may be inserted

(with a view to being coughed out after a variable period of time) when membrane is suspected in the bronchi or to relieve the recurring dyspnoea occurring in some cases upon the removal of the larger tube at the fourth, fifth, or sixth day.

Intermittent intubation offers the following advantages: Food, medicines and stimulants may be administered in the interval. If membrane exist or be loose below the tube there is less danger of occlusion, for the tube is readily coughed out and with it the membrane. The time of wearing the tube is materially shortened. The spasm which sometimes occurs when the larger tube is removed on the fourth to the sixth day is relieved by the insertion of a smaller tube, and when the latter is coughed out (usually in from six to twenty hours) the patient will be found to breathe without difficulty.

My deductions are not theoretical or imaginary, but are based upon numerous and careful observations, verified in a number of cases. It is true that intermittent intubation has been advocated before, but the plan proposed differed from the course pursued above, in that the tubes (full-sized) were removed at intervals and reinserted after the child had been fed. Dr. O'Dwyer, in detailing his second series of cases, incidentally refers to the advantages afforded by employing smaller tubes in certain cases. My own investigations in this respect were conducted without a knowledge of what had been accomplished by the doctor. I do not, however, bring this forward to claim undue credit, for his results were published some time ago. I rest content to follow in his footsteps, to contribute my mite here to the amelioration of the sufferings of the little ones afflicted with such a dreaded and fatal affection as diphtheritic croup.—*Huber, in Archives of Pediatrics.*

A NEW USE FOR ETHER DURING ANÆSTHESIA.

Dr. H. A. Hare, of the University of Pennsylvania, has found that if, during anæsthesia, respiration stops, in man and in the lower animals, the free use of ether, poured upon the belly causes so great a shock by the cold produced by its evaporation as to cause a very deep inspiration, which is often followed by the normal respiratory movements.

DIPHThERITIC PARALYSIS AFTER SLIGHT THROAT SYMPTOMS.

J. A. Coutts, in the *British Medical Journal*, July 14, 1888, says: In young children it is rare to obtain a history of diphtheria to account for the paralysis, instead of this being a rule. The complaint does not commonly follow what has been diagnosed as "diphtheria." In the author's experience at the East London Children's Hospital previous history as to recognized diphtheria was absent in all his cases. In most, however, a history of sore throat was obtainable. Under ten years the ratio between severity of throat symptoms and frequency of paralysis is an inverse one. The extreme infrequency of paralysis in cases of recovery from tracheotomy for diphtheria goes far to confirm this view. In adults the relative frequency of paralysis is much greater. But all inquiries as to the frequency and severity of paralysis consequent on a previous diphtheria must be misleading until the question is settled as to what constitutes diphtheria. At present the author thinks that the only certain criterion of "diphtheria" is the presence of the paralysis.

CREASOTE IN THE TREATMENT OF PHTHISIS PULMONALIS.

The records of ten cases reported show that creasote by the stomach and by inhalation, in cases of solidification without cavities, effects prompt and decided improvement in all phthysical symptoms, with increase in appetite, weight and strength, even with surroundings much less favorable than would obtain in many cases in private practice.

In cases with small cavities much less improvement is to be looked for, but some benefit may be expected.

In cases with large cavities the treatment seems to have little more than a palliative influence.

The observations recorded are defective as regards the influence of the treatment upon the bacilli. In one case, with large cavities, it was noted that the number of bacilli was diminished. No other examinations for bacilli were made during or after treatment.

No estimate was made of the relative value of creasote taken into the stomach. As regards the inhalations, it is assumed that the chief benefit was derived from the creasote, the spirit of chloroform and the alcohol rendering

this agent more volatile, and soothing the mucous surfaces. The inhaled vapor* undoubtedly penetrated by diffusion as far as the air-cells. It is by diffusion that fresh air, anæsthetic vapors, etc., penetrate the lungs, and cases of pneumokoniosis illustrate the fact that even solid particles may be carried to the pulmonary vesicles.

In a case of irritative cough of several months' standing, with slight bronchitis and emphysema, but no signs of phthisis, which resisted ordinary treatment, three inhalations produced complete relief, and the cough had not re-appeared at the end of four weeks.

When given by the mouth three drops of creasote are given three times daily.—*New York Medical Journal*, Dec, 8, 1888.

*Equal parts of creasote, alcohol and spirits of chloroform.

SURGERY.

ELECTROLYSIS IN THE TREATMENT OF RESILIENT OR NON-DILATABLE STRICTURE OF THE URETHRA.

By F. Swinford Edwards (London).—The author tabulates 24 cases in which this method has been adopted, the ages of the patients being between 21 and 70, with the following results: Cured, 2; improved, 12; failed, 3; improved with electrolysis plus dilatation, 7. The number of "sittings" varied from 1 to 9; the time occupied by each one, from 5 to 30 minutes; the battery employed was a 30-celled Stoehrer. The advantages claimed for this plan are, absence of confinement, risk to life, pain and bleeding. If it should fail, it does not interfere with a subsequent urethrotomy in some form, and it is thought that if a cure is effected it may be permanent. The only disadvantage stated is the time occupied in its application. The worst cases of urethral strictures are met with in hospital practice, but very often, in the best regulated establishments, any apparatus necessitating the use of a battery frequently proves vexatious and disappointing. Whether this plan of treatment will ever become general, or supersede more readily applied methods, in the hands of busy practitioners, is a matter of doubt. Moreover, the permanency of the cure in successful cases must be decided by time.—*Medical Press and Circular*.

A SAFE ANTISEPTIC SOLUTION.

The idea that combinations of antiseptics are more powerful than the single chemicals is not a new one, but any practical application of the idea has not, so far as we know, had any wide adoption.

Dr. Emile Rotter, in an article in the *Centralblatt für Chirurgie*, No. 40, 1886, brings up the subject again and offers an antiseptic solution which he claims is very powerful, yet not toxic to any dangerous extent. The solution that he desired to obtain was to have, he said, the following characteristic: It should contain no poisonous agent in quantity sufficient to cause any harm if absorbed; it should be non-irritating and easy to keep; it should be clear and free from odor; it should mix easily with ordinary water; it should be so compounded that the essential constituents could be carried as a powder or pastille.

The following was the result of his experiment:

℞. Corrosive sublimate.....	0.05 (1 to 20,000. gr. j.)
Sodii chlorid.....	0.25 (gr. vss.)
Acid. carbolic.....	2.00 (gr. xxx.)
Zinci chlorid.,	
Zinci carbolat	aa 5.00 (ʒj¼.)
Acid. boric.....	3.00 (gr. xl.)
Acid. salicylic.....	0.60 (gr. x.)
Thymoli	0.10 (ʒ ij.)
Acid citric.....	0 10 (gr. ij.)
Aqua.....	q. s. ad 1,000.00.

M.

This solution was tested in both laboratory and surgical cases. In the laboratory he found it to have a more potent effect on pyogenic microbes than sublimate in solutions of 1 to 1000.

He gives a list of twenty-three, mostly minor, surgical cases in which it acted most efficiently.—*Medical Record*, November 17.

ABANDONMENT OF INTUBATION AT LEIPSIĆ.

Professor Thiersch has given intubation in diphtheritic laryngitis a thorough trial, extending over a period of some months, but with no results, so that he has resumed his former treatment—tracheotomy—with which his percentage of recovery is about fifty. He ascribes his lack of success, as compared with American surgeons, in the matter of intubation, to a different type of the disease, thinking that in his cases the membrane is thicker and tougher and the constitutional symptoms severer.—*Correspondent Western Medical Reporter*.

A CONTRIBUTION TO THE TREATMENT OF PYO-THORAX AND
PYO-PNEUMO-THORAX BY THE SETON METHOD OF
THROUGH DRAINAGE.

After a narration of fourteen cases treated the writer concludes as follows :

1. The operation of "through drainage," the merit of which belongs essentially to Chassaignac, is one that can be successfully practiced both on infants and on adults, though cases may possibly occur in chronic empyema where it is not practicable.

2. It is the operation that should be attempted in pyo-pneumo-thorax at the earliest possible moment; and in all cases of chronic empyema. In acute empyema the indications are not so plain.

3. The location of the openings is not so important as that one, at least, shall be in the most dependent part of the thorax, according to the position that the patient occupies. If in bed, one opening should be in the axillary line; if not confined to bed, preferably behind and about four inches below the angle of the scapula and four inches from the spines of the vertebræ.

4. The cavity should be washed at least twice daily with some antiseptic solution, and all known means should be adopted to permit the free escape of matter.

5. In acute empyema, where as yet there is no external opening, aspiration should be resorted to for three reasons: (*a*) to determine the character of the liquid in the pleura, and (*b*) to draw off a portion of the liquid before resorting to through drainage—by this latter procedure the lung is allowed an opportunity to expand and a possible pulmonary hemorrhage or œdema is prevented; (*c*) because under one or more aspirations recovery has ensued.

6. When, however, the incisions have been made they should be enlarged so that they cannot close, and any subsequent contraction of the orifice should be prevented by using some form of dilator.

7. Should a new collection of matter be found in the pleura, it may be treated in the same manner as the first collection.

8. The success of the treatment depends chiefly upon providing a free exit for the matter as soon as it forms, but nutritious and even stimulating diet should be enforced.

9. It is a comparatively easy and safe operation, the only danger being puncture of the heart, liver or spleen.

10. To judge by my cases in which the operation of through drainage was performed, the percentages of cures may, I think, be fairly placed at seventy-five per cent. That it may be of great benefit in phthisical cases where pyo-thorax or pyo-pneumo-thorax has developed, I have no doubt in my mind.

11. The radical operation of exsecting a rib, first performed by Celsus, then by Peitavy and Roser, and later popularized by Estlander, is an operation that may occasionally be necessary in neglected cases.—*Medical Record*, Nov. 17.

TREATMENT OF CARBUNCLE.

The author has treated five cases of carbuncle by scraping or erosion with prompt relief of the local and general symptoms.

An anæsthetic was used in four of the cases ; in one cocaine was tried and succeeded tolerably well (though a great deal of trouble was experienced in introducing the needle of the hypodermic syringe, on account of the tough character of the skin of the neck, which was apparently rendered much more resistant by the inflammatory process going on). The slough was exposed either by the use of the scapel or by Volkmann's sharp spoon tearing through the bridge of perforated skin until the yellow infiltrated tissues were reached. The affected parts were scraped out in a very elaborate manner, and their yellow prolongations, which were found in most of the cases to run up under the thick skin toward the skull, were followed up and scraped out with smaller spoons as far as possible. Whenever a mass of such character was found in the skin or among the muscles it was scraped out in like manner. The bleeding is apt to be quite profuse, though easily checked by pressure. After washing out the parts with a sublimate solution (1 to 1000) the whole cavity, and especially those prolongations referred to above, are carefully packed with strips of a 30 per cent. iodoform gauze, and iodoform freely dusted over. A sublimate dressing is placed over the wound and secured with a four-tailed bandage, two ends of which are wound around the forehead, the other around the neck and under the arms to the back to secure everything in proper position.—*The Medical Record*, July 14, 1888.

THE DIAGNOSTIC VALUE OF TOLERANCE OF THE IODIDES
IN SYPHILIS.

1. W. White criticises the statement made by Prof. Wood in a recent article on cerebral syphilis, that "in all cases of doubtful diagnosis the so-called therapeutic test should be employed, and if 5j of potassium iodide per day fails to produce iodism, for all practical purpose the person may be considered to be a syphilitic." White asserts, as a result of considerable experience in the treatment of syphilis in its varied phases, and from a review of the literature of the subject, that there is some other element than the existence of syphilis in any stage which determines the production or non-production of iodism, and when taken in conjunction with the absence of satisfactory evidence in the opposite direction, appears to justify the following conclusions:

1. Personal idiosyncrasy is so strong a factor in relation to the toxic symptoms produced by the iodides that it quite overshadows any possible influence due to the existence of syphilis.

2. There are no satisfactory theoretical grounds for believing that syphilis in any stage prevents the production of iodism by a process of neutralization, and this is particularly unlikely to be true as regards the latter stages.

3. It is, therefore, most unsafe to base any diagnostic conclusions upon the presence or absence of toxic symptoms (iodism) after the administration of full doses of the iodides.—*Therapeutic Gazette.*

CLINICAL AND EXPERIMENTAL CONTRIBUTIONS TO LIGATION OF THE FEMORAL VEINS BELOW POUPART'S
LIGAMENT.

By Dr. Alex. Von Koretzky (St. Petersburg).—The author during an operation for the extirpation of carcinomatous glands in the thigh in a female, æt. 48, wounded the femoral vein above the entrance of the saphena and external circumflex. Ligation of the wounded vein was resorted to below the point wounded. The patient made a good recovery, though the integrity of the thigh was threatened for a short time as shown by cyanosis, and reduced temperature, which set in after ligation, but soon passed off.

Of 28 cases of ligation of the femoral vein, exclusive of the above case, there were 14 recoveries. In these 14

cases the vein was ligated between the lig. Poupartii and fossa ovalis eight times. In four cases the superficial external femoral was tied, and in two cases the point ligated is not given. In five cases of the eight first mentioned the operation was for the extirpation of a tumor. The operation was performed for wound of the vein in only three cases. In the lethal cases ten were affected with gangrene.

From experiments conducted by himself, the author concludes that ligature of the femoral vein in any point of its course between Poupart's ligament and the fossa ovalis is a dangerous procedure. Aside from the complications noted after such ligature by authors of præ-antiseptic days, the work of Braune demonstrates the existence of valves in all veins given off at the fossa ovalis. These valves open toward the common femoral. This valvular arrangement gives the common femoral the importance of the only vessel relieving the lower extremity of return circulation, and, strictly speaking, the common femoral has no collateral branches. In anomalous absence or insufficiency of valves the internal circumflex vein may play the role of a collateral vessel. Again, advanced age, or chronic inflammations or tumors, play no small role in the origin of a collateral circuit by which return blood of the thighs may find its way backward through veins of the pelvis. In his experiments the author found that a pressure of even three meters of water was not always adequate to overcome the resistance of the valves above mentioned. In advanced age ligature of the femoral is less dangerous. Aside from the circuli venosi established by Braune, there exists, according to the author, a third, the circulus venosus sub tubere ischii.—*Archiv f. Klin. Chir.*, Bd. 36, heft 3.

GYNÆCOLOGY.

THE VALUE OF POSTURE IN LABOR.

Dr. Rubio, in a paper read before the recent Spanish Gynæcological Congress, laid great stress upon the important part that the posture of the patient plays during labor, both physiological and abnormal. (*The Lancet.*) During the first stage he merely keeps the patient from going from one room to another, to avoid catching cold. During the expulsive stage, though he prefers the supine or, at

least, a horizontal position, as a rule, he changes it to a sitting posture where there is asthma or cardiac weakness, also where the pains have become inert through uterine fatigue. Where there is any version of the uterus it is necessary to pay due regard to its direction. Thus, if there is anteversion the patient should be placed on her back; if there is lateral version, she should lie on the side opposite that to which the fundus uteri is inclined, so as to bring the foetal axis to coincide as nearly as possible with that of the pelvis. It is, of course, a recognized fact that a change of posture will frequently facilitate the descent of the head, even when there is no abnormality either in the position of the child or of the direction of the uterine axis. When the foetal position is transverse the patient should be laid on the side opposite to that occupied by the head, with a pillow under the abdomen. The adoption of the genupectoral position has frequently been found of service by Dr. Rubio. When there is a prolapse of the cord, and it is being dragged upon in a dangerous manner, he raises it above the head, and keeps it there during several pains, the woman being placed in the genupectoral position. Again, in complicated presentations, he has found this the best posture for their reduction, and in arm-and-shoulder presentations, where the amniotic liquid has escaped, and the practitioner in attendance has been unable to insert his hand and turn, Dr. Rubio, by the adoption of this position, has found it possible to execute the necessary manœuvre.—*Medical Record.*

THE TREATMENT OF RETENTION OF MEMBRANES OR PLACENTA.

Martini (*Münchener Med. Wochenschrift*, Nos. 39 and 40, 1888) reports the results in 80 cases of retention of membranes or placenta, occurring in 2960 births, or 2.7 per cent. of all. Analysis of these cases justifies the following conclusions: Retained membranes and placenta failed to influence puerperal temperature in 61 (76.3 per cent.) cases. In 18 cases (22.5 per cent.) it could not be positively asserted that the retention did not influence temperature; in 5 cases fever was distinctly traceable to this source; it did not exceed 103.5° F., and was accompanied by foul lochia. The cause of the decomposition of the membranes and lochia was in 2 cases maceration of the foetus, and in 2 others abortion. It was noticed that when the lochia

became foul puerperal ulcers also appeared: the cause of both phenomena was thought to be a common septic agent.

While the simple retention of membranes had little or no effect upon the puerperal period, maceration of the fœtus greatly increased the occurrence of fever. Fetid lochia were present in 31.3 per cent. of cases; hemorrhage in about the same proportion; in 18 per cent. it occurred some time after delivery. Retained membranes and placenta had little influence on the involution of the uterus. Expulsion of membranes generally occurred on the third or fourth day spontaneously. Eight cases were treated by intra-uterine manipulation, 1 died from the entrance of air into the uterine veins, 4 had fever, 1 was a febrile; the result of interference was such that Martini does not advise it. He recommends non-interference, and expects the spontaneous expulsion of retained tissues in four days after labor. When the lochia decompose he advises vaginal douches of antiseptic. Ergot, antipyretics, and baths are to be employed as the indications arise.

THE USE OF BICHLORIDE OF MERCURY AT THE CHARITÉ MATERNITY (BERLIN).

Sommer (*Charité Annalen*, xiii. Jahrg.) reports the results of the use of bichloride of mercury in 5027 births. The strength of the solution employed has been lessened from 1 to 1000 to 1 to 4000 for injection. 19 cases of mercurial intoxication occurred, with 1 death; of these, 1 resulted from vaginal douches before and after labor; 4 from vaginal douches during the puerperal period; 4 from washing out the uterus after labor, and 10 from repeated intra-uterine douches, in the puerperium. It will be observed that intra-uterine douches are most dangerous. The lowest septic mortality before the use of bichloride was 5 per cent.; during its use, from 0.17 to 0.34 per cent. Sommer believes that 1 to 5000 is the best solution for injection; for intra-uterine douches 3 to 5 per cent. carbolic acid should be used, and bichloride 1 to 1000 for disinfecting the hands.

THE TREATMENT OF PUERPERAL ECLAMPSIA.

Veit (*Sammlung klin. Vorträge*. No. 304, 1888), after using other methods of treatment, has been led to rely on morphia, in large doses, given hypodermically, in eclampsia. His first dose is usually $\frac{1}{2}$ th grain, followed by half

as much when required. It is generally necessary to give from $1\frac{3}{4}$ to 3 grains in from four to seven hours; the drug is to be pushed to the production of narcosis. For the renal complications of eclampsia hot baths, followed by packs, are best: pilocarpine favors pulmonary œdema.

DERMATOLOGY.

FOURNIER ON CHANCRE.

We translate from *Le Progrès Médical* the following views recently expressed by Prof. Fournier at one of his lectures on syphilis. His subject was: *Some unlooked for difficulties in the diagnosis of syphilitic chancre.*

The induration, which is one of the principal characteristics of the syphilitic chancre, should not always be attributed to the same cause as the ulceration. A sore can take on an indurated character as a consequence of ill-timed cauterizations made by the pharmacist who employs frequently nitric acid, or acid nitrate of mercury, in order to *cauterize the lesion*. The physician himself, in making a cauterization with nitrate of silver, corrosive sublimate, carbolic acid, alum, tannin or alcohol, does he not give to the ulceration of soft chancre an induration capable of misleading the best authorities? And the patients, too, as soon as they perceive a sore on the penis, do they not give to that sore an artificial induration by employing locally quack remedies, which they use on the advice of a friend or an idle gossip. So, before concluding the diagnosis of indurated chancre, it is necessary to know if the sore has been cauterized or touched with any topical remedy.

Besides the artificial induration of sores there is another induration to which it is necessary to call attention. The lymphangitis of gonorrhœa sometimes assumes the *nodular form*.

It appears then on the line of lymphatics as real tumors, shaped like a pea or an olive, of a hard and inelastic consistence, seated on the prepuce, or sheath, or even in the glando-præputial sulcus. This nodular lymphangitis becomes a cause of error whilst it is concealed, that is to say, hidden by a phimosis, and there can then be felt on the edge of the preputial sulcus a hard tumor under the skin of the prepuce. Therefore when a patient presents himself to a physician with a gonorrhœa, a phimosis and

a hard tumor in the place indicated above, it behooves him to determine between a nodular lymphangitis and an indurated chancre

If there is in the groin, or in the two groins, a series of ganglia, which are multiple, hard and indolent, he will be right in concluding on syphilis; but if there exist only one or two ganglia, if they are not hard, if they are inflammatory or painful, the diagnosis should remain suspended in seven-eighths of the cases, provided he recognizes the nodular forms seen in lymphangitis. Should this latter affection be ignored he would diagnose indurated chancre and institute antisyphilitic measures, as has already happened to many physicians, and even experts on this subject. Prof. Fournier states that this has happened to him on two different occasions.

Nodular lymphangitis is unresolved gonorrhoea. In a large majority of cases it is reabsorbed; however it may sometimes ulcerate, simulating then an indurated chancre. In this latter case it would be useless to make the diagnosis of chancre and nodular lesions, because it is only the course of the disease that furnishes the facts. It is then never correct to make the diagnosis of undurated chancre by a single objective sign, for by trusting too much to it errors are committed.

The lecturer then goes on to call attention to the similarity sometimes existing between hard chancre and a lesion made by the itch mite. The lesion referred to, and which we will translate as *scabietic ecthyma*, is the one which changes the tissues so as to simulate the syphilitic primary sore. In fine, scabietic ecthyma may sometimes simulate chancre, under the scabby form (resembling then the eczematous or crusted chancre), sometimes under the erosive or ulcerative form (suggesting ordinary chancre). Apropos of this Prof. Fournier cites the case of a patient who was afflicted with three ecthymatous lesions of the itch and one indurated chancre on the penis.

Scabietic ecthyma has a parchment-like base; again, the itch frequently extends over the ganglia of the groin; so error is inevitable in a certain number of cases, and consequently we mistake the itch lesion for an indurated chancre.

Occasionally the chancre is allowed to pass unperceived in the midst of a scabietic ecthyma, and at the end of six weeks the secondary eruption appears.

Can this error be prevented? There is but one way of doing so—by the expectant treatment. For as soon as there is any meddling with it scabietic ecthyma cicatrizes, whilst in cases of syphilis the chancre continues to ulcerate, and the secondary eruption will soon be produced.

From all that precedes it is necessary to conclude that the limits generally assigned to syphilitic chancre are too narrow; it is necessary to enlarge them, for there are other affections than herpes which may take on the aspect of the hard chancre; there are lesions of a common kind, such as gonorrhœa and itch, which can assume the characters of the chancre, and it is necessary to consider them.

CARBONATE OF MAGNESIA AS AN ABSORBENT.

Dr. Gruendler of Hamburg, experimenting in Dr. Unno's laboratory on the relative capacity for the absorption of water inherent in the various powders which might be used in the preparation of paste for application to the skin, has found that carbonate of magnesia has remarkable qualities for absorbing water, and therefore ought to be an excellent ingredient for the formation of a paste. Unfortunately, however, paste made of a mixture of fat and carbonate of magnesia does not possess the proper consistency. When, therefore, this highly absorbent quality of carbonate of magnesia is desired, it is advisable to combine it with the other powders commonly used. For example, fifty parts of oxide of zinc or starch may be mixed with ten parts of carbonate of magnesia, and the whole rubbed up with fifty parts of fat to form a paste, or, as a simple absorbent powder, it may be very conveniently used mixed with oxide of zinc.—*British Medical Journal*.

MORTALITY FROM DIPHTHERIA AND CROUP.

Let those who believe that New Orleans has a high mortality from diphtheria look over the following list of cities, and note the percentage of deaths from diphtheria and croup during the week ending December 29, 1888:

New York.....	7.41	Boston.....	6.24
Philadelphia.....	4.64	Cincinnati.....	7.32
Brooklyn.....	9.86	New Orleans.....	4.50
Chicago.....	10.15	Nashville.....	12.50
St. Louis.....	14.08	Cambridge.....	5.00

ARTESIAN WELL WATER.

The *Sanitary Era*, while confessing that "the old-fashioned well has no friend left but its owner," has a good deal to say on the subject of artesian wells which may be a surprise to many who have not looked into the subject so carefully. "Judging therefore from the run of 'samples' we have no doubt that if an impartial review of the whole history of artesian or gang wells could be made, it would establish the following propositions concerning them :

1. The supply has in most cases, sooner or later, commenced materially falling off from a required maximum.

2. The quality has been generally bad, from excessive impregnation with the various salts of lime, magnesia, soda and other minerals, including not only iron, sulphur and numerous other impurities, either positively or negatively injurious, but also in many cases the deadly salts of lead and copper, which are among the metals most widely distributed in all deep parts of the earth. Prof. Charles Mayr says (*Sanitary Era*, vol. I, page 268) that one in five wells contains lead enough to be dangerous, and it is certain that as we go deeper we increase the proportion of danger by cutting more and richer veins of metallic contaminations.

3. The water has rarely been fit for cookery, laundry work, bathing, bleaching, dyeing, steam power, hydraulic power, chemicals or chemical processes, medical purposes, or, in short, hardly any of the numerous industrial and practical purposes that constitute the main commercial value of a public water supply.

4. No improvement on the quality of the previous well supply has usually been effected, but rather the reverse, except where gross filthiness about the wells had been the previous custom.

5. The quality of the water has in most cases grown worse (after temporary improvement at first), where pumping has kept the supply fully drained.

6. Springs, wells, ponds, marshes, mudholes, cesspools, privies, graveyards, etc., have been generally drained of much of their moisture where gang wells have been worked within range."

DIPHThERIA TREATED WITH PERCHLORIDE OF IRON AND MILK.

Twenty-one cases of diphtheria have been treated with perchloride of iron and milk by Dr. Mohammed Ben Nekkach, who has obtained twenty cures and lost a child of six months. Among the cured are two adults. All the diphtheritic patients were treated from the beginning of the disease before the period of asphyxia or intoxication.

Outside of these twenty-one patients six others have died ; two have refused to follow the treatment, one has been treated by another method in a neighboring town, a fourth one did not follow the treatment accurately, and, finally, the last two were cases in which he was called too late by the parents. Referring to the twenty-one cases mentioned above he says: " To all these patients, most of whom were severely taken, I gave 25 to 30 drops of perchloride of iron in a tumbler of water (this solution being renewed every time it was used up); one quart of milk a day was given. A tablespoonful of each of these preparations was administered every five minutes. In addition to this medication I have prescribed emetics and painted the throat three times a day with a strong solution of perchloride of iron, which, while taking away the false membrane, at the same time cauterizes the subjacent surface. He states that when perchloride of iron is administered from the beginning of the disease the false membrane does not extend, but the disease becomes localized.—Quoted by *Pacific Medical and Surgical Journal*.

EXPECTATION OF LIFE IN MEN.

Prof. Stanford E. Chaillé has recently called attention to the well-known fact that the average life of woman is longer than that of man, and in most parts of the United States woman's expectation of life is greater. There is no immediate danger, however, of man dying out, for more males are born every year than females, while of late years the disparity between the expectation of life in women and men seems to be decreasing. For example, although Dr. Farr's and the older English insurance tables show figures that favor women, recent American tables (American experience, thirty companies) are in favor of men in all but sixteen of the years from ten to ninety-nine.—*New York Medical Record*.

LEPROSY IN INDIA.

The official report gives 135,000 as the existing number of lepers in India, but there can be little doubt, says an English journal, that they already exceed 250,000, and their numbers are steadily increasing. No attempt at isolation is made.—*New York Medical Record*.

CHILBLAINS.

Dr. B. Nicholson gives the following formula for chilblains, and claims that he has never been disappointed in its use. Spirit camph.; tinct opii, aa ℥ii; acid carbol., gr. xl; spirit vini, ℥iv; aquae, ℥iv, A. M.

BOOK NOTICES.

Elements of Practical Medicine.—By A. H. Carter, M. D., London; fifth edition. London: H. K. Lewis, 136 Gower street, W. C. 1888.

This work now in its fifth edition has established its claims to the position to which it aspired—viz.: A simple introduction to the study of systematic medicine, and as a means of bringing the essentials of the subject as tersely and clearly as could be within the grasp of those unable to master a large standard. The work certainly accomplishes its purpose and as such we recommend it to the student and to the busy practitioner.

VISITING LISTS. *The Medical Bulletin Visiting List*.—

This is an entirely new list, arranged upon an original and convenient monthly and weekly plan for the daily recording of visits. F. A. Davis, 1231 Filbert street, Philadelphia. Price, 70 patients, \$1.25; 105 patients, \$1.50.

Leonard's Physicians' Day Book.—Accommodates daily charges for twenty-five or fifty families weekly. Has complete obstetrical record for ninety-four cases, and monthly memoranda for debtor and creditor cash account. *Illustrated Medical Journal Company*, Detroit. Price, \$1.

A Manual of Dietetics for Physicians, Mothers and Nurses.—By W. B. Pritchard, M. D., New York city. The Dietetic Publishing Company, 115 Fulton street, New York. Price, 50 cents.

This little book of eighty-three pages fulfils the purposes of the author, and is altogether satisfactory to the reader. We are told that “the mortuary report for the United States for the year 1886 gives a total in round numbers of 800,000 deaths; of this number 500,000, or considerably more than half, were children under five years of age, and at least two-thirds of the deaths occurred as a consequence of improper feeding.” With this astounding fact confronting us, as intelligent beings we must realize the importance of a wider diffusion of knowledge upon the subject of dietetics among medical men, as well as those who are from time to time in charge of the sick and helpless. The second and third chapters, which treat of “nursing, weaning and wetnursing” and “artificial feeding,” are replete with good sense, and are to our mind the most interesting in the book. Dr. Fothergill’s statement, quoted by the author, that “every sick person is a dyspeptic for the time being,” gives sufficient *raison d’être* to this pleasant little manual. H. W. B.

PUBLICATIONS RECEIVED.

Recent Researches Relating to the Etiology of Yellow Fever. By Geo. M. Sternberg, M. D.

Diseases of the Kidneys. By Dujardin Beaumetz. The Physicians’ Leisure Library Series. Geo. Davis, Detroit.

Naso-Pharyngeal Fibromata. By E. F. Ingals, A. M., M. D. Reprint from *Journal of the American Medical Association*.

Is Astigmatism a Factor in the Causation of Glaucoma? By S. Theobald, M. D. Reprinted from *American Journal of Ophthalmology*.

A Clinical Atlas of Venereal and Skin Diseases, etc. Parts III and IV. By Robert W. Taylor, A. M., M. D. Philadelphia: Lea Brothers & Co.

The Influence which the Discovery of Cocaine has had upon Ophthalmic Surgery. By S. Theobald, M. D. Reprinted from Transactions Medical and Chirurgical Faculty of Maryland.

Archives de Physiologie Normale et Pathologique. Directeur, M. Brown-Sequard; Sous-Directeurs, MM. Dastre et Francois-Franck. Cinquième Série Tome Premier. Nos. 1-2, January-April, 1889. Paris: G. Mason, Editeur, 120 Boulevard St. Germain.

MEDICAL NEWS AND MISCELLANY.

CORRECTION.—A serious error of omission occurred in printing the second observation of the Surgical Memoranda, by Dr. Matas, which appeared in our last issue, and which affects the sense of the whole article. It should be corrected by reading, the “the urine *was not* albuminous,” instead of “*was* albuminous” as wrongly appears in the text, sixth line from below, p. 502, No. 7, vol. XVI.

MARRIED.—At St. Johns Church Jan. 29, 5 o'clock p. m. Dr. Hugh Kelly to Miss Mary Zank.

DR. A. M. STEPHENS has removed from Bremond to Beeville, Texas.

IT IS said to be a good plan when giving castor oil to children to mix equal parts of glycerine with it.

FOR BURNS a writer in *Centralblatt. für Therap.* suggests the following application: Olei olivæ, p vj; salol, p. j; aquæ calcis, p. vj. M.

ENVELOPING the limb for one night in flowers of sulphur will cure sciatica. The urine the next morning smells strongly of sulphuretted hydrogen.

DR. SALENSI says that antipyrin in a daily dose of eight grains, given at three different intervals, will in a few days arrest the secretion of milk.—*Cin. Lancet and Clinic.*

A PLEASANT PURGATIVE FOR CHILDREN.—Castor oil, aromatic syr. rhubarb, cascara cordial, ää fʒj. M. Sig.—Dose, one teaspoonful, or as may be needed.—*The Age.*

FOR the constipation of children, a writer in *L'Union Medicale* suggests the following: Podophyllin, gr. $\frac{3}{4}$; alcohol, fʒiss; syrup. althææ, fʒiv. M. Sig.—A teaspoonful once daily.

FOR SEVERE ITCHING about the anus the following is recommended in *Therap. Monats*: Cocaine hydrochlorat, p. $\frac{1}{10}$ to $\frac{1}{5}$; lanolin puriss., p. xxx; vaseline, ol. olivæ, ää p. xx. M. Sig.—Apply locally.

MR. TAIT has just reported his second thousand consecutive cases of abdominal section. The mortality of the first thousand was nine and two-tenths per cent.: in his second thousand five and three-tenths.

THE QUARANTINE CONFERENCE of delegates from the states of Alabama, Louisiana, Mississippi, Texas, Florida, South Carolina, North Carolina, Georgia, Tennessee, Kentucky and Illinois, meets in Montgomery, March 5, 1889.

PROF. DA COSTA prefers the use of the bismuth *test for sugar* in the urine. Take equal parts of urine and liquor potasæ, add a pinch of bismuth subnitrate, boil thoroughly. If sugar is present the powder turns brown or black.—*Coll. and Clin. Rec.*

PROF. DA COSTA prescribed for a case of chronic gastritis due to excessive use of alcohol, accompanied by morning vomiting, pain in epigastrium and flatulency: Zinc oxidi, gr. ij; ext. belladonnæ, gr. 1-16; ft. pil. j. M. Sig.—One three times a day.—*Can. Medical Record.*

INCOMPATIBILITY OF COCAINE AND BORATE OF SODIUM.—In a paper to the *Société de Pharmacie*, M. Levailant said that in mixing these substances for collyria or gargarism, he had found a precipitate of cocaine. This will disappear on the addition of a few drops of glycerin.—*Arch. de Ph.*, Nov. 5.

PROF. BARTHOLOW recommends the iodides as among the best remedies for beginning cirrhosis, often adding arsenic to the prescription, whereby the efficiency of the iodide is increased: Ammon. iodidi, ʒj; liq. potas. arsenitis, fʒss; tinct. colombæ, fʒss; aquæ, fʒiiss. M. Sig.—One teaspoonful three times a day, before meals.—*Can. Medical Record.*

The entire work of the Medical Examining Board of Virginia may be briefly summed as follows: Number of persons examined: (a) By board in session, 128; (b) by individual examiners, 117; total, 245. Number of persons rejected, 54; number of certificates issued, 186; number of withdrawals, 5; total, 245.—*Virginia Medical Monthly.*

ACCORDING to *Med. Press* a circular has been sent to all the Prussian army medical officers, advocating chromic acid as an economical and efficient means of checking excessive perspiration. In hyperidrosis of the feet the application of a 10 per cent. solution, repeated every three or six weeks, is sufficient to prevent any inconvenience from this source.

THE next meeting of the American Medical Association will be held at Newport, R. I., on Tuesday, June 25, 1889. The session has been deferred by authority to this date. Dr. W. Thornton Parker is local secretary, and Dr. H. R. Storer is chairman of the committee of arrangements. The occasion will be the 40th annual meeting of the association, and the 250th anniversary of the settlement of Newport.

EVEN the newspapers of France are beginning to denounce Pasteur's hydrophobia quackery. One of the more recent cases reported is that of a young farmer, bitten by a mad dog in April, 1886, who was treated by M. Pasteur eight days later, and felt nothing more of the wound until last July, when it began to pain him severely. Four days later he died in great agony.—*Kansas Medical Index*.

SULPHONAL.—A Berlin correspondent writes to the *Medical and Surgical Reporter* that Dr. Bornemany has reported a case of severe poisoning from the administration of sulphonal. The chief symptoms were incoördination in the movements, first in the lower extremities and later in the arms, which vision did not seem to affect, and illusions and hallucinations. The drug did not seem to exert any unfavorable influence over the circulation.

ANTISEPTIC SPONGES FOR GYNÆCOLOGICAL OPERATIONS.—The sponges are placed for two hours in a solution composed of corrosive sublimate 1.0, carbolic acid 5.0, alcohol 60. water 500.0; after expression they are allowed to dry in the air and may be impregnated with one of the following solutions: 1. Boric acid 15.0, boiled water 500. 2. Tannin 30, boiled water 500.0. 3. Solution ferric chloride 40.0, boiled water 500.0. *Pharm. Centralb*, 1888, 558.—*American Journal of Pharmacy*.

THE Mills Training School for Male Nurses, in New York, was opened December 19. There were 110 applicants, of whom 22 were admitted to the school. The *Doctor* says: "The old reign of terror in many of our hospitals is drawing to a close. The warden of Bellevue Hospital began discharging the orderlies in the wards for male patients the other day, and filling their places with the students just admitted to the new Mills school for training male nurses. Now the male patients will proba-

bly be as skillfully nursed as the female patients have been for some time."—*Medical and Surgical Reporter*.

THE FOLLOWING RULES for doses of medicine to children are given in the *Indiana Medical Journal*: Let 21 parts be an adult dose, and then give as many parts as there are years in the child's age. Thus a child of 1 year would get $\frac{1}{21}$ of a dose; 6 years, $\frac{6}{21}$; 14 years, $\frac{14}{21}$. For older persons let the full dose be represented by $\frac{60}{60}$, and invert the fractions thus: For a patient 65 years old, $\frac{60}{65}$ of a dose; for 70 years, $\frac{60}{70}$ or $\frac{6}{7}$; for 80 years, $\frac{60}{80}$ or $\frac{3}{4}$, etc. It must be borne in mind that children require smaller doses of sedatives and larger doses of purgatives, proportionately, than are here given.

WHEN TO TAKE MEDICINES.—Alkaline medicaments should be given before meals. Iodine and its preparations should be given during fasting, when they become rapidly absorbed in their own forms, and do not undergo the changes caused by the presence in the stomach of food acids and starchy materials. Acids are best taken midway between meals, when they become rapidly diffused. If, however, it is desired to limit the production of gastric juice, they are given just preceding a meal. Arsenic, copper and like irritants come after meal; likewise cod liver oil, phosphates and malt preparations.—*Journal de Médecine de Paris*.

TREATMENT OF INFANTILE LEUCORRHOEA.—Reeves Jackson recommends first to attend to the general condition and to administer cod liver oil, iron and quinine. As local treatment he checks the secretions by means of a pad impregnated and antisepticized by a 1 per cent. solution of boric acid. Then as an application he separates the labia with a pledget of absorbing cotton, dipped in boracic vaseline, or, better still, he covers the diseased surfaces with subnitrate of bismuth or boric acid finely pulverized. This application, which ought to be repeated two or three times a day, has the advantage of absorbing the secretions, of antisepticizing the parts and of protecting them from germs coming from without. The local treatment can only assure us of a rapid cure when used as an auxiliary to the general medicine.—*Journal de Médecine. Med. Register*.

IN THOSE CASES OF CONSTIPATION IN INFANCY which do not recover under proper dietary management, Dr. Eustace

Smith (*Medical Record*, Nov. 24, 1888) recommends: Tinct. nucis vomic., m. ss; tinct. belladonnæ, m. x; infusi sennæ, m. xx; infusi calumbæ, ad. f ʒj.

This may be given thrice a day at first. After a time, two doses will be enough; and before long one dose at bedtime. An equally good or better prescription is: Tinct. nucis vomic., m. ss; ext. cascariæ sagradæ liq., m. xx; tinct. belladonnæ, m. x; inf. calumbæ, ad. f ʒj.

The keynote is the combination of nux vomica with belladonna and some gentle laxative. Dr. Smith also recommends, where the motions are very dry, a saline aperient and quiniæ sulph., gr. ¼; acid. sulph. aromat., m. j; tinct. nucis vomic., m. ss; aquæ, ad. f ʒj. This for a child of six months.—*Coll. and Clin. Rec.*

THE COLLEGES REPORT BEFORE THE VIRGINIA EXAMINING BOARD.—The report of the Medical Examining Board of the State of Virginia has been given prominence in the controversy between the *Journal* and the Medical College of Virginia. It is a very suggestive document, and worthy of careful perusal. We append an extract from this record, giving the percentage of failures on their first examination before the board, among the applicants from the more prominent regular colleges:

College.	No. of Applicants.	Percentage of failure.
College Physicians and Surgeons, New York.	3	none
University of Pennsylvania.....	2	none
University of Michigan.....	1	none
University of Virginia.....	33	3
Medical College of Virginia.....	57	14
Bellevue Hospital Medical College.....	6	16
Jefferson Medical College.....	12	25
University of Maryland.....	34	27
University City of New York.....	7	27
College Physicians and Surgeons, Baltimore.	34	29
University Physicians and Surgeons, Balt.....	34	29
Louisville Medical College.....	2	50
Detroit Medical College.....	2	50
Columbus Medical College.....	3	66
Medical-Chirurg College, Philadelphia.....	3	100

—*Pittsburg Medical Review.*

“What did the doctor pronounce your ailment?” inquired she, with a tremor of anxiety in her tone, as she came into her husband’s sick-room. “He pronounced it as if it were spelled bronkeetus,” exclaimed the indignant Bostonian, straightening himself up in bed, “and I requested him at once to make out his bill and go.”

MORTUARY REPORT OF NEW ORLEANS
FOR DECEMBER, 1888.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....	.....	.....	.....	.....	.....	.....	.....
“ Malarial.....	5	.....	3	2	4	1	5
“ Congestive.....	2	2	3	1	1	3	4
“ Continued.....	3	.....	1	2	2	1	3
“ Intermittent.....	.....	.....	.....	.....	.....	.....	.....
“ Remittent.....	2	1	2	1	3	.....	3
“ Catarrhal.....	.....	.....	.....	.....	.....	.....	.....
“ Typhoid.....	3	2	4	1	3	2	5
“ Puerperal.....	1	.....	.....	1	1	.....	1
Typho-Malarial.....	.....	.....	.....	.....	.....	.....	.....
Scarlatina.....	3	.....	.....	3	.....	3	3
Measles.....	.....	1	.....	1	1	.....	1
Diphtheria.....	12	2	7	7	1	13	14
Whooping-cough.....	.....	1	1	.....	1	.....	1
Meningitis.....	3	7	7	3	.....	10	10
Pneumonia.....	23	15	18	20	23	15	38
Bronchitis.....	13	9	12	10	9	13	22
Consumption.....	34	24	35	23	56	2	58
Congestion of brain.....	11	3	7	7	6	8	14
Diarrhœa.....	8	3	6	5	10	1	11
Cholera infantum.....	6	.....	1	5	.....	6	6
Dysentery.....	8	2	5	5	10	.....	10
Debility, General.....	3	4	5	2	7	.....	7
“ Senile.....	14	18	16	16	32	.....	32
“ Infantile.....	17	4	11	10	.....	21	21
All other causes.....	219	79	159	139	217	81	298
Total.....	390	177	303	264	387	180	567

Stillborn children—White, 19; colored, 18; total, 37.

Population of city—White, 180,000; colored, 68,000; total, 248,000.

Death rate per 1000 per annum for month—White, 26.20; colored, 30.70; total, 27.44.

DIPHTHERIA RECORD FOR THE YEAR 1888.

Dist.	CASES.			DEATHS.		
	White.	Colored.	Total.	White.	Colored.	Total.
1	82	11	93	26	5	31
2	108	47	155	48	20	68
3	155	45	200	52	15	67
4	95	7	102	26	1	27
5	88	84	172	33	44	77
6	95	15	110	27	3	30
7	.....	.....	.....	.....	.....	.....
	623	209	832	212	88	300

HENRY WM. BLANC, M. D.,
Chief Sanitary Inspector.

METEOROLOGICAL SUMMARY—DECEMBER.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Pres' in inches and hund.	GENERAL ITEMS.		
		Mean	Max	Min		Mean barometer, 30.106.	Highest barometer, 30.43, 20th.	Lowest barometer, 29.60, 9th.
1	30.05	48.0	53.3	45.0	.32	Monthly range of barometer, 0.83.	Mean temperature, 51.2.	Highest temperature, 72.3, 25th.
2	30.14	46.0	60.0	41.0	.....	Lowest temperature, 30.7, 20th.	Monthly range of temperature, 41.6.	Greatest daily range of temp., 24.5, 5th.
3	30.09	48.0	58.0	44.0	.06	Least daily range of temp., 5.5, 10th.	Mean daily range of temperature, 15.5.	Mean daily dew-point, 44.9.
4	30.12	50.0	60.0	47.0	.29	Mean daily relative humidity, 79.0.	Prevailing direction of wind, W.	Highest velocity of wind and direction, Southeast, 39 miles on 15th.
5	30.08	52.0	66.0	41.5	.....	Total movement of wind, 6347 miles.	Total precipitation, 3.68 inches.	Number of days on which .01 inch or more of precipitation fell, 10.
6	30.14	54.0	63.5	47.2	.....	No. of clear days, 19.	No. of cloudy days, 9.	MEAN TEMPERATURE FOR THIS MONTH IN
7	30.18	51.0	65.8	43.8	.....	1874... 58.6	1879... 59.5	1884... 58.7
8	30.00	58.0	67.7	53.1	.....	1875... 61.6	1880... 52.9	1885... 53.1
9	29.56	56.0	63.5	50.0	.50	1876... 47.9	1881... 59.2	1886... 51.6
10	29.89	52.0	55.5	50.0	.08	1877... 55.6	1882... 54.0	1887... 52.9
11	30.04	53.0	64.0	47.0	.....	1878... 50.8	1883... 60.3	1888... 51.2
12	30.05	56.0	69.0	48.4	.....	TOTAL PRECIPITATION (IN INCHES AND HUNDRETHS) FOR THIS MONTH IN		
13	30.16	52.0	58.5	49.8	.....	1874... 3.27	1879... 2.90	1884... 8.01
14	30.23	50.0	62.0	44.1	.....	1875... 5.15	1880... 6.45	1885... 4.38
15	30.00	62.0	70.5	52.6	.....	1876... 9.57	1881... 6.62	1886... 2.57
16	29.80	58.0	61.0	54.5	1.16	1877... 4.96	1882... 4.27	1887... 7.56
17	29.92	49.0	59.5	44.9	.04	1878... 8.69	1883... 3.47	1888... 3.68
18	30.16	48.0	58.3	42.5	.....	Dates of frosts: { Light, none. Killing, 20th and 21st.		
19	30.25	44.0	51.3	39.9	.....		
20	30.38	36.0	45.3	30.7	.....		
21	30.28	44.0	59.0	35.5	.....		
22	30.31	46.0	62.0	41.8	.....		
23	30.28	50.0	62.8	43.5	.....		
24	30.18	52.0	71.4	48.4	.....		
25	30.03	58.0	72.3	51.7	.13			
26	29.94	58.0	67.9	54.8	1.07			
27	30.15	48.0	53.7	45.6	.....		
28	30.27	44.0	52.9	39.5	.....		
29	30.24	48.0	60.0	41.0	.....		
30	30.17	56.0	65.5	48.0	.....		
31	30.17	60.0	65.3	58.0			
Sums	3.68			
Means	30.106	51.2	61.5	46.0			

R. E. KERKAM, Signal Corps Director.

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DOSE:—From one-half to one fluid drachm.

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In Leucorrhœa use one ounce to eight ounces of water as an injection once or twice a day.

In all Catarrhal states of nose and throat, locally, half and half, or by atomization or inhalation in the proportion of one drachm to two ounces of water.

In Stomatitis, ulcerative or gangrenous, use either as a gargle (four drachms to two ounces), or internally thrice daily in the usual dose.

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In Gonorrhœa, as an injection, four drachms to two ounces of water once or twice a day as indicated.

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In Dermatitis locally applied in full strength every two or three hours.

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*Paullum sepultæ distat inertia
Celata virtus.*—HORACE

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MEDICAL AND SURGICAL JOURNAL.

MARCH, 1889.

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*Hemorrhagic Malarial Fever. ✓

By DR. J. W. McLAUGHLIN, Austin, Tex.

A type of disease characterized by fever, hæmaturia and icterus made its appearance in portions of the Southern States soon after the close of the late civil war, and continued to prevail during the fall and winter months, especially in Alabama, Mississippi, Louisiana and Texas, more or less, every year since that time. At first it was generally thought to be a new type of disease, but more recent investigations have shown this opinion to be incorrect. It can be safely asserted, however, that this disease never, or at least rarely, appeared in this country previous to the time mentioned. Prominent among the many names by which this disease is known are hæmaturia, malarial hæmaturia, country yellow fever, black jaundice, yellow chills and hemorrhagic malarial fever. English and continental medical journals have occasionally published for the past twenty years cases of this disease, in a mild or modified

*Read before the Austin District Medical Society, Dec. 20, 1888.

form, which have been variously called paroxysmal hæmaturia, hæmatinuria or hæmoglobinuria.

The first reported case of this malady, according to J. Wickham Legg, was by Dr. Charles Stewart in *Duncan's Medical Commentaries* for 1794.

The second recorded case was described by Dr. Elliotson in a clinical lecture at St. Thomas' Hospital, 1831. His patient recently had Walcheron fever, which was followed by chronic chills and bloody urine. He was cured by sulphate of quinine.

In 1865 Dr. George Harley published in the *Medico-Chirurgical Transactions* a valuable paper upon this subject. He was the first to establish, by chemical tests, the presence in the urine of hæmoglobin; also tube casts in the urine of these cases, which were illustrated by excellent drawings. The first spectroscopic examination of hæmatinuric urine reported was by Schleidlin, who claimed to find the characteristic absorption bands of hæmoglobin. The most valuable literature upon the symptoms and treatment of hemorrhagic malarial fever has been published since 1865, and is to be found in our Southern medical journals.

Many and conflicting theories regarding the pathogeny of this disease have been advanced. I will not occupy your time with any of these, but at once invite your attention to a series of important experimental investigations instituted by Dr. Ponfic to determine the nature of hæmoglobinuria. He says: **“It is known that many agencies have the property of displacing the hæmoglobin from the red blood discs, so that the hæmoglobin is discharged into the blood plasma. The transfusion of foreign blood—i. e., blood from a donor of a different species to the receiver—burns of the surface of the body, and many chemical substances, pyrogalic acid, arsenuretted hydrogen, potassic chloride, etc., possess this property.”*

This condition of the blood, in which the hæmoglobin

*Hæmoglobin and its Consequences. Berliner Klinisch Wochenschrift, No. 26

has been displaced from the red blood cells into the blood plasma, is called by Ponfic hæmoglobinanæmia, and is always a condition precedent to the appearance of hæmatinuria. When this condition of the blood exists the altered products of the blood are disposed of, according to Ponfic in three directions. The spleen is enlarged from absorption of the fragments resulting from destruction of the red blood cells—this is one direction. Then the hæmoglobin which has been displaced from the red cells is disposed of by the liver. He claims that “it is the normal function of the liver to convert the coloring matter of the blood into that of the bile.” Now in hæmoglobinanæmia this functional activity of the liver must be greatly increased, thus producing hypercholia, evidenced by icterus and bilious vomitings, and enlargement, with perhaps tenderness, of spleen and liver.

Now this action of the liver has a limit, which is reached, according to Ponfic, when the amount of hæmoglobin to be disposed of is more than one-sixtieth of the total amount in the blood. When this limit is passed, and the blood contains free hæmoglobin, which the liver is not able to convert into biliary pigments, this excess of hæmoglobin is discharged from the body through the kidneys, and, escaping with the urine in an unchanged condition, gives this fluid the bloody color characteristic of hæmatinuria.

We have, first, hæmoglobinanæmia from a rapid destruction in the blood of its colored corpuscles and the liberation of their hæmoglobin in the blood plasma; second, a hypercholia or excessive secretion of bile with jaundice, etc., from increased activity of the liver in converting this hæmoglobin into bile pigments; and, lastly, when the amount of free hæmoglobin in the blood plasma is more than the liver can dispose of, bloody urine will be added to the symptoms already mentioned. When these are all associated with malarial fever there will be presented a typical case of hemorrhagic malarial fever.

With the knowledge of hæmoglobinuria obtained from

these experimental investigations of Ponfic let us inquire whether malaria is, of itself, capable of producing this condition.

We can safely assert that malaria is one of the most potent agents known in destroying the red blood cells, thus producing anæmia; (2) that the occurrence of malarial hemorrhagic fever is confined to intensely malarial sections of country; and (3) that quinine, which is so effectual in the treatment of malarial diseases, it is claimed, is equally effectual in the treatment of this disease. On the other hand, we are met with the opposing facts, that the anæmia, which results from the action of malaria, is essentially different from the hæmoglobin-anæmia which precedes hæmatinuria. In one case the hæmoglobin of the destroyed red cells is converted into a solid pigment substance, which is deposited in the various organs and tissues of the body; in the other case it is dissolved, in an unchanged condition, in the blood plasma. Hæmatinuria, unlike malarial fevers, generally prevails during the fall and winter months. And, finally, malarial diseases of all types and grades have prevailed, not alone in the Southern States since their first settlement, but also in many portions of the Northern States, whilst the disease in question was almost unknown in this country until since the close of the civil war.

In view of the foregoing facts it would seem that, whilst malaria may be an important factor, alone it is not sufficient to cause hæmatinuria. What the other factor or factors are can at present only be surmised. If I were permitted to guess it would be nothing more, I would say, than that some unknown poison acting upon the victims of chronic chills is the cause of the disease. In support of this view I would refer to the fact, recently discovered, that eating an edible fungus, the *morchella esculenta*, will produce hæmatinuria. Is it unreasonable then to suppose that some vegetable organism, perhaps one of the fungi,

macroscopic or microscopic in size, may enter the system through the stomach or perhaps through the lungs?

Such vegetable organisms if associated with malaria would prove efficient causes of this disease. Arguments in favor of this theory might be adduced; for instance, the condition of the Southern country consequent upon the war, bad farming and worse drainage, rich land overgrown with scrubby timber and rich weeds, present suitable conditions for the growth of the fungi; whilst the impaired health and more frequent exposure to noxious influences of the Southern people, broken in fortune and spirit, would break down the barriers against disease.

SYMPTOMS.

In 1868-'9 whilst practicing medicine in Fayette Co., Tex., I had an opportunity of observing and treating a large number of cases of hemorrhagic malarial fever, and in the latter part of 1869 experienced, in my own person, a severe attack of this disease; consequently in describing its clinical history and treatment I feel that I am dealing with an old acquaintance.

The victims of hemorrhagic malarial fever are nearly always selected from among those who have suffered from chronic chills or malaria. It prevails only in intense malarious sections of country, and nearly always in the fall and winter months. One attack of this disease often invites other attacks; there is a great tendency to relapses; convalescence is slow. The disease usually, nearly always in my experience, begins with a chill; if these had occurred previously the one immediately preceding the attack was more violent than the others.

The fever which follows the chill may be intermittent, remittent or continued, adynamic or congestive, corresponding in type to the forms of malarial fever. The first urine which is passed after the chill is bloody in color; it may be bright cherry-red or dark muddy-red; it is always albuminous, and throws down a thick heavy sediment when

left standing for some time. Jaundice comes on rapidly after the chill. This symptom in my experience was found present in four-fifths of the cases which I have seen. It is not a bright clear jaundice, such as we find from obstructive disorders of the bile ducts, but a sallow, cadaveric sort. In the intermittent and to some extent in the remittent types the urine and skin will clear between the chill, to become again bloody and jaundiced after, and will often continue to thus change until the case terminates. I have not observed anything peculiar about the temperature. It often ranges high, 104 to 105 degrees Fahrenheit. In the various types it usually corresponds to analogous types of malarial fever. Distressing thirst, constant and troublesome nausea, dryness of skin, great restlessness of patient and vomiting of bilious matter, ranging through the various shades of color are nearly constant symptoms. Constipation of the bowels is the rule, though I have seen purging of bilious matter in many cases. The pulse is usually rapid, quick, compressible or dichrotic, depending greatly upon the type and stage of the disease, feebleness of patient or condition of blood. Headache is generally present, often severe; sometimes, although not usually, there is delirium. Tenderness and enlargement of the liver and spleen are usually found. Duration of the disease is from three to ten days, and the tendency to death, in a large proportion of fatal cases, is from anuria and from exhaustion in the remainder. Convalescence is slow and frequently interrupted by relapses, or the disease may assume a typhoid form and continue through weeks. The duration of the disease largely depends upon the treatment adopted and upon the intensity of the poison. In brief, the severe chill, followed soon by bloody urine, fever, icterus, intense nausea with vomiting of bilious matter, great restlessness and thirst, sighing respiration, with often profound exhaustion, present an assemblage of symptoms which are not easily forgotten.

There is a diversity of opinion regarding the nature of

the pigment to which the urine, in malarial hæmaturia, owes its bloody color. Is it blood or is it bile? is answered differently by those who have excellent opportunities to observe and qualifications to determine this subject.

Dr. Harley, in the paper referred to, says the coloring principle is hæmoglobin, which he claims to have demonstrated by means of chemical tests. He found no blood cells in the urine. Dr. Tyson claims that the red color of the urine is caused by free hæmoglobin, and states that the heavy deposit which forms in such urine "is made up chiefly of red blood cells or the granular debris resulting from this disintegration."*

Dr. Jos. Jones finds both blood and bile in the urine. He says: "The presence of albumen in the urine of malarial hæmaturia is attended also with colored blood corpuscles, excretory cells of the kidneys and casts of the tubuli uriniferi, impacted oftentimes with colored blood globules." * * * "Coagula of blood were also visible." * * * "Chemical tests revealed the presence of the coloring matter and acids of the bile."†

Béranger Férand, a distinguished French naval officer, had excellent opportunities to investigate this disease, which he prefers to call melanuric bilious fever, during his sojourn on the western coast of Africa, where this disease is found in its most malignant forms. He published in 1874 a resumé of the contributions of his predecessors, in connection with his own valuable contributions, upon this subject. With reference to the nature of the pigment in hæmaturic urine he says: "The very remarkable color of the urine in melanuric bilious fever has caused the vulgar to believe, and for a long time the doctors also, that the liquid contains a large proportion of blood; and I confess for my part I have been very much struck with it. At first view it seemed to me very difficult to believe that the color which I had before my eyes was not due to

*Intermittent Hæmaturia, by Dr. Jas. Tyson. Philadelphia Medical News, May 12, 1883

†New Orleans MEDICAL AND SURGICAL JOURNAL, February 1878.

blood, and even to very pure blood, but my opinions have been modified.” * * * “I examined more than twenty different specimens of melanuric urine by means of the microscope without discovering a single blood globule. I always found an abundance of debris, of epithelium, and uriniferous tube casts of two kinds—hyaline and granular—but not in a single instance, after a long and patient search, anything which resembled even remotely the blood globules. Not wishing to trust my personal investigations, I have had numerous examinations made by the medical officers under my orders, several of whom have ample experience in the use of the microscope, but no one among them was more successful than myself.”

The following are his conclusions :

“ We infer from the results obtained that the urine of melanuric bilious fever does not contain a trace of blood, and that the very remarkable color which it presents is due to the presence of large quantities of biliary matters.

“ 2. That the biliary pigments, which it contains in great quantity, and which give it the dark color, like Malaga wine, infusion of coffee, etc., are bilirubin and bilifuchsin, to which we must add the biliary acids.

“ 3. That the biliary matters are also found in the blood coming from the liver.”*

Upon returning to Europe Férand submitted specimens of melanuric urine to the distinguished French chemist, Bouchardat, who decided that the color was due entirely to bile pigments.

From this opposing testimony, obtained from those who are equally competent and possessed of equal advantages for observation, it would seem that in some cases the bile pigments and in others the blood pigments give the urine its bloody color. Investigations of more recent date than those above referred to made by Férand have established beyond question that hæmatinuric urine contains not alone blood

*De la Fièvre Mélanurique des Pays Chauds Comparée avec la Fièvre Jaune. Etude Clinique faite au Sénégal par L. G. B. Béranger Férand.

pigments, but blood globules. The difference in the results obtained as to the nature of the pigments in hæmatinuric urine are explained, I think, by the investigation of Ponfic already referred to. For instance, in those cases of hæmaturia where bile is the coloring matter of the urine, the liver was entirely competent to dispose of the free hæmoglobin which had been liberated by the disintegration of the red cells, consequently none would escape through the kidneys. The liver would convert the entire amount of free hæmoglobin into bile. What would we expect as a result of this excessive hypercholia? I would suggest that there would be first vomiting and perhaps purging of biliary matters; second, an absorption of bile into the blood from the overcharged and distended bile ducts; and, finally, the escape of this absorbed bile through the kidneys. The presence of hæmoglobin in the urine of these cases is established beyond controversy by numerous spectroscopic tests which have been made of such urine. The presence of the cellular elements of the blood, more or less disorganized, have been repeatedly found in hæmatinuric urine. In a case of hemorrhagic malarial fever recently seen by myself I found in the urine a large number of misshaped red blood globules, together with a quantity of granular debris, renal epithelium and tube casts. In another case, seen a short time previously, I failed to find any blood cells in the urine. It contained, however, a large amount of what appeared to be broken down blood cells, besides renal epithelium and tube casts.

The treatment of hemorrhagic malarial fever is a subject of much dispute. Those who regard the disease as being of malarial origin give quinine in small, medium or large doses, according to the severity of the attack or the condition of the patient. On the other hand, many physicians, some of large experience, do not give quinine. In fact they regard it as being harmful in the treatment of this disease. Others, who, in their early experience, had given quinine, were induced to abandon it from the bad results which they

obtained from its employment, and claim that since they have abandoned quinine in the treatment of this disease a larger proportion of their cases have recovered. I have examined all the literature which I could obtain, bearing upon the treatment of this disease, in order to ascertain to what extent this objection to the use of quinine prevailed, and if possible upon what grounds it rested.

A review of 640 cases, reported by forty physicians, compiled by Dr. Jerome Cochran*; 268 cases, which serve as the basis of Férand's study; 33 cases reported by Dr. R. D. Webb†; 140 cases reported by Dr. G. B. Malone‡; in all 1081 cases, to say nothing of isolated cases reported in various medical journals, indicate that a large majority of the cases reported were treated by quinine, and that a majority of the physicians who reported the cases advise the use of quinine in the treatment of this disease; those who oppose it do so from the belief that it increases or precipitates the hæmaturia, and that the disease is better and more successfully treated without quinine.

Dr. McDaniel of Camden, Ala., says, with reference to this matter: "Now, my professional brethern, I know that I here step upon awful, solemn, dangerous and responsible ground, and being in general, as you all know, an advocate of quinine to an extent that few prudent men can claim to exceed, I take the position that I do here, not without having made the proper, thoughtful and conscientious pause. In Dr. East's experience, as I read it to you, and in much more that I did not read to you, just as often as he got his patients into a satisfactory condition and commenced giving quinine, just so often he plunged them back into hæmaturia, with its unnumbered woes and dangers." * * * "And over and over again have I, in my own practice, observed the hæmaturia reës-

*Malarial Hematuria, by Dr. Jerome Cochran, Transactions of the Medical Association of Alabama, 1884.

†R. D. Webb, M. D., Analysis of thirty-three Cases of Hemorrhagic Malarial Fever—*Medical News*, Philadelphia, Sept. 1, 1883.

‡Malarial Hematuria—*Mississippi Valley Medical Monthly*, 1881.

tablished or aggravated after quinine; and, on the other hand, have seen the disease, with a very formidable array of symptoms, go handsomely on, without a grain of quinine, to a happy convalescence.”*

Dr. Webb says: “Quinine will undoubtedly, in a certain number of cases, increase the hematuria, and sometimes even seems to cause it. Seeing this, the timid administrator stops his quinine, and his patient dies, with the quinine under the ban of killing him. Whereas, a bolder hand, directed by a proper idea of the true cause of this symptom, would have unhesitatingly continued it, and his patient might have had a good chance to live.”†

In 93 cases treated by Dr. McDaniel without quinine 16 died—a ratio of 10 per cent.

In 23 cases treated by Dr. Webb with large doses of quinine only 2 died—a ratio of 8.6 per cent.

In 73 cases treated by Férand with large doses of quinine 5 died—a ratio of 8.6 per cent.

In 71 cases treated by the same author with very small doses of quinine 22 died—or a ratio of 31 per cent.”‡

Whilst these figures prove that recovery may take place without quinine they conclusively prove that quinine is not a dangerous remedy in this disease; on the contrary, the best results were obtained in those cases where quinine was given in large doses. Many physicians prefer the hypodermic method of giving quinine. The effects are more certainly obtained, whilst the nausea, which its bitter taste is so apt to excite, is avoided by this method. In many of the cases which I treated in 1868-'9 quinine was given hypodermically. I was first induced to adopt this method from reading a statement in the *Journal of Applied Chemistry* to the effect that the addition of bile to a solution of quinine resulted in the formation of sulphate of soda and chlorate of quinine, and that the latter salt was to a great

*Dr. E. D. McDaniel, Hemorrhagic Malarial Fever, Transactions Alabama Medical Association, 1874.

†Medical News, Philadelphia, Sept. 1, 1883.

‡Malaria and Malarial Diseases, by Dr. Geo. Sternberg, 1834.

extent insoluble. My experience at the time with the hypodermic use of quinine would cause me to again use it, especially in those cases where the stomach and bowels were filled with bilious matters.

Less objection is made to the use of calomel in the treatment of hemorrhagic malarial fever. A very large majority of the authors whom I have consulted advise its use, generally in connection with bicarbonate of soda; some in a free purgative dose or doses; others in smaller doses, to "stimulate the liver" or change its supposed abnormal action. Dr. McDaniel's treatment consists in giving calomel and soda, of each two grains, every two hours until constipation is overcome, or diarrhœa corrected. He advises pellets of ice to relieve thirst and nausea, and external application of heat by means of vapor baths, etc. Férand tried the treatment by calomel, both as purgative and as alterative, and subsequently says: "I have arrived at the conviction that calomel is far from having the efficacy that some suppose, and indeed that its employment is attended with serious disadvantages under many circumstances. I have therefore arrived at the point of rejecting it entirely in my practice."

Dr. Malone says: "Especially do I warn you against the use of calomel, quinine and turpentine." His treatment consists in giving large draughts of cool water, which, he claims, washes out the stomach, cools the fever, relieves the thirst and nausea, and is the best diuretic and sudorific. He strongly recommends that hyposulphite of soda be given in connection with fluid extract of buchu. Forty-four cases treated in this manner by Dr. Malone recovered without a single death.* Ergot, muriated tincture of iron, atropine, gallic acid, etc., have been used and recommended, but correct data relating to his remedies is too meagre to form any opinion of their merits. My own experience in the treatment of this disease is that quinine is always indicated. I give it in free doses, and have never seen or

* Malaria and Malarial Diseases, by Dr. Geo. Sternberg, 1884.

known it to cause harm. It is my custom to precede its use in this, as in malarial fever, by one or more purgative doses of calomel, and am confident the physiological effects of the quinine are better obtained after the mercurial action. Nausea and vomiting call for the use of ice; small pieces of ice to be frequently taken. Failing in this, would direct that hot water be sipped or drunk freely by the patient. Sulphate of morphia, given hypodermically, will often quickly relieve the nausea, and at the same time will relieve the restlessness which is so annoying to the patient. This remedy, however, is not without its dangers, and should be used sparingly, or not at all, in those cases which show a tendency to anuria. Diuretics of a mild character, those which do not irritate the kidneys, are valuable remedies. I have found that lager beer is one of the most valuable remedies of this class. It is efficient as a diuretic, without irritating qualities, a good tonic, safe stimulant and fair hypnotic, and, above all, it is generally grateful to the patient and acceptable to the stomach when other remedies are not retained. Diaphoretics, especially when the action of the kidneys are sluggish, and the skin is hot and dry, are, I think, necessary to a correct treatment of this malady. Warm or vapor baths, warm packs and the hypodermic use of muriate of pilocarpus are efficient agents. In the convalescent stages the continued use of quinine in small doses, with iron and perhaps strychnine, are demanded.

The manifest tendency to relapse, so characteristic of this disease, and frequently so fatal in its results, should never be forgotten. In conclusion, I will ask your attention to the diffuse nephritis, which is present in a large majority, if not all cases of this disease, and urge that this condition be not overlooked in our treatment. In a large majority of the fatal cases of hæmaturia death has resulted from suppression of urine. When this condition has existed for forty-eight hours death almost invariably is the result; hence the importance of not overlooking the kidney lesions of this disease. Digitalis is advised when the pulse is

feeble, rapid or dichrotic. Food and stimulants, when indicated by mouth or rectum, should be given in this disease, as in others, in such amounts and of such kinds as each individual case may require.

In conclusion, I submit the following report of two cases of hemorrhagic malarial fever, which recently came under my care: On the 15th of last November I visited Mrs. S—, and met Dr. Weisselberg, the attending physician, in consultation. The doctor informed me that Mrs. S— had been under his care for several days past, and furnished the following history of her sickness. She had frequent attacks of malarial fever during the latter part of the autumn and fall; her husband had been similarly affected. Their home, in an adjoining county, is on a farm of new land, the most of which was cultivated this year for the first time. Malarial fever prevailed in their neighborhood to a much greater extent this year than at any former period for several years past. Her fever was of the second-day type, for which Dr. Weisselberg had been giving quinine quite freely, about 40 grains during the intermission, without interrupting the paroxysms. The night preceding my visit she had an unusually hard chill, followed by high fever and delirium.

The following morning, at the time of my first visit, we found her with a temperature of 105 degrees Fahrenheit, and delirious. She was six months pregnant; uterine contractions were quite marked, and the family informed us that she had previously complained of pain in her lower abdomen. As no urine had been passed by our patient during the previous night or up to the time of our visit, a catheter was introduced, and we obtained about sixteen ounces of dark-red turbid urine, which had the color of porter. The following treatment was ordered: Calomel, grs. x, to be taken at once; ten grains of quinine every two hours; digitalis, m. 10, potassi bromidi, grains 10, every three hours. Lager beer, which was relished by the patient, was given as freely as desired. At our evening

visit we found our patient with a temperature of 102 degrees Fahrenheit, with less delirium. The urine was passed in fair amount and continued bloody; the bowels had not acted.

The following morning our patient was without fever, mind clear; the bowels had moved freely during the night, and her urine was of normal color and amount. From this time she continued to improve. The intervals between doses of quinine were lengthened; the other medicines, except the beer, were discontinued.

I direct your attention to the following facts connected with the history of this case: The history of previously existing malarial diseases; the failure to control these by seemingly large doses of quinine, and the rapidity with which the disease yielded when the amount of quinine was increased, preceded, however, by the mercurial purgative. Another matter of interest is that under these larger doses of quinine the uterine contractions ceased, and a threatened miscarriage was prevented.

I was called to see the second case Dec. 1, 1888. The patient was a 10-year old daughter of Mr. W., who lives about twenty miles distant, and had arrived in Austin the day before the date of my first visit. Her temperature was 103½ degrees Fahrenheit; pulse 140 dichrotic and feeble; skin was intensely jaundiced and dry. There existed mild delirium, thirst, restlessness, pain in the head and incessant nausea. She had a severe chill the night of her arrival in Austin. My first visit was made about noon on Dec. 1. She had just passed about eight ounces of bright cherry-red urine. Early in the day I was informed that she had passed urine of a similar color. Mr. W., the father, informed me that his family had fever and bilious attacks quite frequently during the past summer and fall, and that the little patient particularly had been thus affected, for which he had repeatedly given her Simmon's Liver Medicine and quinine. They live in a very

malarious section of country. The following treatment was ordered: Frequent sponging of the body with warm water, warm footbaths and hot water tea to be used *ad libitum*. Ordered sol. magnesia citrate to move the bowels, and tr. digitalis gtt. v., liq. ammonia acet. ℥j, every three hours. At the time of my morning visit I found the condition of the patient unchanged. Her bowels had moved freely from the magnesia, but no urine had been passed since 12 o'clock the day before. Ordered—pilocarpus muriate gr. $\frac{1}{8}$, tr. digitalis gtt. v., every two hours till free diaphoresis was produced; the former prescription to be discontinued; warm bath to be given at once, and five grains of quinine every three hours; if not retained the amount to be doubled and given by enema.

The next morning her fever had gone; pulse 140, very feeble and dichrotic; no urine passed during the night or for eighteen hours; skin moist; less vomiting. The quinine ordered the night before was not retained by the stomach, except, perhaps, one dose, and, contrary to my instructions, the family had not given it by the bowels; gave at once twenty grains of quinine by enema, and ordered ten grains to be given in the same way every four hours. Ordered: Calomel, grains x; pulv. sugar of milk, grains xx, in two powders, one of them to be taken at once, the other in three hours if the bowels did not move. Continued the hot water tea, which was grateful to the little patient, who drank it freely; discontinued the beer, as it was not retained, and gave in its place whisky toddy. Hot poultices were applied to loins, and the mixture of pilocarpus and digitalis was continued. Saw her again at noon; no fever, pulse 110 with more force and not so thrilling; stomach quiet and nourishment taken very well; had passed about one ounce of clear urine; same treatment was continued. Evening visit—No fever, less restless, nausea relieved, profuse diaphoresis; had passed about one ounce of urine since noon visit, which was of normal color. As she was thoroughly cinchonized the doses of quinine

were given every six hours ; otherwise there was no change made in treatment.

At my next visit, the following morning, I found my little patient better in every respect. She had passed urine several times during the night, about an ounce of clear urine each time ; had perspired freely, was less jaundiced, and manifested some desire for food. Ordered that three grains of quinine should be given every six hours for one week, also the following: \mathcal{R} . strychnine sulph. gr. $\frac{1}{2}$; tr. ferri chloridi \mathfrak{z} j ; M. sig. Ten drops in water three times a day. Mr. W. reported in the evening that his daughter continued to improve. He left next morning for his home.

The principle features of interest in the case was the small amount of urine passed in twenty-four hours, the strong tendency to total suppression of this secretion which was manifested, and the relief obtained from the pilocarpus, warm bath and fomentations. The urine from both the cases which I have reported was carefully examined with the microscope and by chemical tests for albumen. In each case it was highly albuminous. In case No. 1 a portion of the heavy deposit which formed when the urine remained a short time at rest was placed under the microscope, and was found to be largely composed of granular matter, debris of broken down blood cells, tube casts of the hyaline and granular varieties, leucocytes and glandular epithelium from the kidney.

The microscopic examination of the urine from the second case reported, showed numerous red blood cells. These elements were present in great quantities ; in fact actually crowded the field of the microscope. None of these, however, presented the normal appearance ; they were decolorized and considerably disintegrated, yet their shapes were sufficiently retained to make their identity unmistakable.

By passing a weak osmic acid solution under the cover glass, from one side to the other, I succeeded in working

away many of the cell elements, and found remaining behind and nicely colored by the osmic acid a great many tube casts. The larger number of these contained blood cells. Some were crowded by these elements. Other casts contained granular matter, and a few were of the epithelial variety.

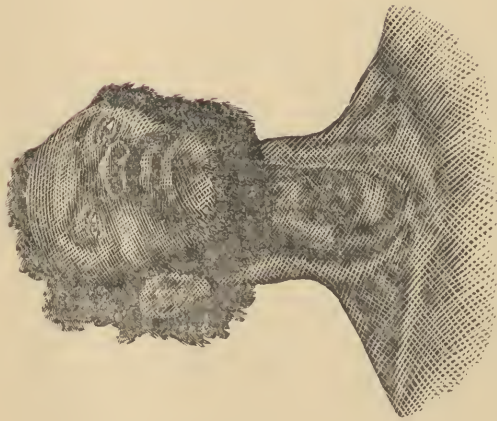
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**Report of a Case of Thyroidectomy for Malignant Disease,
with a Synoptical Consideration of the Present
Status of this Operation.**

By RUDOLPH MATAS, M. D.*

SUMMARY.—EXTIRPATION OF THE THYROID FOR SARCOMA OF THE GLAND; TRACHEOTOMY DURING THE OPERATION UNDER UNUSUAL ANATOMICAL DIFFICULTIES; RECOVERY. SUBSEQUENT INTRA-LARYNGEAL SPREAD OF THE DISEASE. SECONDARY PERMANENT LARYNGO-TRACHEOTOMY, WITH EXPOSURE OF THE GROWTH AND EXTRACTION OF FRAGMENTS; SURVIVAL TO PRESENT DATE, SIX MONTHS AFTER OPERATION. DESCRIPTION OF A READILY IMPROVED APPARATUS FOR HEATING INHALED AIR AFTER TRACHEOTOMY. REPORT ON HISTOLOGICAL PECULIARITIES OF THIS TUMOR. COMMENTS ON THYROIDECTOMY FOR MALIGNANT DISEASE.

Observation.—James Lines, colored, laborer; æt. 65 years; native of Virginia; 40 years a resident of Louisiana, was admitted in Ward 2, Charity Hospital, Sept. 26, 1888. He gave no hereditary history of disease; no evidence of syphilis or tuberculosis. His habits have been always temperate. He stated that about six months before admission he had noticed a swelling in the neck, about the region of the thyroid, which steadily grew to its present dimensions. He suffered no pain or inconvenience from it until about three weeks before admission, when he began to experience some difficulty in breathing and swallowing. These symptoms became steadily worse, the dyspnœa and

*Visiting Surgeon Charity Hospital of New Orleans; Demonstrator of Anatomy Medical Department, Tulane University of Louisiana; Instructor in Operative Surgery N. O. Polyclinic, etc.



SARCOMA OF THYROID GLAND:
BEFORE EXTIRPATION.



SARCOMA OF THYROID GLAND:
AFTER EXTIRPATION.

hoarseness becoming quite urgent when he was excited or underwent exertion.

Upon examination an irregularly spherical tumor presents itself at the site of the thyroid, evidently originating in and forming a part of this body. Owing to the thinness and length of the neck, and the mobility of the skin, the outline and limits of the tumor can be readily mapped out. The tumor appears to be a little smaller than an ordinary Mandarin orange, and is more developed on the right than on the left side. Owing to this greater enlargement on the right side, the right sterno-mastoid and the corresponding carotid sheath, with contents, are very perceptibly displaced outwards, as is well shown in the accompanying illustration. It is also noticed that the tumor is very hard, of a fibromatous consistence, in some few places presenting a nodulated and almost cartilaginous thickness. It was also recognized plainly that the tumor had not become infiltrated and was completely encapsulated.

The growth was entirely painless, spontaneously and on pressure, at least in its anterior and lateral aspects. The tumor completely covered the anterior surface of the thyroid cartilage, crico-thyroid space, cricoid cartilage and the four or five upper rings of the trachea. During deglutition when the larynx was elevated, a space barely measuring one and a half inch (vertically) existed between the lower border of the tumor (in the median line) and the suprasternal notch; after swallowing, with the larynx depressed, this space was narrowed to about one inch or less. There were no enlarged lymphatics.

The questions that now presented themselves for consideration were: What was the diagnosis? What were the surgical indications furnished by the case?

In regard to the first question there was no doubt (1) that the tumor was solid and not cystic; (2) that it was of rapid growth (six months); and (3) that it had appeared late in life. The two last considerations eliminated ordinary hyperplastic goitre, inflammatory enlargements, and prac-

tically all benign growths. The malignant growths were now left for differentiation. The diagnosis between the sarcomata and carcinomata was difficult and practically impossible to establish. The apparent absence of secondary lymphatic enlargements, the rapidity of the growth and its hardness suggested spindle-celled sarcoma; the age and the hardness also favored scirrhus. Anyway, it was decided that the tumor was of a malignant character—a diagnosis which entirely sufficed for clinical purposes; and we now directed our attention to the second question—*i. e.*, what was the indication?

The most urgent symptom complained of by the patient was dyspnœa, which was attributable to several factors: (1) the direct pressure backwards of the tumor upon the trachea, giving rise to the “scabbard”-like flattening of this tube, or the angular stenosis produced by the lateral displacement from the more enlarged right lobe; (2) the pressure exercised upon the pneumogastrics or recurrent laryngeals, giving rise to spastic glottic obstruction; (3) infiltrations with perforation of the cartilaginous framework of the larynx, with inflammatory and neoplastic obstructive formations.

It was plainly apparent that the obstructed respiration would soon call for relief, and that *low* tracheotomy, at least, would be required to avert immediate death from suffocation. But this was only a palliative measure at best, and the prospects of a radical extirpation of the growth had to be considered. The distinct encapsulation of the tumor, the apparent absence of secondary glandular invasion, the general good condition of the patient, and the comparatively small size of the growth encouraged the hope of cure by thyroidectomy. But the known fatality of thyroidectomy, especially for malignant disease, with its secondary physiological, as well as immediate operative dangers, led the writer to decide upon the performance, first, of the simultaneous ligature of the four thyroid arteries, as has been so successfully applied to benign

goitres by Billroth (see his recent paper in *Wiener Klinische Wochenschrift*, No. 1, April 5, 1888*), the operative interference being limited to this procedure only, if the tumor was found too dangerously adherent to surrounding parts and especially if marked evidence of neoplastic invasion of the larynx was ascertained; but, if the contrary favorable condition existed, it was decided that the ligature of the four vessels should be followed by the complete extirpation of the neoplastic gland.

Operation.—Oct. 11, the patient was taken to the amphitheatre, where, after the usual antiseptic preparation of the field of operation, he was placed on the table in the usual tracheotomy position; Messrs. Scherck (chloroform), Sabatier (interne of the service), and Borde, resident student, acting as chief assistants. From the start the patient's dyspnoea and stridulous breathing appeared to be much aggravated by the excitement of the impending ordeal. He inhaled the chloroform willingly, however, which, after a few inhalations, appeared to calm him. Shortly after he again presented ugly symptoms, viz.: very rapid pulse, increased stridor and great dyspnoea. This decided the writer to begin at once, before the anaesthesia was complete, by clearing the trachea above the sternum in readiness for immediate tracheotomy. This proved to be a wise course, for had it not been adopted as the initial

*The ligature of the thyroid arteries, originally recommended especially for vascular goitre, but more often applied in ordinary parenchymatous goitre, was first practiced by W. Blizard, though the idea originated with Ch. Lange (*Dissert de Strumis et Scrofulis*, Wittenberg, 1807) and Jones (1807). Blizard's patient, after a temporary improvement, succumbed to hospital gangrene. The first successful result was that obtained by Walther in 1814; since this time the operation has been practiced a great many times and by many surgeons, among whom we could mention Coates, Earle (*Arch. de Med.*, 1827, t. xiii), Green, Larrey (ten times), Langenbeck (*Archives de Med.*, 1829, t. xxix, p. 118), Chelius (*Arch. de Med.*, 1835, t. xx, p. 230), Porta (*Gaz. Med. de Paris*, 1852). So often in fact that Le Fort (*Med. Operatoire*) has been able to collect (before Billroth's recent communication) a list of thirty-one cases, *vide* Krishaber (*Dict. Encyclop. des Sciences Med.*, 1883). The revival of this operation, which for various technical and other difficulties had been abandoned, is attributed by Billroth to A. Wolfier. In this paper Billroth considers the ligature of thyroid arteries as undoubtedly a most valuable addition to the surgical treatment of ordinary goitres, and he asserts that this method would be an incalculable boon if it were equally efficacious in carcinomas and sarcomas of the thyroid gland. "But we have been sufficiently taught," he adds, "by the formerly more frequently employed ligatures of the lingual arteries in unextirpable carcinomas of the tongue that this so much desired result will not be attained: rapid disintegration of the carcinomatous neoplasms, but no harmless wasting takes place. Nevertheless we ought not to be disheartened and deterred from submitting to further trial this rational mode of treatment with any available modification, although the only attempt of his for this purpose completely failed." (*Junker's Abst.*, *Lond. Med. Recorder*, June 20 1888).

step of the operation it is more than certain that the patient would have succumbed in a hasty attempt at its performance when the symptoms became still more urgent, for the reasons that will be detailed in a moment. A long incision was therefore made in the median line, extending from the anterior projecting angle of the thyroid cartilage to a point below the upper border of the sternum. After dividing the platysma and deep fascia, the edges of the sternothyroids were recognized and retracted, the anterior surface of the right lobe of the thyroid was exposed, and by following its capsule, which was not adherent to the surrounding parts, its lower border was reached, and the inferior thyroid veins and loose connective tissue separated with the handle of the scalpel. It was now observed that the trachea, which was exposed with considerable difficulty, had been pushed greatly to the left of the median line, and bent backwards towards the vertebral column by the rapidly growing and more enlarged right thyroid lobe. The right border of the trachea below the tumor was certainly one and one-half inch to the left of the median line. There existed between the lower border of the tumor and the supra-sternal margin barely one inch of space; the trachea itself sinking backwards at least one and one-quarter inches towards the vertebral column when it reached the level of the sternum.

Furthermore, the lower half of this small pre-tracheal space was much encroached upon by the crossing over the trachea and above the level of the sternum of a large pulsating vessel, as large as the common carotid. This vessel was believed by the writer to be either a right carotid, originating anomalously from the arch of the aorta, or an unusually high innominate. Anyway, owing to the presence of this large vessel, the only available space left for the introduction of the cannula in case of tracheotomy was only a small half inch of the anterior tracheal surface, left free between the lower border of the thyroid tumor and the upper border of the large artery, which was pulsating

most threateningly exactly at the place where the knife would have been introduced in a hasty attempt to reach the windpipe.

The available part of the trachea was, however, thoroughly denuded, and all was made ready for any emergency that might arise. The dissection was then continued upwards towards the upper ends of the right lobe, with the view of ligating the superior thyroid artery. The muscles and other structures had been detached from the anterior surface of the growth, and the whole lobe had been almost completely exposed, when for some reason, perhaps increased compression of the trachea from manipulation, or from reflex laryngismus, the patient suddenly began to gasp for breath, the veins in the wound became turgid, the lips cyanotic, the pulse weak, irregular, almost imperceptible at the wrist; in short, the patient was about to die from apnœa. There was no time for delay. The trachea was immediately opened below the tumor, and a large cannula was inserted into the windpipe. The relief was instantaneous. The cyanosis and turgescence of the veins disappeared, and the patient at once dropped into an easy and calm attitude, which markedly contrasted with his previous agitation and anxiety. The chloroform had been completely stopped on the appearance of the threatening symptoms, and we now decided to complete the operation without the anæsthetic. The restored tranquility of the patient was most assuring, and instead of simply ligating the four thyroids, as the writer had originally intended, we now decided to extirpate the whole diseased organ, especially since we were confirmed in our belief that the tumor had not perforated its capsule, or become adherent by infiltration into the surrounding parts. It was discovered that in order to continue the operation the tracheal cannula had to be introduced, owing to the great depth of the trachea, entirely into the wound; so deeply in fact, that the shield of the tube had to lie within the wound, resting directly upon the trachea and partly upon

the anomalous arterial trunk already mentioned. This gave rise to temporary trouble, owing to the fear that blood might get into the trachea through the tube; but the comparative bloodlessness of the remaining stages of the operation ultimately obviated this danger.

We now continued to separate carefully the muscles from the tumor. The sterno-mastoid and vascular sheath were retracted, and both extremities of the right thyroid lobe exposed. The superior thyroid artery was now seen penetrating at the usual point, and ligated at a short distance from the gland. The inferior thyroid was readily discovered as it crossed the longus colli and vertebral column, and also ligated at some distance from the gland. The left thyroid lobe, much smaller, was now cleared in the same manner, and its nutrient vessels (left superior and inferior thyroid arteries) also ligated. The tumor in its entirety, with the larynx and trachea, lay quite bare and isolated before us. By pulling gently on the tumor the finger could be easily swept back of the trachea and larynx to the pre-vertebral space. The examination revealed no apparently enlarged lymphatics or posterior involvement of the pharynx or œsophagus.

The great danger that was now apprehended was the possibility of the tumor proving to be a direct outgrowth from the larynx, and the possible necessity of removing the attached laryngeal portion. Fortunately this fear was not realized. The wire of an ecraseur was guided through the base of the tumor at a point corresponding to the original isthmus of the gland and the growth split in two halves. The tissue was exceedingly hard and offered considerable resistance to the wire; it was also completely exsanguinated. Each half was then quickly peeled off from the alæ of the thyroid cartilage and trachea, which showed nowhere evidence of malignant perforation or infiltration. There were some adhesions of the tumor with the right half of the thyroid cartilage, but the disease did not appear to penetrate at all into the fibro-cartilaginous framework

of the larynx and trachea as anticipated; it was evidently limited by the external surface of these organs.

A small fragment representing the lower third of the left thyroid lobe was left *in situ* without removal, as it appeared to be perfectly healthy. The inferior thyroid of that side was ligated, however, so that as far as its nutrition was concerned it was practically as functionless as if it had been extirpated. The faint hope that it might have some influence in averting the cachexia strumipriva, in case of recovery, led us, with doubtful propriety, to prefer leaving it without removal.

After the removal of the growth the parts were well irrigated with $2\frac{1}{2}$ per cent. carbolic solution, and two long drainage tubes were inserted deeply into the wound, one on each side of the trachea and pharynx as far back as the retro-pharyngeal space.

With the removal of the growth the larynx and trachea returned almost to their normal position, though the latter continued to be directed backward and far from the sternum, so much so that difficulty was experienced in adjusting the large cannula employed, as it was too short for so deep a wound.

After the operation, which lasted one hour and twenty minutes, the patient was considerably prostrated, though much less than would have been expected considering the severity of the ordeal he had undergone. After the wound had been closed with silver sutures and sublimated silk, the patient sat up by himself for the dressing, and was sent to the ward in a chair. His pulse rapidly improved, though it practically ceased to give us any cause for uneasiness from the moment the trachea had been opened.

In order to avoid the risks of pneumonia consequent upon the admission of cold air into the lung through the tracheal cannula, it was desirable to secure its uniform warmth prior to its admission to the trachea. A sponge frequently pressed in warm water and fixed over the cannula has been heretofore the method generally resorted to

by the writer to attain this end, but this method is not well suited for hospital practice, where nurses are overtaxed with work, and where the devotion and personal feeling towards patient is not always to be relied on so much as among interested relatives, who will continuously and assiduously watch the cooling of the sponge and warm it again the moment it is cold and dry. To meet this indication, and, at my suggestion, Messrs. Sabatier and Borde, internes of the hospital, exercised their ingenuity and contrived a rubber coil for warming the inhaled air by submerging the tube in a warm water bath, kept at a tolerably constant temperature by a device shown in the annexed figures. The contrivance devised by these gentlemen consisted simply in a long (two yards), red rubber, non-perforated drainage tube, about 20 or 28 mm. in circumference. One end was attached to the cannulated trocar that is used as a guide in introducing the cannula, and the other was coiled in a metallic can filled with water, which was kept warm by immersion in a water bath heated by a spirit lamp. A sand bath was subsequently substituted by myself, though a water bath will do well, provided a thermometer is appended to the can to indicate the temperature, though this instrument ought to be appended to all receptacles that may in future be constructed for this purpose. Since describing the contrivance, at an informal meeting of the New Orleans Medical and Surgical Association, my friend, Dr. J. Farrar Patton, has suggested a most valuable improvement to the apparatus, which, by this addition, is made very serviceable in all cases in which the natural aperture of the larynx is closed, and the patient has to breathe entirely through the cannula and not, as in our patient's case, who, shortly after the tracheotomy, could breathe with tolerable comfort (at short intervals), when the cannula was stopped up. Dr. Patton's improvement consists in the addition of two valves of rubber, attached over two openings made in the tube, which at this point should be solid (a short perforated glass drainage



WARM AIR COIL FOR TRACHEOTOMY.

1. Rubber valves fitted over openings in glass tube to allow expired air to escape.
 2. Coil of gas rubber tubing immersed in can of warm water.
 3. Porcelain capsule filled with sand (sand bath) on stand heated by alcohol lamp.
 4. Free end of coil to admit inspired air.
- [The rubber tube is attached to the cannulated trocar (see diag. 5) by the tracheotomy cannula and can be readily removed whenever the cannula needs cleaning.]
5. Trocar for cannula with rubber tube adjusted.

tube would do) and placed at a short distance from the tracheal attachment of the tube. By this arrangement, the rubber valves will be pushed outward by each expiration, giving ready exit to the expired air, while, during inspiration they will be closed by atmospheric pressure, and will not interfere with the inward movement of the warm air passing through the coiled tube.

Various other contrivances have been suggested to meet the indication in question, but it appears to the writer that in many cases of tracheotomy, especially in adults, and even in children, much benefit may be derived by the use of this apparatus, which can be readily improvised, needs little watching and can be kept clean without great difficulty.

Returning now to the patient, we will state that on the day succeeding the operation his temperature was 101° F.; pulse, 90; the patient breathing easily through both mouth and tracheal tube, which day and night was kept attached to the cannula. The patient spoke distinctly when the cannula was closed.

Oct. 16.—The sutures were removed, as union had taken place along the whole of the incision, excepting at the points where the cannula and drainage tubes projected.

Oct. 17 (seventh day after operation).—As the patient's temperature continues normal and he breathes comfortably through the mouth, with tracheal cannula completely closed, the warm-air coil is discontinued and the cannula plugged. As a matter of precaution the cannula is allowed to remain *in situ*, though the patient breathes entirely through the natural passages.

Oct 18 (eighth day).—The patient sits up out of bed in a chair, the sutures are removed, the drainage tubes also, and the patient is considered as practically out of danger.

Oct. 20.—Since this date the patient has been up, and has been quite comfortable. The parts about the wound have consolidated firmly, excepting only the point where

the cannula is situated, owing to the fact that the tracheotomy tube has not been removed until recently.

The voice, however, though distinct, is not normal and is of a low pitch, and, what is more noticeable the breathing, though easy, is yet in inspiration distinctly stridulous. The respiratory stridor, which was heard at a great distance prior to the thyroidectomy, has improved greatly, but its persistence leads the writer to fear that mischief may yet be brewing within the larynx.

Nov. 27 (one month after thyroidectomy).—In view of returning difficulties of breathing an incision was made into the larynx and trachea, dividing the cricoid cartilage and the three upper rings, and the interior of the larynx explored. Several fragments of a very vascular and granular looking mass, which nearly obturated the windpipe at level of incision, were removed with forceps and a large cannula introduced. The patient was greatly relieved thereby, and has continued breathing with some comfort, though the canula needs constant watching, as it is very frequently plugged with ropy mucus, blood and even small fragments of neoplastic material. At times when this plugging occurs the patient can only be relieved by passing a large No. 10 gum bougie into the trachea, in order to penetrate beyond the growth which evidently exists below the lower opening of the cannula. Very recently, signs have developed which lead the writer to believe that the bronchial lymphatics are participating in the morbid process, and that the end of the unfortunate patient, whose life has thus far been prolonged six months since the operation, is fast approaching. A thorough scraping of the intra-laryngeal surface and accessible portion of the trachea, and even a laryngectomy, had been thought of by the writer at the time the secondary tracheotomy was performed; but the belief that the disease had involved portions of the trachea deeper than a tampon canula could reach and protect dismissed this suggestion as impracticable and injudicious.

The tumor shortly after its removal was examined and pronounced a large cellular sarcoma of the thyroid gland.* Since that time a section was photographed for me by Dr. Gray, the able microscopist of the Army Medical Museum, Washington, D. C., who stated his opinion that it was an alveolar sarcoma. I examined the slide for the first time since its return, and could not fail to recognize the excellent reasons for differing with the original diagnosis. The perplexing histological peculiarities of this tumor are remarkable, however, and they are well stated by Dr. Henry Dickson Bruns, the present pathologist of the hospital, to whom the slides were submitted, and whose conclusions, after very careful and repeated examinations of both the extra and intra-laryngeal growths, harmonize with those of Dr. Gray. I append Dr. Bruns' report with pleasure, feeling that in the present very incomplete state of our knowledge regarding the histological peculiarities of thyroid sarcomata, that contributions of this character will prove especially valuable.

REPORT OF DR. BRUNS.

Thyroid Tumor.

It is with no little difficulty that the true nature of this growth is to be determined, the difficulty arising from the size, appearances and grouping of certain large cells, which are disseminated through some portions. In a section the main portion is seen to consist of connective tissue, at many places dense, adult in appearance; at others fine, light, resembling myxomatous tissue. There are many lymphatic spaces and a fair supply of vessels. Many of these latter are evidently old and well developed; others very young and thin-walled. Here and there the eye is caught by the peculiar large cells with distinct, large nuclei, surrounded by a goodly proportion of "formed material," referred to above. These cells are most abundant in the

* The first examination was made in the Pathological Department of the Charity Hospital, but doubtless owing to the illness of Dr. Schmidt, the now lamented pathologist, the examination of the section was not as thorough as it would otherwise have been.

delicate areas of the connective tissue, though sometimes met with in the denser portion. They are as a rule gathered into clumps of from three to four, or less frequently five to six or more, and around these clumps the connective tissue seems to form quite definite alveolar walls. These appearances closely resemble carcinoma with small alveoli, and it is only by close study that the following points are made out, which I believe indicate the true nature of the growth and its mesoblastic origin.

In the first place, nowhere in the sections can any trace or remnant of the original gland substance be discovered.

In the second, many isolated cells precisely like those gathered into clumps are to be found in the neighborhood of the latter. These cells are closely embraced by the connective tissue. In some instances the young connective tissue cell with its plump nucleus lying so closely in contact with the large cell as to give it the appearance of having a second crescentic nucleus situated at its periphery.

Thirdly, though many of these large cells, especially the isolated ones, whose form can be most clearly made out, are spherical or but slightly polygonal, many of them appear to be of a stout spindle-shape, while others have long, fine processes—one or more—which I cannot conceive as having been produced by mutual cell compression. Moreover many of these fine processes seem to come into intimate connection with the fine fibrillæ of the alveolar wall.

Lastly, the closest observation of certain alveoli, from which some of the cells have fallen, show them to be interpenetrated by most delicate fibrils running out from the alveolar walls. Of course all the connective tissue is rather embryonic in type. It is moderately infiltrated within different cells, and the nuclei of its spindle cells and fibres are larger than in the mature tissue. These structural peculiarities, made out only after long and attentive study, drive me to conclude that the growth is a *large celled alveolar sarcoma*, originating from the connective tissue of the gland; but, as I said before, it is a most puzzling tumor—

the hand is the hand of Esau, but the voice is the voice of Jacob. The structure is that of alveolar sarcoma, but the cells closely resemble carcinoma.

Tumor from Larynx.

As was the case with the thyroid tumor, I began the examination of this growth with a firm conviction of its being carcinomatous. This has only broken down after prolonged study has convinced me that it manifests the same peculiarities as the thyroid tumor, although its alveolation is yet more carcinomatous. Still I believe it to be less definite and regular than that of cancer; connective tissue fibrillæ seem at certain points to run between the cells contained in the alveoli, and the cells themselves are sometimes spindle shaped, bipolar or stellate.

HENRY DICKSON BRUNS.

REMARKS.

In a recent contribution to the subject of thyroidectomy an able writer* has stated that "this operation, amongst English-speaking communities, is infrequent enough to still offer many points of interest." This statement is certainly well borne out by our experience in this community, which, notwithstanding its very large cosmopolitan composition, rarely offers an example of thyroid disease of a character sufficiently serious to call for operative interference. It is certain that disease of the thyroid in general is comparatively rare, especially in New Orleans, if we are to judge by the evidence furnished by our Charity Hospital reports, which very faithfully reflect the pathological tendencies of our population, and which show that during the whole decade ending in 1887 there has been only one solitary admission into the institution for goitrous disease. The significance of this statement may be estimated when we state that according to the last report (1887) a total of 5999 inmates were treated during the year of the report, and that in addition to this there were 12,085 visit-

* T. F. Chavasse on Thyroidectomy, *Annals of Surgery*, vol. 51, 1887.

ing patients. The diagnoses of these last cases are not given in the reports, and it is therefore quite possible that some cases of thyroid disease may have presented themselves at the clinics, though it is almost certain also that, if they have existed, they have not been of a very serious or malignant character, as it is more than likely that they would have sought admission into the hospital. It may be therefore stated that out of a total 75,697 indoor patients treated in the Charity Hospital in the decade ending 1887, only one case of thyroid disease, excluding the present case, in 1888 has been reported. Furthermore, the operation of thyroidectomy is not mentioned in any of these reports, and it is almost certain this is the first instance of its performance in our institution, if not in our city.

The operation itself, though one of the most formidable in surgery, does not present any extraordinarily novel features, especially since its technique has been so thoroughly perfected by the great continental masters, who are so frequently called to perform it; but there are some peculiarities and considerations involved in the surgical treatment of *cancerous* or malignant goitres, which are still rightfully the subject of discussion, and which lead me to record this case, and which I hope will justify a critical, if imperfect presentation of the question.

Cancer or malignant disease of the thyroid, called also since Walther *Neue Heilart des Kropfes*, page 13 (quoted by Krishaber,*) scirrhus or cancerous goitre, is a rarer disease than the ancients believed, who frequently regarded as such any enlargements of this body which simply suggested to the naked eye the idea of malignant growth. Recent observations, based on histological investigations, have, however, positively determined the fact of the existence of malignant growths in this body and a sufficient number of cases have accumulated to allow of a definite description of the affection.

*Dechambre's Dictionnaire des Sciences Medicales, 1883.

From the histological standpoint, Lücke (*Cancroid der Schilddrüse mit schr. a. Ruten Verlauf Archiv. f. Klin. Chir.*, 1867, vol. ix, page 88), recognized three varieties of cancer of the thyroid, scirrhus, encephaloid and epithelioma. Cornil and Ranvier (*Pathological Histology*, Am. edition, 1880) admit encephaloid, but they consider it as very rare, and they believe that the majority of primitive thyroid cancers is constituted by epitheliomatous formations. They do not even mention sarcoma of this gland. Rose (*Archiv., f. Klin. Chirurg.*, vol. xxiii, band 1, 1879), in a collection of twenty-four observations of cancer which he reports, records three cases of sarcoma. This, I believe, is the first mention made of the existence of sarcoma of this body, and allows us to conclude that up to present date malignant disease of the thyroid may manifest itself in diverse forms, which, in the order of frequency appear to be: Epithelioma, encephaloid, scirrhus and sarcoma. Notwithstanding these histological differences we must admit with Butlin (*The Operative Surgery of Malignant Disease*, 1887) that all these types of malignant disease are all one to the clinician, and that so far as the operative treatment is concerned there is no essential difference between them. In all there is a probability that the lymphatic glands will be affected and that the disease will be disseminated in other parts of the body. Therefore all of them may be properly embraced under the more general and unifying designation of malignant disease, or the more common, if unscientific, name of cancer.

Cancer of the thyroid may be *primary* or *secondary*, and the relative frequency of these two conditions has not been yet definitely determined, observers disagreeing on this point, this divergence of opinion being due very often to the fact that the pharynx, œsophagus and larynx are involved simultaneously with the thyroid, and it being very difficult to state positively where the disease originated primarily. In the case here reported it is almost positive that the disease began primarily in the thyroid, and sec-

ondarily involved the larynx. In some cases the disease is manifestly secondary, as in the case of a patient reported by Virchow (*Tumors*, vol. iii, page 244), who had been operated upon two years previously for cancer of the testicle. Stromeyer (*Handbuch der Chirurgie*, vol. ii, page 395), Lebert, Linke, Virchow and others have observed that cancer of the thyroid body attacks goitrous subjects by preference, a tendency which accounts for the greater frequency of the disease in countries where goitre is epidemic (Krishaber).

With the exception of a certain number of recorded instances of congenital sarcomatous disease of the thyroid, cancer of this organ is a disease of adult age, and occurs more frequently after forty years of age than in earlier life. According to Butlin it attacks men rather more frequently than women, probably in about the proportion of five to four; a very singular circumstance, as this writer observes, when the far greater liability of women to simple enlargement of the gland is remembered, and the further circumstance that certainly many of the cancerous affections have been noticed in glands which have during some years been the seat of simple enlargement. The history is not at all uncommon that the patient had suffered from goitre for years; that the goitre had very slowly increased, or been actually quiescent; that suddenly rapid growth had taken place, and the case terminated fatally in the course of a few weeks or months. The disease often produces general and almost uniform enlargement of the whole gland, and resembles in this respect the cancerous affections of the liver and the testis; but it may form a distinct and clearly defined tumor, which may be situated in the isthmus or in either lobe. In other cases the gland may be the seat of a great number of cancerous nodules, disseminated and separated by zones of healthy tissue, which may, however, finally become involved secondarily in the infiltration. According to Houel infiltrated cancer is more commonly found in primary neoplasm, and the

multiple, disseminated nodules in the secondary neoplastic affections of the gland.

The great peculiarity of cancerous disease of this gland is that, once the process of infiltration begins, the gland either in part or as a whole, *rapidly* enlarges. The surface of the tumor may be uniformly enlarged or tuberoso. It may remain for a considerable time, even after attaining very considerable dimensions, entirely encapsulated. Coincident with the enlargement the neighboring organs are pushed away, compressed or welded into the mass of the tumor. The effects of pressure on the air and food passages are soon felt, and then the real distress of the patient begins.

According to Rose (*loc. cit.*) dysphagia is a more frequent and earlier symptom in malignant enlargements of the thyroid than in the benign growth. This symptom is especially noticeable in cases of backward enlargement. Infinitely more troublesome and dangerous is the dyspnoea which soon follows the compression of the trachea and larynx and which is only comparable to the distress produced by non-malignant "suffocating" goitre. Cancerous enlargement of the thyroid may produce stenosis of the trachea, as in benign goitre, either by direct compression or by displacement, or by both conditions combined. Bonnet (*An. Academie des Sciences*, 1855) ascribed the obstructive deformities of the larynx to flattening of the trachea by compression from before backwards, by monolateral or by bilateral compression and stenosis, by deviation or angular deformities, as in our case. The deformities, by compression first mentioned, frequently give rise to the "scabbard" or sword-sheath trachea, first described by Demme (*Medizin. Zeitschrift, Wurzburg*, 1861, vol. ii), and since by Rose, Kocher and other later authors. This difficulty alone may call for operative interference, even before perforation of the thyroid capsule has taken place, as in the present instance. With the further progress of the disease, the skin over the tumor becomes red, adherent and in-

flamed, and at this stage it is difficult, if not impossible, to differentiate it from the inflamed goitre. "Soft spots may be observed; a puncture results in the escape of a thick semi-fluid material, and is frequently followed by a fungous protrusion of the tumor." The ulcerative period now begins, and the trachea, larynx or œsophagus may be perforated, and fragments of the tumor expelled by the natural passages (Lebert, *Path. Anat.*, p. 202). The trachea may be still further compressed by the growing mass, and its walls infiltrated in such an extensive manner that tracheotomy with an ordinary tube may be practically impossible, and special tubes or even catheters may become necessary in order to pass the strictured portion. The neighboring vessels and nerves of the neck become welded to the growing mass. The internal jugular may become obliterated, or, on the contrary, perforated by a penetration into its lumen of neoplastic granulations. The carotids generally resist longer, but Lebert records a case in which this vessel was perforated with fatal results. The pneumogastrics and the recurrent laryngeals may become involved, and finally become totally destroyed and incorporated into the infiltrating mass. The nerve lesion readily explains the respiratory disorders and alteration of the voice, which, independently of other causes, frequently attract attention.

Secondary generalization of cancer of the thyroid is almost the rule, the lungs and mediastinal spaces suffering most frequently, the pharynx, œsophagus, larynx and cervical lymphatics are more frequently involved by continuity. The bones of the cranium and pelvis, the brain, the kidneys and the heart itself have been the seat of secondary deposits.

In regard to the natural duration of the disease I will quote Butlin, who has obtained his data from the latest and best sources. He says: "It is very difficult to form a correct estimate of the natural duration of the disease, not on account of the frequent interruptions caused by operations, but because of the many instances in which malignant dis-

ease has been engrafted on simple enlargement of the thyroid. Edmund Rose calculates it at from six to eight months, the extremes being nine weeks and a year and a half. If this estimate is correct—and there seems to be fair reason to accept it—malignant disease of the thyroid is among the most malignant of all cancerous diseases; for even in cases which have been fatal from suffocation within six months of the apparent commencement of the disease, secondary affection of many parts of the body has been found, while other cases have been fatal in a shorter period by reason of these secondary tumors. The causes of death are various: some of the patients die of suffocation, some of suppuration and gangrene, some of exhaustion and the production of cancerous cachexy.”

Diagnosis.—The early diagnosis of cancerous disease of the thyroid is one of the most unsatisfactory problems connected always with these sad and difficult cases. It is stated that it can be usually recognized by its rapid development, the lancinating pains which it causes and which radiate to the head, the early adhesion to the skin, the secondary enlargement of the lymphatics, and the distressing respiratory difficulties which precociously present themselves. There is no doubt that when that stage is reached in which these conditions exist that the diagnosis is easily made, but we must then say of the diagnosis, *cui bono?* The diagnosis at this stage is then of no value to us or to the patient; it is, from the operative standpoint, a superfluous luxury, or at best a conclusion, which will bid the prudent surgeon limit himself purely to the work of palliation, and not rashly undertake a useless if not fatal operation. As Butlin again observes, after a study of the collected cases of this disease, there are two circumstances which are particularly worthy of notice—the large number of instances in which secondary affection was discovered at the autopsy, even when death occurred within a few days after the operation, and the frequency with which it was found impossible to entirely remove the tumor. These circumstances are the more ex-

traordinary, as he remarks, and the more significant, in respect to the question of extirpation, when it is taken into account that many of the cases were selected because they appeared to be far better fitted for the operation than most cases of malignant disease of the thyroid gland.

“It must be apparent to every surgeon who considers these matters that the attempt at radical cure was delayed until too late in the course of the disease, and this impression will be confirmed when we come to consider the further history of the cases in which recovery from the operation took place. Then follows the question: Why, knowing the necessity for early operation, was the operation deferred until the primary disease had become adherent to and involved vital structures, and until secondary disease of the lymphatic glands, the lungs and other parts of the body was present? Braun has laid down very clearly and emphatically the conditions which are favorable to an attempt to remove malignant disease of the thyroid. The tumor should be movable and completely encapsulated, its lower limit should be above the sternum, the pulsation of the common carotid artery should be perceptible on its external surface, and there should be no affection of the glands or metastases. But he adds—and in this lies the whole gist of the matter—tumors of the thyroid in which the circumstances are so favorable are scarcely to be recognized as malignant new growths.”

The difficulty of diagnosis is indeed the great obstacle to the prospect of successful extirpation of cancerous disease of the thyroid. * * * So exceedingly difficult is the diagnosis of malignant disease of the thyroid in an early stage, at a time when removal might not unreasonably be expected to be successful, that Braun says: “It appears to me that the time will never come when we will be able to diagnosticate the early stages of malignant struma.” The study of the present case will only tend to confirm this gloomy expectation. In this instance all the favorable conditions desirable for an operation were

present, and the malignant nature of the tumor was diagnosed before the operation (six months after its appearance and the moment he presented himself at the clinic), and still secondary involvement of the larynx followed quickly after operation, or very likely existed already, though slightly at the time, and the operation has only proved to be of a palliative character. I would, therefore, add that, in addition to the requirements specified by Braun, that a very careful laryngoscopic examination should be made, in order to prove that the respiratory difficulties are not all due to pure displacement or pressure distortion, and that the larynx is not involved in the neoplastic process. And, furthermore, even when there is no apparent involvement of any other organ than the thyroid itself—i. e., even if we operate in the earlier stage of the disease, when the conditions of the tumor are clinically identical with those of benign or simple hypertrophic goitre—we cannot even then feel in the least assured as to the non-recurrence of the growth. In other words, it is the conviction of the writer that by the time the growth has become simply perceptible to either the patient or the surgeon, it has already become disseminated beyond the thyroid tissue and is not eradicable even by the immediate and total extirpation of this body. This may appear to be an ultra-pessimistic opinion, but the history of my case and the unusually favorable encapsulation of the tumor practically reducing it to the conditions of a benign growth, coupled with the unfavorable experience of every other observer, and the histological peculiarities of the thyroid, tend to convince me that the operation of thyroidectomy for malignant disease is to be relegated to the category of the purely palliative measures which may prolong life for even a comparatively long time, but will fail to cure radically any true case of cancerous disease of this body.

Technique of the Operation.—Notwithstanding the discouraging opinion which I have formed in regard to the radical value of thyroidectomy in the class of cases under

consideration, I believe that it has a field of useful application which, no matter how restricted, still justifies and necessitates the perfection of all the technical details in its performance, in order that its ever-present dangers and difficulties may be reduced to their minimal proportions.

Firmly believing that all malignant growths of the thyroid which have invaded in any marked manner the surrounding tissues and organs, especially the larynx, pharynx, œsophagus and carotid sheath and its contents, and the lymphatics, are beyond redemption, and should be severely let alone, except only to relieve immediate distress of the respiratory functions by low tracheotomy, I would limit the performance of extirpation solely to those cases in which the isolation of the morbid tissue is obtainable and the operative conditions are identical with those for benign strumectomy. By adhering to this rule the essential difference between thyroidectomy for malignant disease and thyroidectomy for benign growth is eliminated, and the conditions are simplified; for, by the adoption of this principle, the surgeon is limited to the task—serious enough—of removing only thyroid tissue. If the surgeon will persist in the attempt to extirpate an infiltrated cancer he must be prepared not only to follow enlarged glands in dangerous mediastinal depths, excise portions of the carotid artery and internal jugular vein, resect the pneumogastric and perhaps the sympathetic, and remove partially if not wholly the larynx, pharynx and œsophagus, and several other comparatively unimportant organs, as the sternomastoid and other muscles. This may all be done, and has been done, but though illustrative of the daring, or, better, the recklessness of some modern surgeons, is not calculated to prolong the life of the patient or to impress the outside world with the safety of modern surgery. Certainly the operations are brilliant, but the statistics are lugubriously sombre and dark.

Discarding, therefore, all cases in which the extra-thyroidal structures are involved we will limit ourselves to a

few points connected with pure thyroidectomy, a systematic description of which is here unnecessary, since it is now a part of all surgical texts. Simple and straightforward as this operation might appear it must not be forgotten that the peculiarities of the growth, its size, etc., involve differences which vary in remarkable extremes. From the cases, as in the present, where the four nutrient arteries were readily secured, and all the hemorrhage was prevented by the use of four or five artery forceps, to the formidable operation described by Senn, as he saw it performed by Kocher of Berne (letter to *Journal of American Medical Association*, page 380, vol. ix, 1887), in which 60 or 70 artery forceps were needed, and the patient nearly collapsed from hemorrhage, or in the case related by McCormac (*British Med. Journal*, 1884, 11, 229), in which no fewer than 100 ligatures were applied, there is quite a leap. Even in cases in which the conditions are apparently most favorable there may be room for a large supply of worry, as in a patient operated by Billroth (Clinical Surgery, 168, New Sydenham Society, 1881, quoted by Butlin), in whom a tumor, no larger than a hen's egg, was the cause of considerable anxiety to this eminent and most skilful surgeon.*

The accidents and special operative complications which are peculiar to thyroidectomy may be summed up in—(a) excessive hemorrhage; (b) suffocation; (c) entrance of air in veins; (d) accidental wounding of the œsophagus; (e) lesions of important nerves, especially the recurrent laryngeal and sympathetic, pneumogastric, even the hypoglossal, which was cut on one occasion by Maas, and was followed by subsequent lateral paralysis of the tongue.

As regards the first danger (hemorrhages) there is no doubt that primary ligature of the four leading thyroid trunks is the most positive method of securing the patient against it. But this "preventive ligature" (of Michel,

*I extirpated the tumor and found the operation one of the most difficult which I have ever performed. There was great difficulty in separating the tumor from the trachea and the deeper parts. The hemorrhage was very severe, and attacks of suffocation occurred, and she seemed several times during the operation on the point of death from asphyxia.

Heron, Watson, etc.) is not easily accomplished in very large tumors; in which case the tumor can best be removed by splitting it in two, as in the present case, by transfixing the isthmus with an armed needle and dividing it with a wire ecraseur, then peeling it off the larynx and trachea without involving the thyroid tissue proper. In extirpation for malignant goitre, in the smaller operable cases described above, the preliminary ligature should be, it appears to me, always feasible. If there are bleeding vessels, however, the artery forceps should avoid too much loss of blood.

In connection with the ligature of the inferior thyroids great caution should be observed not to ligate too liberally *en masse*, as the recurrent laryngeal will be almost certainly involved. The artery should be ligated at some distance from the thyroid, and as near as possible to the common carotid, as Kocher, Maas and Rotter have taught.

In ligating the inferior thyroids the excessive brittleness and thinness of these arteries, recently pointed out by Billroth (*Wiener Klinische Wochens.*, No. 1, April 5, 1888), should not be forgotten. It happened to him in three instances that this artery gave way, once when raising and isolating it with the grooved director, once when introducing the aneurysm needle, and on another occasion whilst tying the artery. In one of these instances he was obliged to divide the scalenus, behind which the artery had retracted, in order to clamp it.

A danger of equal if not greater importance is that of suffocation during the operation. This danger has been typically illustrated in my case, and the method of neutralizing it has been also satisfactorily illustrated by the tracheotomy which was performed. It has also been demonstrated that tracheotomy, when hastily performed under these circumstances, in which there is great displacement and distortion of the trachea, is fraught with great danger, and is in itself a formidable operation, especially if, as in our case, there are anomalous arterial trunks at the root

of the neck and intersecting the field of operation. The question, therefore, arises: should preliminary tracheotomy be regularly performed as a preventative? Rose has advocated its performance always for various reasons. But Kocher has met these reasons with valid arguments, and has furthermore urged that the tracheotomy wound renders the wound septic, and increases the post-operative dangers by the additional risk of septic broncho-pneumonia. Statistics are certainly against the indiscriminate and general application of Rose's method. Thus we find that out of Kocher's 43 last thyroidectomies (in 1883) 39 were performed without tracheotomy, and 39 recovered; 4 with tracheotomy, and 3 died. Billroth's 54 last cases (collected by Wœlfler) were divided into 45 without tracheotomy and 43 recoveries; 5 with tracheotomy and 3 deaths. It is certainly plain that tracheotomy must not be resorted to indiscriminately, but it is also equally plain that it is the patient's only salvation when suffocation is imminent. Furthermore, it appears to me in the light of my very limited experience, that in order to avoid the danger incurred in the hasty performance of this operation, that it should be the rule to begin the thyroidectomy for malignant disease *always* by exposing and denuding the trachea, preparatory to any emergency that might arise. Certainly prudence would counsel this course.

The entrance of air into veins with the characteristic sucking or whistling sound has been the cause of immediate death on the operating table. In a case of Wœlfler's, other patients reported by Schininger (of Freiburg), Kroenlein, Borel, succumbed in two or three days after the operation, and it is questionable whether they died solely of entrance of air into the circulation. A patient of Billroth's recovered after thrombosis of the internal jugular and the subclavian (A. Broca).

Wounds of the œsophagus are very rare, and the cases reported in which this complication occurred (four cases by Baum) were almost all inflicted during thyroidectomy for malignant disease.

We have already referred to the lesions of nerves which are liable to complicate this operation; but outside of the recurrent laryngeal no other nerves should incur the risk of injury in operations on the thyroid, for non-infiltrated malignant goitre. Reverdin, Kappeler and Bruns have noticed pupillary disturbances; and in consequence of wounds of sympathetic, Lücke, Maurer and Fisher have had to resect the pneumogastric, but this has only occurred in cases of thyroidectomy for malignant struma. We have referred to Maas, case of resection of the hypoglossal, followed by unilateral paralysis of the tongue.

The alterations undergone by the recurrent nerves after this operation are frequent, and have received various interpretations. There is no doubt that this nerve is divided occasionally in ligating or separating the inferior extremities of the thyroid lobes. In a total of 322 thyroidectomies collected by Liebrecht there were nine cases of certain section of the recurrents and four doubtful. A sharp paroxysm of cough notified Wagner that the recurrent had been irritated while operating on a case. An artery forceps had caught the nerve, and cough instantly ceased when the forceps was removed. Hamilton induced dangerous signs of suffocation while ligating *en masse* the inferior extremity of a thyroid lobe, and the threatened apnoea was immediately averted by untying the ligatures. Wœlfler insists, when the section of the nerve is complete, on the *paralysis* of the epiglottis. This cartilage is deviated, asumes an oblique position, and only imperfectly discharges its obturating function; hence, septic pneumonia from viscidous deglutition (*Schluck Pneumonia* of the Germans). When the section is bilateral the aphonia is complete, a new and very grave phenomenon is added to the operation. It is an intense dyspnoea which caused the speedy death of two patients of Kappeler, and others of Maas and Richelot. According to Jankowski this complication necessitated tracheotomy in three cases. In addition to the laryngeal disturbances produced by mechanical irritation or division

of the recurrences, other peculiar phenomena, hoarseness, etc., have been attributed to the chemical irritation of these nerves by the antiseptic solution employed in irrigating the wound. J. L. Reverdin has especially called attention to this aspect of the subject, and his views, with those of others, will be found admirably summarized in A. Broca's recent and masterly article, "Thyroidectomie in the *Dict. Encycloped. des Sciences Medicales*," 1887, to which the reader is referred, and from which I have gathered many of the important facts previously presented.

As the immediate surgical complications of thyroidectomy we would simply specify septic infection, suppurative mediastinitis, septic pneumonia, and even secondary hemorrhage.*

* Nothing has been said of the special accidents which are peculiar sequelæ to the operation of thyroidectomy. The immediate complications above mentioned are more or less common to all operation wounds, the topography of the operative field causing the only differences. But there are other accidents which appear to be linked in a very specific manner with the suppression of the thyroid gland, and which other operations in the neck do not appear to cause. These phenomena may supervene almost immediately after the operation, viz.: cerebral disturbances (acute mania and tetany), and tardily as the cachexia strumipriva of Kocher (myxœdema, Ord, pachydermic cachexia, Charcot). The study of all these complications is highly interesting and instructive, but to consider them as they deserve would be out of place in the present communication. I cannot repress a few remarks, however, in regard to the relations of myxœdema with thyroidectomy for malignant goitre, as this complication has exercised such a revolutionizing influence on our physiological notions respecting the thyroid, and on the surgical treatment of its affections since its discovery by F. L. Reverdin in 1882, and by Kocher almost simultaneously.

The accumulated observations which have gathered since Reverdin's discovery tend only to confirm the belief that the thyroid is an active organ, discharging very important functions, and that its *total* suppression is liable to be followed by a general cachexia and mucoid deposits in the subcutaneous tissues, etc. The general tendency is at present to accept Horsley's theory that the thyroid is the organ chiefly interested in mucin metabolism. F. L. Reverdin (vide Guiteras' Summary of the Diseases of the Thyroid Gland in Sajous' Annual for 1888) gives a late summary of the results obtained by different surgeons. Of ninety-five thyroidectomies recorded thirty were followed by surgical myxœdema. Trombetta of Messina, who has gone over the literature of the subject, finds a percentage of 27. On the other hand, no cases are reported from the Vienna clinic, and Bottini has operated on fifty-two cases without having a single case of surgical myxœdema. Still, and without attempting to explain these discrepancies, it suffices that a well established percentage of cases of thyroidectomy are followed by this very grave and fatal cachexia to cause surgeons to prefer always partial to total extirpation, when dealing with benign diseases of this gland, and this is no doubt the present tendency, especially since the technique has been so thoroughly perfected by Socin of Basle, the Reverdins, Hahn, etc.

These partial extirpations are as a rule free from the danger of myxœdema, as the remaining portion is adequate to discharge the functions of the whole organ. It can hardly be doubted that other lymphoid organs in the body (Thymus, amygdalæ, Peyers' patches, etc), as Hale White's, Rogowitsch's, Fuhr's observations tend to prove, are capable of compensating for the loss of the thyroid; still the time needed for the establishment of this functional equilibrium has not been determined. Four months between the extirpation of the two lobes (Stokes of Dublin), and nine months in one of Kocher's cases, were not sufficient to prevent the appearance of the disease. The risk of myxœdema is therefore more to be dreaded after thyroidectomy for malignant disease than in the partial operation for benign growths, since in malignant goitre, if any radical operation is attempted, it must practically necessitate the complete removal of the whole gland. Furthermore, if the operation is performed at all, it is only justifiable in the early stages and it is plain that the economy will not have time to accustom itself to the gradual histological substitution of the thyroid tissue, and will, of necessity, be more liable to resent the removal of this organ.

Finally, we must now enter into a most important practical consideration: What are the immediate and permanent operative results of thyroidectomy for malignant disease? Nothing is more conclusive as to relative merits of the two operations—thyroidectomy for benign and the same operation for malignant disease of the gland. Nothing emphasizes more vividly the disastrous perils of the one and the comparative security of the other; nothing demonstrates better the inherent malignity of thyroid cancer and the comparative innocence of simple goitrous enlargement than the comparative statistics of the operation of extirpation for both affections—*i. e.*, the statistics illustrating the immediate operative results.

In regard to thyroidectomy for simple benign goitre we find that in 322 operations compiled by Liebrecht there was a general mortality of 7.92 per cent., and the results are still more satisfactory if we examine more recent collections. In 1883 Kocher led the van with 101 cases, with a mortality of 12.8 per cent. The 43 last operations performed, in the course of seventeen months, were accompanied by a net mortality of 9 per cent., and of 5.1 per cent. if only 39 pure benign goitres are considered. In 1885 the same surgeon again tells us that his last 70 cases were all operated *without* a single death! In 1882, 1883, Bottini performed 10 thyroidectomies, of which 8 were total extirpations, and without a death. (A. Broca, *loc. cit.*)

Now note the contrast in the immediate results of thyroidectomy for malignant disease. I will condense from the latest and most complete data gathered by Butlin in his excellent work already quoted (*op. cit.*, page 203). Very excellent information on this subject is afforded by three papers in three volumes of Langenbeck's Archives, xxiii (1879); xxviii (1883,) and xxxi (1885.)

The first is by Dr. Edmund Rose, the second by Dr. H. Braun, the third by Dr. J. Rotter. They may be regarded as supplementing each other, so far as the diagnosis and

treatment of cancerous disease of the thyroid is concerned. The total number of instances of removal of the disease in the third paper is fifty, of which thirty-four had been collected by Braun and sixteen by Rotter. *Thirty* of the fifty patients died of the effects of the operation, a mortality therefore of *sixty per cent.*(!) The fatal issue took place in the first twenty-four hours after the operation in eight cases; in from two to four days in ten cases; in from four to nine days in five cases; in from one to eight weeks in five cases. In two instances the exact period of death is not mentioned. The causes of death in many of the cases, not single, but multiple. For instance, dyspnœa, collapse, and the presence of secondary diseases—pneumonia, mediastinitis, and enlargement of the bronchial glands, whether cancerous or not—combined to produce death. The immediate deaths took place almost wholly from the severity of the operation, and those which occurred within two to four days after the operation were attributable to mediastinitis and septic poisoning. In two or three cases severe secondary hemorrhage occurred and proved fatal.

So much then for the immediate results of thyroidectomy for malignant disease. Now what is the showing in regard to the ultimate, final or radical cure of the disease after the operative ordeal? Again continuing with the same authority we find that “in the twenty cases which remain after deducting thirty fatal cases from the fifty which were treated by operation, there were two in which the operation was not completed and which really should be left out of account, except in so far as the fact should be mentioned that it was found necessary to abandon the operation in a certain number of instances. In three cases the further history was not known, and in one case the further observation only extended to a period of two months after the operation. In ten cases there was recurrence, which was either fatal or rapidly promised to be so. Only in four instances was a favorable result obtained. One of these was a patient treated by Bircher, who was known to be alive and

well eleven months after the operation. The second was operated on by Bruns. Some enlarged glands were removed a year after the first operation, and two and a quarter years later the patient died of inflammation of the lungs. The third case is of Maas, and was reported to be quite well nearly four years after the operation; and the fourth patient, also under the care of Maas, died at the end of twelve months of some affection of the lungs of uncertain nature.

In my own case the patient has thus far survived six months after the operation, but secondary tracheotomy was required one month after, owing to secondary involvement of the larynx; and it is not probable that the patient will survive many weeks longer, as the disease shows a manifest tendency to encroach deeper down into the trachea and bronchial glands.

Though these fifty cases compiled by the Germans do not represent the complete list of thyroidectomies for malignant disease, still it will be admitted that they quite adequately represent the status of the operative treatment of the disease under consideration. Furthermore, as Butlin observes, at least four-fifths of the cases in Braun's and Rotter's lists were treated within the last ten years—within the period, therefore, of modern antiseptic surgery. The statistics of operations for the removal of innocent tumors of the thyroid have improved steadily with improved surgery, but the same statement cannot be made with regard to the extirpation of cancerous tumors of the thyroid. Braun particularly draws attention to this, showing that the dreaded inflammations of the tissues of the neck and mediastinum only exceptionally occur, and that the real difference lies in the local relations of the malignant tumors, in the frequent affection of the cervical, mediastinal and bronchial glands, in the metastasis in different internal organs, and in the great difficulty in the diagnosis of malignant thyroid tumors generally.

The state of evidence in regard to this subject could not

be more fairly stated, and the final judgment could not be better expressed than in Butlin's language above quoted. It harmonizes with and endorses the position assumed and the conclusions adopted by the writer, who believes, as previously stated, that malignant disease should never be surgically interfered with unless the disease presents the limitations of strictly benign goitre—*i. e.*, that when positive signs of extra-glandular involvement are discovered that all operative measures should be of a purely *palliative* character; viz.: tracheotomy, section of the isthmus, ligation of the thyroid arteries (of very doubtful benefit), etc. Again, that even when the disease appears externally to be strictly encapsulated that a very thorough exploration by all means at our command should be made for the discovery of incipient secondary involvement of the neighboring organs; more especially the larynx, the involvement of which may be disguised by the mechanical disturbance of its functions, consequent upon extrinsic pressure, etc. And, lastly, that in all doubtful cases, a partial thyroidectomy be proposed to the patient with a view of settling the true nature of the growth by a careful histological examination of the excised portion; such treatment being as a rule curative of the goitre if benign, and permitting of an early and more complete extirpation by a final operation if malignant, though it is the writer's belief also that even a thyroidectomy for cancer under the most favorable operative circumstances will prove to be merely a palliative operation, as the very fact of its recognition as a simple enlargement will be coincident with at least its extra-glandular lymphatic dissemination.

A WOMAN in Edinburgh, Scotland, is pregnant at the age of 62, it being her twenty-third time. She was also pregnant at the ages of 47, 49, 51, 53, 56 and 60. The case is attracting much attention from the physicians of that place, as it is a rare one.—*Wes. Med. Rep.*

SELECTED ARTICLES.

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Sarcoma Laryngis, Laryngofissio; Cure.

By PROF. HJORT. Translated by A. McShane from the *Norsk Magazin for Lægevidenskaben*, December, 1888. Read before the Christiana Medical Society, Sept. 26, 1888, with the exhibition of the patient.

As laryngeal has of late been the order of the day I thought that it would interest the gentlemen to see a man in whom I recently performed with success a section of the larynx to remove a tumor from its interior. It will no doubt be remembered that, at the meeting held March 24, 1886, I exhibited a patient upon whom I performed the same operation, with a favorable result for necrosis of the laryngeal cartilages, with consequent stenosis following typhus; and to extract a canula, which had lain there for a year and a half, and the removal of which was tried without success. In the present case there was a malignant tumor in the larynx, which furnished indications for the operation. The patient, as you see, is an old man, aged 62½ years, who made the long journey from Senjen to here, and entered my clinic on Aug. 31.

The following notes were made: The patient belongs to healthy stock, and he has himself always enjoyed good health. In July, 1885, he had scarlet fever. Three months ago he had a feeling "as though he had something in his throat," and this condition has continued to grow worse little by little. Speech has become somewhat more indistinct.

He had trouble in swallowing solid food, so that he was obliged to cut it into small pieces; but fluids, on the contrary, he could take very easily. It happened, however, that a drink also came up through the posterior nares. He has no trouble with his breathing, but he has lately grown somewhat hoarse, and he feels that "something is sticking fast in his throat." On Dec. 21 he went to a physician, who, after making a laryngoscopic examination, declared

that the patient was suffering from a "growth in the throat."

Present condition: The patient has still difficulty in swallowing solid food when he does not cut it into small pieces, but fluids he swallows well. There is no pain in swallowing, but he complains of a feeling as though something kept the food from going down. Now and then it happens that the food regurgitates immediately, but ordinary vomiting does not occur. The respiration is unobstructed, but sometimes a feeling of oppression occurs. The speech is clear, but he himself states that his voice is somewhat huskier than formerly. General condition unimpaired, appetite good, bowels regular. He feels as strong as ever he did. No spontaneous pains in the throat. On palpation nothing abnormal could be felt outside of the larynx.

Laryngoscopic examination: In the passage between the root of the tongue and the epiglottis was seen a warty-looking protuberance, somewhat to the right of the median line, as large as a small pea and reddish gray in color. Epiglottis normal. The mucous membrane in the whole of the larynx was somewhat redder than normal. In the larynx a tumor was seen projecting from the surface of the mucous membrane covering the left arytenoid cartilage. The tumor was of oblong form and stood vertically in the larynx, the movements of which it followed. It half concealed the left arytenoid cartilage, and extended to the other side of the cavity, just touching it. During quiet breathing the tumor left the forward part of the rimaglottidis free, so that the anterior portion of the slightly congested vocal cords could be seen. During phonation the tumor moved away from the larynx a little, so that its upper part turned backwards, and the swelling could be seen throughout its whole length. It was as large as a small chestnut, bluish red in color, with a somewhat smooth and flat surface, covered here and there with mucus, and secured in two places—especially at the back—and was slightly excoriated. The

attachment to the mucous membrane formed a vertical fold. The patient had never observed bleeding from the larynx.

In the palm of the left hand was seen a group of round, bluish swellings, as large as a pea or a bean, and of a firm consistence. Upon one of them was seen an incrustated opening, from which a small quantity of liquid exuded. Upon the fingers were found single similar nodes of small size, likewise two as large as a pea were found upon the left (*prima ansikula*), and a still smaller one on the right *tragus*. He stated that there had been similar small nodes upon the left foot, which, like several upon the hand, have almost disappeared spontaneously. The swellings on the hands and foot were noticed about a year previously

A small node on the right ring finger was excised, and "showed an infiltration of tightly packed spindle cells under the corium. In the latter was seen some round-celled infiltration along the course of the blood-vessels."

It must be considered as indisputable that the laryngeal tumor was a sarcoma. This was indicated by its rounded form, with a relatively small base without ulceration, its rapid growth; and it is permissible almost to assume that it was of the same kind as those found upon the hand, the excised one of which was seen to consist of closely packed spindle cells. The case must therefore be considered one of multiple sarcoma. Though the laryngeal tumor had hitherto not given rise to any alarming respiratory symptoms, and had not yet exercised any specially significant influence upon the speech, still it was to be feared that such might rapidly take place, and therefore made the removal of the tumor necessary. On account of the malignant nature of the tumor its removal had to be as radical and as sure as possible, and I therefore soon abandoned all thought of removing it through the mouth with the aid of the laryngoscope.

In order to clear an open way to the upper part of the larynx, two ways are at our disposal: either that of *Malgaigne*, which directs a transverse incision below the

hyoid bone to the anterior surface of the epiglottis, which is drawn through the wound, whereupon the opening of the glottis is brought into view, the so-called *pharyngotomia subhyoidea*; or division of the thyroid cartilage, *thyroidotomy* or *laryngofissio*.

In experiments upon the cadaver it was shown that the latter operation gave better access to the larynx than the former. As will be seen upon a vertical section through the larynx and pharynx, the canal of a transverse incision must have a direction backwards and upwards in order to get through the mucous membrane to the free surface of the epiglottis. This canal then becomes correspondingly long, and in order to draw the epiglottis out and expose the rimaglottidis well the incision must be carried far over to the sides, thus incurring the risk of cutting the superior thyroid arteries; and, on the whole, a transverse incision is more mutilating than one in the median line. For these reasons, but especially because it gave free access and a better view of the walls of the larynx, I decided to make a *laryngofissio*, which was done on Sept. 5. Both operations require preliminary tracheotomy in order to secure freedom of respiration during the operation; and I have heard Langenbeck state that the first time that he performed *pharyngotomia subhyoidea* for the removal of an angiomatic tumor in the pharynx, the patient died during the operation, because the tracheotomy had been omitted.

As is already known, Trendelenburg has introduced the so-called *tampon cannula*, in order to employ narcosis in these operations. We therefore had his cannula, and also a later modification by Hahn of Beredskab. At the same time I had very little inclination to use these appliances, because they appeared to me to be apt to bruise, because they doubtless easily become inefficient, and because I considered that the lower part of the larynx could safely be tamponed above the cannula from the wound, and, finally, because I believed that narcosis (anæsthesia) could be pro-

duced by hypodermic injections of cocaine, which was afterwards shown to be correct.

In my first case (in 1886) no anæsthetic at all was used during the operation, which was borne very well.

On Sept. 5 *tracheotomia superior* and *laryngofissio* were performed.

After subcutaneous injection of five centigrams of cocaine tracheotomia was practiced, with detachment (loosening) of the isthmus of the thyroid body, which was drawn downwards. The first ring of the trachea was cut, and an attempt was made to introduce Trendelenburg's cannula, and then Hahn's, but both of the instruments at hand were inconvenient, and a thick cannula was therefore put in.

Three or four centigrams of cocaine were then injected beneath the skin higher up, and the soft tissues over the larynx were cut in the middle line, and a small transverse incision was made through the middle part of the crico-thyroid ligament, close to the lower border of the thyroid cartilage, in order to avoid wounding the crico-thyroid arteries. As was expected the thyroid cartilage was somewhat calcified, but it was easily cut with a pair of bent scissors. Both halves of the cartilage were drawn aside with retractors, and the wound was enlarged upwards through the thyro-epiglottic ligament, so that the whole of the cavity of the larynx was exposed to view, and the tumor could easily be seen and felt. The space between the cannula and the inferior vocal cords was tamponed with three small sponges, to which silk threads were fastened. The tumor was then seized with Museux's hooked forceps, whereupon it broke into two pieces, which were easily removed with Cooper's scissors; the upper part of the arytenoidal tumor on the left side was removed, and with it a small piece of cartilage.

In the depression between the arytenoid cartilages was seen a dusky spot in the mucous membrane, without any apparent prominence or induration. This place was

grasped with forceps and clipped off. Insignificant hemorrhage followed, but it was soon checked. Four catgut sutures were then inserted, partly through the perichondrium, partly through the ligaments at the upper and lower borders of the thyroid cartilage. This showed itself meanwhile insufficiently mobilized, as they were in perfect vertical apposition. By means of Simpson's curved needle a silver wire was passed through both halves above, but below the attempt was not successful, for the calcified cartilage broke. The cannula was removed, a drainage tube was placed at the lower angle of the wound to the opening of the trachea, a couple of sutures were placed in the muscles and the wound was closed with iodoform gauze, while only one silk suture was placed in the skin in the middle of the wound in order to prevent emphysema. Iodoform dressing was placed over the whole. Immediately after the operation the patient could use his voice in speaking. The tumor was examined at the Pathologico-Anatomical Institute, from which the following communication was received; The two pieces together are about as large as a small chestnut, and grow upon a short peduncle, from the accompanying piece of mucous membrane. It has a somewhat pointed egg-shape, flattened at the sides, with the base at the attachment to the peduncle. Length, 2 centimeters, breadth, 2 centimeters; thickness, about 1 centimeter; weight, after a day's hardening in alcohol, 3 grams. Its surface is somewhat scratched and ragged, but is otherwise smooth. Its cut surface is of a dirty, brownish-red color. Under the microscope are seen tightly-packed spindle-cells, separated by a scanty intercellular substance, besides a few fine blood-vessels. The small piece of mucous membrane shows in a single place a collection of roundish, partly also spindle-cells, lodged in a granular matrix. For the rest only normal connective and glandular tissues were seen, being normal stratified epithelium. Diagnosis by the microscope: Sarcoma of the larynx.

Sept. 7th.—Some cough, with mucous expectoration, which comes up through the mouth, whilst no air seems to escape through the drainage-tube. Can speak with some voice.

8th.—Now and then, while swallowing liquids, he has spells of coughing, though fewer than formerly, during which a little mucus now and then passes through the drainage-tube.

12th.—The drainage-tube was removed; animal *suture*.

14th.—Through an oval incision a group (3 or 4) of tumors were removed from the palm of the left hand.

20th.—The wound is almost healed.

25th.—With the laryngoscope the mucous membrane was seen to be almost normal, perhaps still a little swollen over the arytenoids. Vocal cords at the same level; move very well; just the faintest suspicion of thickening. His voice becomes better and better; it is now sonorous, but deep. Discharged.

This case, like my former one, shows that division of the larynx does not endanger the voice when the vocal cords can be left untouched. The anterior commissure between the cords can be easily found with the scissors. The exact reposition of both halves of the cartilage offers no difficulty, as the margins of the upper and lower incisions indicate the position. If the cartilage be calcified the incision is somewhat rough at the edge, which can also be replaced correctly, and immobilization is secured with the help of sutures through the cartilage.

As already stated, the use of cocaine renders general anæsthesia unnecessary, and also the tampon cannula. In most cases, as in the foregoing one, tamponing can be done much more safely above the cannula from the wound.

THE *Alabama Medical and Surgical Age* has reached us. It is a very handsome publication, and is well filled with excellent matter. We wish it success.

LEADING ARTICLES.

ELECTRICITY IN MEDICINE.

In the use of electricity in medicine the great stumbling block has been and still is, with few exceptions, that those most qualified to use it from a medical standpoint are so little qualified to do so from a scientific standpoint. We think if some of the eminent men in our profession would only spend a portion of the time they have devoted to tearing to pieces those of their confreres who have had the hardihood to express a belief in the efficiency of electricity in the treatment of disease, in obtaining a sound scientific comprehension of the subject, we would see them converted into intelligent workers after light in a field of research confessedly obscure at present, but which gives promise of a future, brilliant with possibilities.

Let us compare the action of drugs with that of electricity.

Drugs are introduced into the body, not because they contain some specific genii, whose business it is to ferret out and banish some disease which may be skulking around in the tissues, but for a mere matter-of-fact reason, that we hope to produce some chemical combination, developing chemical energy, to effect changes which we have found beneficial, either accidentally through empiricism, or scientifically by means of laborious work and accurate reasoning.

Now the empirical method has been on trial since the days of Hippocrates, and what has it accomplished? One has only to look over the "Bibliotheka Therapeutica" to see the amount of trash that has been written about the use of different drugs, to realize the small gleanings obtained from them; and many of these gleanings were only saved by the aid of physiological and clinical experimentation.

Why, then, should we, neglecting the warning furnished by medical empiricism, confine ourselves to trying at random this and that current for whatever disease we have before us? Is it not the scientific method to make physiological experiments as to what effect a certain current would have both in health and disease? Let us take hold of the right method and see how fast our progress will be.

After all, what is the difference between the action of drugs and electricity? Drugs act through chemical energy; electricity with electrical energy. One must be manufactured in the body; the other is manufactured outside. In the use of electricity we know (or rather it is in our power to know) what we are introducing into the body; with drugs we only hope or think or guess that certain changes, which we wish, will take place.

No, we are going on the wrong track. That broad and easy way is much less irksome, but it will surely lead to perdition.

Let us not be diverted from the true path by curing a case of neuralgia with an application of the positive pole of a galvanic battery. The next time the same treatment may make the case worse, and if we lose our patient we may then sit down and ponder over the reason why.

DRS. ABY AND AUSTIN.

To use the words of a speaker at one of the meetings called to consider the matter, there has been much "public clamor" over the action of the Governor in removing Dr. T. Y. Aby from the position of quarantine physician and appointing Dr. William G. Austin in his place.

The reason *first* given (there have been many since) does not strike us as being remarkable for its disingenuousness—namely, that the change was made for the purpose of improving the quarantine system. This was the first intimation that the public or the Board of Health had that Dr. Aby was inefficient and really clogging the whole system.

But relegating the matter to the governor, in whose hands it must remain, we think this a very good time to say how much we regret that matters of medical and scientific interest to the people must be so frequently and ruthlessly overhauled by the politicians. When good men are in places of trust let them remain, and do not let such places come to be looked upon as rewards for political support. And we feel called upon to say, too, that an officer, such as the quarantine physician, doing the will of the Board of Health, and acting under its instructions, should be chosen by the board, and we would suggest that the next legislature be requested to make the necessary changes to this effect.

In conclusion we would insist that what we have said is not as opposed to Dr. Austin, but as a protest against the bargaining for members of the profession, lately so often indulged in by the powers that be.

DR. DAY AND THE N. O. POLYCLINIC.

Dr. R. H. Day of Baton Rouge, La., has been elected to the position of Instructor in Diseases of Children in the New Orleans Polyclinic. The doctor came to the city a few days ago, and, after a conference with members of the corps, signified his acceptance of the chair, and will assume its duties at the next term, beginning April 1, 1889. We think the gentlemen of the Polyclinic made a wise selection, and by their choice emphasize the fact that they are not engaged in forming a small coterie of friends as a school, but are determined to establish an institution here which will be equal to any of a similar character elsewhere. And why should they not? There is no place in the country where the hospital advantages surpass those to be found here. Of course in numbers New York will exceed this city, but no where in that city can be found a hospital where every form of medical, surgical and gynecological

disease can be seen under *one roof*, and where the patients can be examined as freely and as closely as may be desired.

We think the Polyclinic has a great future before it, and the gentlemen conducting it deserve all the credit and encouragement it is possible to give.

Dr. Day is well known in this State and to the profession generally, and he is peculiarly fitted because of his long practice to take this branch. There are very few schools in this country where diseases of children are specially taught, and the consequence is that a physician must learn the peculiarities and idiosyncracies of infancy and childhood through experience alone.

THE FLORIDA BOARD OF HEALTH.

At last! At last Florida has a Board of Health, or will have as soon as the governor can appoint it. The special session of the legislature called to form a board has succeeded in its mission, and the governor has signed the act.

This act calls for the appointment by the governor, within thirty days, of a board to consist of three members; this body will meet immediately, and after electing a president from its own members, select from the State at large a secretary and an executive or health officer, the latter to be a physician. The board is given ample power to protect the State by means of quarantines or otherwise as it sees fit. The full text is not at hand, but from what we see in the dispatches we think the act is carefully worded and yet liberal enough to give the board ample breadth of action.

It was proposed for a time to emasculate the whole action by exempting Pensacola from the jurisdiction of the board, and granting to that town special health privileges. Fortunately this was defeated. A board to be

efficient must be supreme, and not only supreme, but *solely* and *alone* responsible. There must be no bickerings or conflict of authority. There is no objection to county or municipal boards of health for the care of local hygiene and health matters, but it would be fatal to the successful work of the State Board if these local boards could in any way supersede or hamper the State organization.

The last epidemic has discovered many fine men in Florida, and we rather imagine that the governor's trouble will be not in finding suitable men, but in choosing from the large number so well fitted for the positions.

We congratulate Florida that she has a board at last, and we are glad to know that she can once more move on in her line of development, and can once more open her doors to visitors without fear or criticism.

THE STATE MEDICAL SOCIETY.

The Chairman of the Committee of Arrangements, Dr. C. J. Bickham, called his committee together some time ago for the purpose of preparing for the meeting of the Society on April 9, 10, 11.

Upon application, Colonel Johnston very kindly placed the lecture room of Tulane Hall at the disposal of the Society. The American Medical Association met there; the two local societies meet there, and it is meet and proper that the State Medical Society and every other scientific and educational body should hold their session under the roof of the great centre of education in the State. It is the desire of the president of the university that such should be the case, and he lends every encouragement in his power to this end.

It is needless to say that the hotels and railroads have been seen in regard to reduced rates, and every other possible arrangement made for the comfort, convenience and entertainment of the members.

The only things that remain to insure a useful and interesting meeting are, a large attendance and a goodly number of carefully prepared papers. Every man that can possibly leave his practice for three or four days, should give this much time to his State Society. If we would only attend more regularly we could easily make our society what it ought to be, and wield that influence before the legislature and the public which we should.

We must have some papers too. If we are correctly informed very few have been reported to the secretary or chairmen of sections. Dr. Bruns, the Chairman of the section on Ophthalmology and Otology, began early last fall to write to physicians asking for papers, or promises of papers, for his section. Up to this writing he has received only *three* replies of any nature. If any physician has a paper let him either report it to the secretary or bring it with him to the Society, and not wait until he is asked for one.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

CURABILITY OF CIRRHOSIS OF THE LIVER.

Dr. Millard, at a late meeting of the Société Médicale des Hôpitaux of Paris, presented three patients from his private practice, in whom, after a lengthy treatment of this affection, he had been able to effect a cure. The first was a man 55 years of age, who drank regularly from four to five bottles of wine daily. Suffering from dyspepsia for several years, he, in July, 1886, began to emaciate. The supervening ascites necessitated six tapings, from which over 200 pints of fluid were removed. Since the month of November, 1886, the patient has been put upon an exclusive milk diet, with the administration of an infusion of juniper and drastic purgatives twice a week. At the end of four months the improvement was already well marked. The second patient, who partook of four pints of white wine daily, had

been under the author's care for one year only. The treatment was the same as in the first case, improvement showing itself more rapidly. The patient continues in excellent health. The third patient underwent the same treatment, with greater and more marked improvement than in either of the foregoing cases. At present the three patients seem apparently quite cured, the only remaining sign being a slight hypertrophy of the liver.

The formula of the juniper infusion is as follows:

℞ Juniper berries.....	ʒijss.
Infused in water.....	ʒviiss.
Then add:	
Acetate of potash.....	
Nitrate of potash.....	aa ʒss.
Oxymel of squill, from.....	ʒiiss to ʒi.
Syrup of five roots.....	ʒi.

Syrup of five roots [sirop des cinq racines] is a French diuretic preparation, composed of the following roots: Ash, fennel, parsely, asparagus and small holly, each one part, and sugar thirty parts.

The author further remarked that he never hesitated to have recourse to tapping whenever diuretics seemed insufficient. The only food allowed was milk. Alcohol in all its forms was strictly withheld. The infusion of juniper is not disagreeable to the taste. The author administered it whenever an increased urinary secretion was called for. The patients took it readily, one of them having taken it daily for eight months.—*Revue de Thérapeutique—Medical News.*

WHEN TO PRESCRIBE DIGITALIS.

Notwithstanding the increasing additions to the list of so-called cardiac medicaments digitalis still holds its position as the most certain and most widely used; but in order to derive all the good possible from it it is necessary to understand clearly the indications, and not to give it indiscriminately, as is too often done. Mr. Huchard has set forth these indications very clearly in his recent work, "When and How Should Digitalis be Prescribed."

In order to understand clearly the indications and counter-indications, the valvular affections of the heart must be divided into four stages or periods. The first is the period of *eusystole*. During this time the lesion is compensated, and nothing should be done in the way of medication; all our efforts are to be confined to maintaining good hygiene. Digitalis is useless.

During the second period, that of *hypersystole*, the contractions are violent, and compensation is exaggerated. Hygiene still plays an important part, and the cardiac sedatives, aconite, arsenic and the bromides, are indicated; digitalis is injurious.

The situation is entirely different in the period of *hyposystole*, or temporary asystole. The cardiac muscle and vessels become asthenic. This is the stage of œdemas, congestion of the viscera, dropsies; the heart beats softly and feebly, etc. Digitalis is now of the greatest service; it is here triumphant.

Finally, in the period of *asystole* or *amyocardia* the cardiac muscle is profoundly degenerated; there is paresis of the heart, the *definitive cardioplegia* of Gubler. Digitalis is still sometimes useful, but it may in time become inefficacious, and occasionally it is injurious. Caffein in large doses is here sometimes very valuable.

Huchard considers a maceration of the drug as the best form for administering it. He does not give the infusion, which is preferred by some physicians, for, when it is necessary to act quickly, we cannot wait for twelve hours, which time is required for macerating. This is the method for making the maceration:

℞ Leaves of digitalis, in powder 25 to 40 centigrams.
Cold water..... 300 grams.

Macerate for twelve hours, and filter carefully, in order to avoid the retention of a certain amount of the powdered digitalis, which is capable of producing nausea and vomiting by its irritant action upon the mucous membrane of the stomach. The infusion may be sweetened with any agreeable syrup.

This maceration should be taken in five or six doses during the day, between meals; the digitalis should be prescribed in diminishing doses; thus, 40 centigrams the first day, 30 cgr. the second, 20 cgr. the third, etc. As a rule, the digitalis should be suspended after four or five days' use.—*Journal de Médecine et Chirurgie Practiques.*

ON THE TREATMENT OF ASCITES BY FARADIZATION OF THE ABDOMINAL WALLS.

The treatment of ascites by this method is not new. Tripier, in 1861, drew attention to its value in aiding the absorption of serous effusion in other situations, and in

1866 Solfanelli published a case of atrophic cirrhosis of the liver with ascites, in which it was practiced with striking success, even after all ordinary measures to dispel the fluid had failed. Similar results are recorded by Alvarenga, Gerhart, Glax and others. Glax treated with marked success ascites and œdema complicating cardiac and renal affections. The author records at length two cases of ascites treated by faradization. The first a young woman, æt. 17 years, supposed to be suffering from chronic tubercular (?) peritonitis, with a tubercular family history. She suffered from abdominal symptoms and severe ascites. She improved considerably under treatment by iron, arsenic, faradization, the use of an elastic belt and careful dieting. The abdominal swelling disappeared. How far this was due to faradization it is difficult to say, and the author speaks very guardedly on this point.

The other case was one of tumor of the spleen with ascites in a woman æt. 54 years. She had been punctured four times. Treatment by cream of tartar, caffeine, etc., also failed to do good, the effusion remaining stationary or increasing. Faradization twice daily was then applied, and under its influence the quantity of urine became rapidly increased, with corresponding diminution in the ascites. This again returned, and necessitated another puncture. The fluid again accumulated, and, diuretics failing to give relief, recourse was again made to faradization, which caused the ascites to disappear to some extent, but only temporarily. The patient ultimately died. No post mortem was made, consequently the exact nature of the tumor of the spleen was never ascertained. It was neither leucocythemic, malarial nor amyloid in nature. In this case faradization acted well as a diuretic, and diminished the necessity for frequent tapping. The following is a brief resume of all the recorded cases treated by faradization of the abdominal wall:

(1) Hypertrophic cirrhosis of the liver, one case. Complete disappearance of the ascites; cure.

(2) Atrophic cirrhosis of the liver, three cases. Complete disappearance of ascites in one, and temporarily in the two others.

(3) Cardiac disease, three cases. Temporary disappearance of ascites.

(4) Chronic peritonitis, several cases. In two, considerable diminution of ascites; in others, complete cure.

(5) Cancer of liver, one case. Improved.

(6) Tubercular (?) peritonitis (chronic), one case. Complete disappearance of ascites.

(7) Tumor of spleen. Temporary cure of ascites.

(8) Malarial poisoning, one case. Cured.

(9) Ascites following infectious diseases, two cases. One cured, the other ameliorated.

(10) Bright's disease. Temporary relief in a few cases.

The exact *modus operandi* of this method is not quite clear. Contraction of the abdominal muscles and diaphragm may have something to do with it. The diuresis appears to depend upon the absorption of the fluid.—*Med. Chronicle.*

JACKSON (J. HUGHLINGS) ON HEMIPLEGIA.

This author, in a recent lecture upon diseases of the brain, as usual adds some original and thoughtful facts to our knowledge of this subject. He speaks of two types of hemiplegia—an arm-type and a leg-type—where either of these extremities is most disabled. In a left hemiplegia the arm-type would be preferable, because the left arm can, if necessary, be dispensed with; while in a right hemiplegia the leg-type would be preferable, since a man can better afford to lose a right leg than a right arm, and there is less likelihood of defect of speech if the leg-centre is chiefly affected.

If the paralysis begins very locally, say in the hand, and increases in degree and range very slowly, day by day and week by week, there is great probability of tumor of the opposite cerebral hemisphere. In most cases of slow hemiplegia one should treat for syphilis in the early stages. A hemiplegia following immediately upon an epileptic seizure beginning very locally would indicate cortical disease in the Rolandic region. The discharging lesion causing epileptic seizures in such cases is usually probably a local encephalitis about a tumor. The treatment of syphilitic post-epileptic hemiplegia is treatment for syphilis, of course, and also empirical treatment with bromides, the hemi or mono-plegia itself requiring no treatment,

If hemiplegia comes on deliberately, say in half an hour, without defect of consciousness, the presumption is for local softening from plugging of the middle cerebral artery or one of its branches. If rapid with loss of consciousness, or if coma soon follows a deliberate onset, the presumption is for cerebral hemorrhage. But these rules are only empirical and have their exceptions.

The type of syphilitic hemiplegia due to a syphilitic endarteritis is not cured by drugs. After the artery is obliterated and softening occurs drugs will do nothing toward curing the paralysis. But active treatment should nevertheless be carried on with mercurials and iodides in order to prevent similar occlusion of other vessels. There is no doubt that some of these cases of hemiplegia do recover, but not from treatment. All cases of hemiplegia, from whatever cause, that get well do so through the law of compensation by other nervous elements. This compensation will depend materially upon the smallness and position of the lesion.

As regards treatment in all classes of hemiplegia the paralysis needs none. Massage and gentle faradization will be of some service while we are waiting for compensation, but merely as an artificial exercise. To diminish the quantity of highly nitrogenized food, to look after digestion, to keep the patient's bowels free, is the best style of treatment. If arterial tension be high give small doses of mercury and saline aperients. Never give strychnine in cerebral paralysis.

Hemiplegia is not a nervous disease at all in the strict sense; it is in most cases an arterial affair.—*Brit. Med. Jour.*

CODEINE.

In the *Centrablatt für Nervenheilkunde*, Nov. 20, 1888, Dr. Fischer states that he has for more than five years been employing codeine in all cases where morphine was indicated, and he recommends it as a reliable and much less dangerous remedy, provided a pure specimen may be obtained—a matter, however, of some difficulty. While codeine possesses the narcotic effects of morphine it is free from the danger of producing the habit; and, further, the system does not appear accustomed to its use. Dr. Fischer especially recommends codeine in cases of dis-

tressing cough, as in phthisical cases, and in bronchitis, if the secretion is not too excessive, and in all cases of insomnia which are not due to severe pain. In the latter cases he admits it is not comparable to morphine, since the latter reduces suffering more promptly. In many cases, however, where morphine and chloral could not be used, or had failed, codeine exerted prompt hypnotic action. He has employed it in the form of suppositories, and its action was always what was expected, and in no case produced hurtful or disagreeable results. The dose required is considerably larger than that of morphine, about two and half or three times the dose of codeine being required. A dose of from $\frac{1}{3}$ to $\frac{1}{2}$ grain may be given, three or four times in the twenty-four hours, either in powder or in some mixture in which its bitter taste may be disguised. Dr. Fischer protests in the strongest way against the prejudice which seems to be so generally held that codeine is unsafe and an unreliable neurotic.—*Therapeutic Gazette*.

THE TREATMENT OF TUBERCULAR DIARRHŒA BY LACTIC ACID AND IODOFORM.

The effect of lactic acid on the diarrhœa of nursing infants is well known, while its efficacy in the tubercular ulcerations of the tongue and laryngeal disease is generally admitted. It would seem to be indicated on double grounds in the treatment of the rebellious diarrhœa of tubercular cases. Henri Huchard states in the *Revue Générale de Clinique et de Thérapeutique*, Nov. 22, 1888, that he has for the last six months employed lactic acid in doses of from thirty to sixty grains daily in such cases, but that his results have been almost negative. In such cases he adds that he has frequently arrested the diarrhœa by the use of iodoform in small doses. MM. Sezary and Anne appear, however, to have been more fortunate with the use of the lactic acid, which they have administered in doses of from 30 even up to 120 grains daily. It would seem that Huchard's failures are therefore attributable to the insufficient quantity administered, for these authors claim that in all cases marked improvement was noticed on the second day, and by the fourth or fifth day the stools had become perfectly normal. They cite in support of this statement nine cases, all of which were cured by this

method, and with only one exception did the symptoms return after the cessation of the treatment. It is doubtful whether we can always expect such favorable results to be obtained; the diarrhœa is so rebellious, and our means of combating it are so restricted, that any addition to our means of combating this affection must be be gladly accepted.—*Therapeutic Gazette.*

OINTMENT BASES.

If a penetrating ointment base is desired, so that the remedy may be brought in intimate association with the skin, as often called for in such diseases as acne, psoriasis, certain forms or eczema, alopecia, etc., then the base is to be made up of lard, suet or lanolin, or a mixture of two or more of these; the selection depending also upon the consistence of the medicament to be incorporated. If protection and a moderate amount of penetration and softening are desired, as often in subacute conditions, then cold cream, or any of the above, mixed with petrolatum, may be prescribed. On the other hand, if simple protection is aimed at, as in zoster, pemphegoid diseases, burns, etc., then petrolatum, unguentum, diachyli, alone or mixed with cold cream or lard, may be employed. If it is desired to emphasize the action of the remedy incorporated, and at the same time employ a base active in itself, as in thickened eczematous patches in callosities, sluggish forms of acne and the like, then recourse may be had to mollin and sapo viridis. Finally, in regard to consistence and rancidity the former may be regulated by the proper admixture of two or more bases or the addition of wax, spermiceti or similar substances; the latter may be measurably obviated by the addition of a minute amount of benzoic acid, salicylic acid or balsam of Peru.—*Therapeutic Gazette.*

HYOSCINE.

Dr. Dornbleugh has used the drug with success in the asylum at Brieg. He does not find that a tolerance to the drug is established by its continued use, although it was given in some cases more than one hundred times consecutively.—*Berliner Klinische Wochenschrift*

The results of the use of the hydrochlorate of hyoscine in Prof. Jolly's wards for mental diseases in Strasburg during the past year are given by Dr. Eugene Kug.

The 23 cases were chiefly of mania, melancholia and dementia. In 80 per cent. of them 5 to 7 hours' sleep was obtained; in 14 per cent. 3 to 4 hours, and in 5.2 per cent. the result was negative. The doses were from $\frac{1}{200}$ to $\frac{1}{130}$ grain. In 17 there were no serious symptoms. Among the 6 others, 2, after a hypodermic injection of $\frac{1}{100}$ to $\frac{1}{120}$ grain, became pale, complained of dizziness, heaviness in the head and indisposition, and there was no sleep. In a paralytic, $\frac{1}{100}$ grain brought on a delirium which continued several hours without sleep. In the two others the quieting effects were much less conspicuous than were staggering, weakness, stammering and hallucinations.

When the drug was given by the mouth, which was done with 88 patients, in about 3000 administrations, sleep followed after one or two hours and continued for 8 to 10 hours in 82 per cent.; in 4.9 per cent. there was no hypnotic action. In 13 per cent. the results obtained were between these extremes.

Better results followed the administration by the mouth than when given subcutaneously. The action comes on more slowly, but continues longer and is less dangerous. The dose is about twice as much— $\frac{1}{90}$ to $\frac{1}{60}$ grain. By whatever channel the drug is absorbed the system is soon accustomed to it, and it becomes necessary to increase the dose, sometimes up to $\frac{1}{20}$ grain a day. It is then advisable to give up its use and choose some other hypnotic for a few days. It is an inexpensive drug, and diminishes excessive perspiration.

In insomnia of patients with active motor disturbance, hyoscine seems to be the best hypnotic; with quiet but sleepless patients, chloral, amylyhydrate, sulfonal and paraldehyd are better.

Hyoscine excites undesirable symptoms more readily in nervous diseases not accompanied by cerebral affection.—*Amer. Jour. Med. Sciences.*

PROPHYLAXIS IN SCARLATINA.

Bäumler (*Nunch. med. Wochenschr.*, 1888, No. 42, 703) gives some statistics showing the high rate of mortality from scarlet fever, and reviews the complications which may occur. Prominent among these is albuminuria, to which he calls especial attention. A careful distinction is to be drawn between the albuminuria frequently occurring early

in the disease, accompanying high fever, and lasting but a few days, and that developing at the third or fourth week, which is often very persistent and may be attended by all the evidences of a severe nephritis, though the amount of albumin be small in amount.

Regarding the prophylaxis against scarlatina the two questions arise—whether this is possible, and whether it is necessary? Though this disease is so much more dangerous than measles, the disposition to get it is very much less. Only in a few of the early years of childhood is there a really considerable tendency to catch it from others, and this rapidly grows less with advancing age. An important point, therefore, is that the longer the child can be protected from the disease the greater is the likelihood that it will escape it entirely.

As is well known, the contagium of scarlatina is always derived from some other case; it possesses a very great vitality; it is active from the earliest beginning of the disease until far into convalescence; and it usually requires a very short period for its incubation. The author reports cases to show that the breath may carry the contagion before the appearance of any eruption, though the chief danger is during the stage of desquamation. It is therefore absolutely necessary to isolate the patients as soon as possible. The clothes can be disinfected, but it is virtually impossible to disinfect the epithelial covering. A fixed time during which the patient must be isolated cannot, therefore, be named, but the child must remain away from others until the shedding of the epithelium, especially that of the palms and soles, is entirely completed. The author has known this to require sixty-three days from the onset of the disease, and a still larger number has been reported by others. Desquamation can perhaps be hastened by bathing with warm soap-water, and the dissemination of scales hindered by inunctions. It is very important that the scalp be treated in this way, as the scales of this part are fine and are shed early. A convalescent room is of especial value for those patients who feel well, but who cannot with safety mingle with others.

Children who have come in contact with cases of scarlatina should remain under observation ten or twelve days before again joining other children. Those in attendance upon the patients should wear some outside garment in the

sick-room, and change their clothes and wash their hands in carbolic water on leaving it. The sick-room should be thoroughly aired every day, with proper precautions that the patient take no cold. All the linen used about the patient is, while still in the sick-room, to be put in a 3 per cent. carbolic acid solution, and then boiled with a strong soap. Shoes are to be disinfected with the carbolic water, and clothes treated with steam. The walls of the sick-room, if painted or papered, are to be rubbed down with bread after the patient has been removed, the iron and wooden furniture and the floors washed with a carbolic solution, and the curtains, mattresses, etc., subjected to steam. Special vehicles should be employed to bring children with scarlatina to hospitals. Finally, precaution should be observed against the carrying of the disease by third persons, domestic animals, books, letters, milk, etc.—*American Journal of Medical Sciences.*

BOOK NOTICES.

A Clinical Atlas of Venereal and Skin Diseases, including Diagnosis, Prognosis and Treatment. By Robert W. Taylor, A. M., M. D., Surgeon to Charity Hospital, New York, and to the Department of Venereal and Skin Diseases of the New York Hospital, late President of the American Dermatological Association. Philadelphia: Lea Brothers & Co. 1888.

Parts iii and iv of Dr. Taylor's clinical atlas are devoted—the former to venereal diseases and the latter to skin diseases. For our comments upon the excellent text of this work the reader is referred to the November number of this JOURNAL, where we reviewed the first two parts. The new folio parts now before us do not fall short of the promise of those that preceded them. Many of the plates are familiar to us, as figuring in other well-known atlases, and are, a large portion of them, carefully selected types of the diseases represented. The accuracy of delineation and careful finish is so general that when a plate of indifferent merit slips in, as in the case of the one representing acne, facing page 226, the contrast is very striking. This is all the more so, because plates xxvi and xxvii, which

immediately precede it, are probably the most beautiful and accurate of the illustrations which have yet appeared. It is to be hoped that the coming numbers of this atlas will not fall short of the high standard attained by those already issued.

H. W. B.

Questions and Answers on Two Essentials of Medical Chemistry. Prepared especially for students of medicine. By Lawrence Wolff, M. D., Demonstrator of Chemistry, Jefferson Medical College; Physician to the German Hospital, Member of the German Chemical Society, of the Philadelphia College of Pharmacy, and of other Medical and Chemical Societies. Philadelphia: W. B. Saunders. 1888.

The author claims to have had "extensive experience in preparing medical students for examination in chemistry," and believing that the much-worked medical student is all the better for having the essentials of medical chemistry condensed into as small a shape as possible, has prepared this volume with the object in view.

After carefully perusing this book we may safely say that any student of medicine who can give intelligently the various definitions in this "quiz" compend, is certainly conversant with all that portion of chemistry that a medical man is usually expected to know. The true place for this book is in the hands of the student who is reviewing his knowledge of chemistry on the eve of a final examination.

H. W. B.

The Prescription, Therapeutically, Pharmaceutically and Grammatically Considered. By Otto A. Wall, M. D., Ph. G., Professor of Materia Medica and Botany, in the St. Louis College of Pharmacy, etc. St. Louis, Mo. published by the Aug. Gast Bank Note and Lithograph Co., 1888. Pages 180.

Besides giving directions for correct prescription writing, Dr. Wall manages to convey a great deal of interesting and valuable historical and therapeutical information. As Dr Wall justly observes a physician's style of prescription writing may be usually considered to furnish a fair index or gauge to his professional accomplishments and knowledge. Neatness or slovenliness in prescription writing accompany, as a rule, similar traits in a physician's

character. Dr. Wall's work will equip a man with all the knowledge necessary to construct prescriptions accurately and scientifically.

After making some remarks on the etymology of the word "prescription" the author gives a résumé of official officinal, patent and proprietary preparations, and in connection with the latter, and "specifying," Dr. Wall gives some sound advice. The first part closes with a consideration of the forms of formulæ, among which we find one translated from the oldest known pharmacopœia, written in Egyptian hieroglyphics about the time when Moses was quite a youth. Part II discusses weights and measures. The author lays before his readers an archæological treat in the shape of the figures in the systems of nations long dead, and it is interesting to trace out in these almost forgotten figures the roots of our own symbols and systems. Part iii is devoted to the consideration of the language of prescriptions. It is substantially a condensation of Latin grammar as applied to prescription writing. Part iv is the practical application of all the preceding parts, and discusses extemporaneous prescriptions. Dr. Wall introduces into this closing chapter some valuable matter; among other things is a synopsis on the combination of remedies taken from Dr. Parè's "Pharmacologia," which is of value even to physicians long established. Dr. Wall's work treats of a subject which is of hourly interest to the physician. It is written by a clear-headed man of much experience, and we make bold to say that there are very few physicians in our broad land who would not be benefitted by its perusal.

A. McS.

MEDICAL NEWS AND MISCELLANY.

DIPHThERIA COMMUNICATED BY CATS.—A recent report to the Central Health Bureau of Melbourne, discussing an outbreak of diphtheria in the neighborhood of Daylesford, states that investigation revealed that the first young man attacked with diphtheria, and who died shortly afterwards, had contracted the disease directly from cats, several of which succumbed to the diphtheria.—*Gazz. Med. de Torino.*

A REPORT presented by a committee to the annual meeting of the American Academy of Medicine, recently held in New York, states that there are 116 medical schools in the United States. Of this number 89 require evidence of preliminary education, the remainder being extremely lax on this head. Dr. Wood estimates that nearly 9000 imperfectly-educated students are graduated in medicine in the United States every ten years.

MEAN COMPOSITION OF NORMAL URINE.—Yvon and Berlioz, after numerous analyses of the urine of male and female adults, give in the *Revue de Médecine* the following mean results:

	MALE.	FEMALE.	
Volume, per diem.	1360.00	1100.00	... cubic centimetres.
Specific gravity	1022.50	1021.50	
Urea, per litre.....	21.50	19.00	grams.
Urea, per diem	26.50	20.50	“
Uric acid, per litre.....	0.50	0.55	“
Phosphoric acid, per litre	2.50	2.40	“
Phosphoric acid, per diem	3.20	2.60	“

The authors, as the result of these experiments, have corrected their manual of analysis of urine as follows: Instead of 30: 1 as the relative proportion of urea and uric acid, read, 40: 1; and instead of 10: 1, expressing a similar relation between urea and phosphoric acid, read, 8: 1. —*St. Louis Med. and Surg. Journal.*

REPORT says that the Royal College of Surgeons was almost unanimous in its vote of censure of Sir Morell Mackenzie for publication of his account of the last sickness of the Emperor Frederick. This vote was in opposition to the efforts of the Empress Victoria to prevent it.

SULPHONAL IN THE NIGHT SWEATS OF PHTHISIS.—Dr. A. Martin recommends sulphonal in the night sweats of phthisis. He gives it in doses of $7\frac{1}{2}$ grains taken before going to bed. He says it has proved very helpful, securing a quiet, natural sleep, lasting from four to six hours.—*Weiner Med. Presse.*

THE REMOVAL OF WARTS BY CARBOLIC ACID.—Prof. B. Frankel, in the *Wiener Medizinische Presse*, Oct., 1888, recommends the following method for the removal of warts: The skin surrounding the wart should be covered with cotton and thus protected. Then by means of a glass rod apply the liquid carbolic acid to the wart and allow it

to dry. No pain is perceptible. In the course of two or three days a part of the wart will fall off. Renew the application until all has been removed.—*Med. News.*

PROF. LIEBREICH announces in the November number of the *Therapeutische Monatshefte* that he has succeeded in producing cocaine by synthesis.

TONSILLITIS.—The following has been a very useful gargle in the treatment of tonsillitis, and is highly recommended by Dr. John Aulde:

℞ Tr. guaiac. ammoniat.	
Tr. cinchonæ comp.....	aa fʒiv.
Potass. chloras.....	ʒij.
Mel. desp.....	fʒiv.
Pulv. acaciæ.....	q. s.
Aquam.....	q. s. ad fʒiv.

M Sig.: Use as a gargle, and take a teaspoonful every two hours.

—*Med. Register.*

FOR BILLIOUSNESS.—

℞ Pulveris ipecacuanhæ.....	gr. iiij.
Massæ hydrargyri.....	gr. viij.
Extracti colocynthidis compositæ.....	gr. xvj.

Misce et divide in pilulæ, No. viii.

Sig.: Take one pill night and morning.

—*Med. Bulletin.*

FROM the first of January the *Canadian Practitioner* became a semi-monthly. We congratulate this most excellent journal upon this evidence of its prosperity, and we hope it will be even more richly rewarded for its enterprise and energy.

MESSRS. J. B. LIPPINCOTT COMPANY announce to the profession the publication of a Cyclopædia of the Diseases of Children, Medical and Surgical, by American, British and Canadian authors, edited by John M. Keating, M. D., in four imperial octavo volumes; to be sold by subscription only. The first volume will be issued early in April, and the subsequent volumes at short intervals.

THE CHARITY HOSPITAL MEDICAL SOCIETY holds its annual meeting on Friday, March 8, 1889, at 7:30 P. M. The JOURNAL staff acknowledges an invitation to attend. This society was organized several years ago by the resident students of the hospital, and has been the source of so much interest and profit that it has become one of the fixtures of that great institution. Mr. Henry Walet is annual orator, and Dr. Henry Dickson Bruns delivers the address.

FOR the eight, possibly nine, vacancies in the staff of resident students at the Charity Hospital, there were about forty applicants. The examination of these candidates was rigid, though practical and perfectly satisfactory to the students. It consisted of a written examination the first day, a clinical one by the house surgeons a few days afterward, and, finally, two days later, an oral examination. This plan is a great improvement over an examination of *catch* questions, and must always insure excellent internes for our great hospital.

DR. T. G. RICHARDSON, being still in bad health, though not confined to bed, Dr. S. Logan, Emeritus Professor of Anatomy in the Medical Department Tulane University, has been secured to lecture on surgery in Dr. R.'s place for the remainder of the session.

PURE CHLOROFORM.—M. Marty, in the *Arch. de Médecine et de Pharmacie Milit*, says the best way to keep chloroform (generally considered pure) free from every change, or as pure as possible, is to keep it in bottles of yellow glass, with smooth necks, clean and dry, and holding about 500 cc., or not more than one litre at the most, and to add to the pure chloroform the *one-thousandth part of its weight* of pure alcohol. Light and air exercise a decomposing action on the purest chloroform.—*Progrès Medical*.

DR. EDWIN M. SNOW died at Providence, R. I., Dec. 22, 69 years of age. His life was devoted to work connected with sanitation, statistics, etc. In this field he was well and widely known for his extensive and thorough knowledge, as well as for the intelligence, honesty and carefulness with which he filled all the positions of trust committed to his care.

DANGER OF FREE DRINKING IN CARDIAC WEAKNESS.—Dr. Barr calls attention to the necessity for limiting the imbibition of fluids in cardiac weakness. When the heart is feeble, or there is a mechanical obstacle to the circulation, the fluid accumulates in the vessels, dilutes the blood, hydrates the tissues, lessens osmosis and increases the work of the heart by augmenting the mass of the blood. Every drop of liquid taken into the stomach must pass through the right heart, except the little that passes

by the bowels, and all but that which is exhaled by the lungs must pass the left heart before it can be excreted.—*Provincial Medical Journal*.

DR. AUGUSTIN A. CRANE, who has recently gone to the Hawaiian Islands from New Haven and become a government resident physician in the midst of lepers, wrote Dr. Allen under date of Oct. 29, in which he says: "Father Damien is now dying, having had a rather short course of the disease. He gives as his theory of the contagion that he was performing the last rites in an extremely foul case; that the flies were very annoying during the sacrament, and that he thinks he was inoculated upon an abrasion on the scalp by the flies." Dr. Crane describes the sufferer as being in a horrible condition. He further says: "The convict you speak of is now distinctly leprous. These two points are slight in themselves, but as far as they go they seem to throw whatever weight they may have on the side of inoculation as against contagion."—*Medical and Surgical Reporter*.

HIC JACET.—The *Southern Journal of Homeopathy* died of inanition, ostensibly, but most likely it *crowed* itself to death, like Robinson's rooster. With its last gasp the plucky little bantam complained that there was "not sufficient *material* in Texas to support a journal," and after a feeble attempt to appear cheerful and resigned it gave up its little ghost, folded its little wings and departed this life. Seriously and with all due respect its editor and manager is a man of pluck, energy, enterprise and some intelligence, and had these qualities been brought to bear in a more worthy cause he would doubtless have achieved success—but—homeopathy! Bah! nonsense, moonshine. Fisher plied it for all it was worth, and with the above result. California is to be blessed with this important individual's presence, we believe, henceforth.—*Daniel's Texas Medical Journal*.

THE *Therapeutic Gazette* says: "We believe that the only hope of the general elevation of the medical profession in this country is in the taking away of the power of licensing to practice medicine from the colleges, and the giving of it to examining boards which are entirely distinct from teaching institutions."

MORTUARY REPORT OF NEW ORLEANS

FOR JANUARY, 1889.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial.....		6	2	4	4	2	6
“ Congestive.....		2	1	1	1	1	2
“ Continued.....							
“ Intermittent.....							
“ Remittent.....							
“ Catarrhal.....							
“ Typhoid.....		1	1	1	1		1
“ Puerperal.....	1			1	1		1
Typho-Malarial.....	1		1		1		1
Scarlatina.....							
Measles.....							
Diphtheria.....	14	2	9	7		16	16
Whooping-cough.....							
Meningitis.....	3	1	1	3	1	3	4
Pneumonia.....	22	21	28	15	30	13	43
Bronchitis.....	17	5	13	9	10	12	22
Consumption.....	30	38	36	32	63	5	68
Congestion of brain.....	9	1	7	3	8	2	10
Diarrhœa.....	6	3	6	3	8	1	9
Cholera infantum.....		2	1	1		2	2
Dysentery.....	4	3	3	4	7		7
Debility, General.....	5	2	3	4	7		7
“ Senile.....	15	14	11	18	29		29
“ Infantile.....	2	3	2	3		5	5
All other causes.....	181	74	145	110	202	53	255
Total.....	310	178	270	218	373	115	488

Stillborn children—White, 21; colored, 13; total, 34.

Population of city—White, 184,500; colored, 69,500; total, 254,000.

Death rate per 1000 per annum for month—White, 20.16; colored, 30.73; total, 23.05.

DIPHTHERIA RECORD FOR JANUARY, 1889.

Dist.	CASES.			DEATHS.		
	White.	Colored.	Total.	White.	Colored.	Total.
1	9	.....	9	1	.....	1
2	6	1	7	3	.....	3
3	13	5	18	5	2	7
4	3	.....	3	2	.....	2
5	3	.....	3	3	.....	3
6	.....	.....	.....	.....	.....	.....
7	.....	.....	.....	.....	.....	.....
	34	6	40	14	2	16

HENRY WM. BLANC, M. D.,
Chief Sanitary Inspector.

METEOROLOGICAL SUMMARY—JANUARY.

STATION—NEW ORLEANS.

DATE	Mean Barometer.	TEMP'RE.			Precip. in inches and hund.	GENERAL ITEMS.
		Mean	Max	Min		
1	30.12	51.5	55.0	50.0	.41	Mean barometer, 30.027.
2	30.10	49.5	57.0	45.0	.....	Highest barometer, 30.25, 21st.
3	30.01	48.0	57.0	44.0	.18	Lowest barometer, 29.57, 8th.
4	29.92	49.5	51.0	47.0	1.05	Monthly range of barometer, 0.68.
5	30.10	48.5	62.0	40.0	.....	Mean temperature, 51.5.
6	30.14	51.0	58.0	47.0	.....	Highest temperature, 75.0, 16th.
7	29.98	50.5	65.0	48.0	.....	Lowest temperature, 34.0, 28th.
8	29.56	57.5	71.0	48.0	.95	Monthly range of temperature, 41.0.
9	30.02	44.0	53.0	41.0	.02	Greatest daily range of temp., 30.0, 30th.
10	30.18	44.5	56.0	40.0	.....	Least daily range of temp., 4.0, 4th, 25th.
11	30.14	48.5	65.0	42.0	.....	Mean daily range of temperature, 13.5.
12	30.10	51.0	60.0	46.0	.....	Mean daily dew-point, 44.8.
13	30.09	51.0	65.0	45.0	.....	Mean daily relative humidity, 79.0.
14	30.09	55.0	65.0	51.0	.....	Prevailing direction of wind, N.
15	29.96	62.5	68.0	56.0	T	Highest velocity of wind and direction, 35 miles on 8th, S. W.
16	29.76	65.0	75.0	62.0	.73	Total movement of wind, 7022 miles.
17	29.88	60.0	67.0	54.0	.03	Total precipitation, 6.51 inches.
18	30.05	56.5	67.0	52.0	.....	Number of days on which .01 inch or more of precipitation fell, —.
19	30.02	57.5	68.0	52.0	T	No. of clear days, 7. No. of fair days, 9. No. of cloudy days, 15.
20	29.98	51.0	56.0	50.0	.52	MEAN TEMPERATURE FOR THIS MONTH IN
21	30.24	43.0	50.0	37.0	.....	1874... 55.8 | 1879... 53.1 | 1884... 47.1
22	30.22	46.0	55.0	41.0	.03	1875... 54.3 | 1880... 63.0 | 1885... 52.1
23	30.10	50.5	53.0	46.0	.38	1876... 60.3 | 1881... 50.3 | 1886... 45.5
24	30.02	54.5	62.0	51.0	.12	1877... 53.5 | 1882... 62.4 | 1887... 51.4
25	29.93	54.5	57.0	53.0	.23	1878... 50.9 | 1883... 56.8 | 1888... 55.6
26	29.78	57.0	60.0	54.0	.72	TOTAL PRECIPITATION (IN INCHES AND HUNDRETHS) FOR THIS MONTH IN
27	29.82	45.0	52.0	41.0	.05	1874... 1.68 | 1879... 2.34 | 1884... 4.35
28	30.05	38.5	46.0	34.0	.....	1875... 8.44 | 1880... 1.02 | 1885... 9.70
29	30.12	47.5	59.0	37.0	.....	1876... 4.43 | 1881... 11.15 | 1886... 7.53
30	30.11	53.5	70.0	40.0	.....	1877... 5.30 | 1882... 4.54 | 1887... 4.26
31	30.08	54.5	58.0	51.0	1.09	1878... 5.36 | 1883... 10.63 | 1888... 3.29
Sums	.....	.....	.....	.....	6.51	Dates of frosts: { Light, none.
Means	30.106	51.5	61.5	46.0	.....	{ Killing, 10th and 29th.

NOTE.—Barometer reduced to sea level and standard gravity. The T indicates precipitation inappreciable.

R. E. KERKAM, Signal Corps Director.

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DOSE:—From one-half to one fluid drachm.

In Acute Cystitis, when the urine is painful, scalding and irritating, use internally from one-half to a teaspoonful every three or four hours, or a little later on when the inflammation becomes **Chronic**, as an injection into the bladder in the proportion of from one to two drachms to two ounces of tepid water.

In Leucorrhœa use one ounce to eight ounces of water as an injection once or twice a day.

In all Catarrhal states of nose and throat, locally, half and half, or by atomization or inhalation in the proportion of one drachm to two ounces of water.

In Stomatitis, ulcerative or gangrenous, use either as a gargle (four drachms to two ounces), or internally thrice daily in the usual dose.

In Pharyngitis and **Laryngitis** use through inhalation in proportion of one drachm to two ounces of water.

In Gonorrhœa, as an injection, four drachms to two ounces of water once or twice a day as indicated.

In Obstetric Practice, both as a prophylactic measure and cleansing agent, it is most excellent. It should be applied to hands in full strength in making vaginal examinations or used per enema in the proportion of one part to eight of water.

In Vaginitis, specific or non-specific, as an injection from one to four ounces of water.

In Dermatitis locally applied in full strength every two or three hours.

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Table of Contents on Page 1.

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NEW SERIES.
VOL. XVI.

APRIL, 1889.

WHOLE No. 29.
No. 10.

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*Paullum sepultæ distat inertia
Celata virtus.—HORACE*

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NEW ORLEANS
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APRIL, 1889.

ORIGINAL ARTICLES.

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The Pathological Aspect of Cancer. ✓

A Paper read before the Resident Students' Medical Society of the Charity Hospital at the Annual Meeting, March 8, 1889, by HENRY DICKSON BRUNS, M. D., Pathologist to the Charity Hospital, New Orleans, La.

I.

Gentlemen—I have not precluded the paper I am about to present to you to-night by any lengthy historical review of the subject, for many reasons: Time is too limited; it would profit little; and I have but small taste for such work. The method is proper perhaps in a scholarly monograph to which we turn for a satisfactory birdseye-view of any field particularly interesting to us; we are then afforded opportunity to recognize and acknowledge the debt we owe each predecessor, and to pluck from the past all that may enrich the future. For similar reasons I have not overloaded my paper with references; indeed you will soon perceive that it contains very little, if anything, original, being rather an attempt to crystalize and formulate those views upon the subject with which our whole medical atmosphere is now thick.

To the old writers, however, I have gone for the use of the word "cancer" in the sense I shall employ it throughout

this paper. By cancer I mean for the present two types of new growth manifesting in the highest degree the properties we call malignancy; viz.: sarcoma and carcinoma. It is naturally the very first portion of our task to get a clear idea of what is meant by the terms sarcoma and carcinoma.

II.

The class sarcoma is a group of tumours including a large number of varieties, which seem at first blush to vary greatly from one another. All however are characterized by the presence of abundant cells and a non-alveolated *stroma*. The size, shape or arrangement of these cells justify, I believe, the following subdivisions:

1, small round-celled sarcoma; 2, large round-celled sarcoma; 3, small spindle-celled sarcoma; 4, large spindle-celled sarcoma; 5, alveolar sarcoma; 6, myeloid sarcoma.

Small round-celled sarcoma is composed almost entirely of small round, or, more properly, roundish cells, closely resembling leucocytes. The nucleus is large, and there is but little "formed material" or cell body. Of intercellular material there is little; if present, it may be fluid and homogeneous, or firmer, granular or fibrillated. The blood-vessels are numerous and irregularly distributed through the mass of the tumour, their walls, like those of all young vessels, being thin and fragile. In the substance of the healthy tissues this mass or clump of tumour material is embedded or infiltrated, though sometimes it may be surrounded by a fibrous capsule.

In large round-celled sarcoma the cells are many times the size of those of the small-celled variety; quite as large as young epithelial cells. The nucleus is large and clear, surrounded by a fair quantity of formed material. They vary a good deal in size and form, but are, I believe, always more uniform than epithelial cells. The intercellular material may be like that of small-celled sarcoma or a definite fibrillated stroma, surrounding one or two cells.

The cells of small spindle-celled sarcoma are fusiform,

contain an oval nucleus, and so closely resemble the cells of involuntary muscle that the most practised microscopists have doubted their ability to distinguish between them. They are arranged in the tumour in large bundles running in various directions, and are thus often cut perpendicular to their long axes, and then appear like small round cells; occasionally we find stillate forms. There is no intercellular material, or it is so scant we can scarce distinguish it.

The large spindle-celled forms have much the same general characteristics as the small, but here the fusiform cells are so large that in using high powers they may extend across two or three fields of the microscope. The extremities of the spindles are greatly elongated and usually wavy. The nuclei are large, sometime multiple, and the intercellular material is here also very scanty.

In myeloid sarcoma we have a few round and oval elements, large fusiform cells and many giant cells of the largest size—some containing as many as thirty nuclei, supposed to be the largest masses of nucleated protoplasm in the human body. The intercellular substance is soft and scanty.

The cells of alveolar sarcoma are round or roundish simple cells with large nuclei divided into groups or clusters by a fibrous stroma. The structure of these closely resembles carcinoma; but, as Payne remarks, by paying attention to the following three characteristics we can usually make the distinction: 1. In alveolar sarcoma the cells are roundish and simple, not of epithelial type. 2 There is generally homogeneous intercellular substance, or the fibrous stroma runs in and surrounds each cell; the latter feature, if present, is decisive. 3. The growth originates in some form of connective tissue.

In addition to the forms described we have melanotic sarcoma, but this is merely one of the above forms, usually large round or spindle-celled, plus pigment. Osteo and chondro-sarcoma are sarcomata containing masses of bone or cartilage. In cysto and myxo-sarcoma.

degenerative changes have led on the one hand to the formation of cavities, on the other to the production of mucoid material. I shall not detain you with a description of the rare and special forms psamona, glioma and cylindroma.

III.

The picture of carcinoma is in the main very different from that of sarcoma, though occasionally it may be very difficult to distinguish between certain forms, as I have mentioned in speaking of alveolar sarcoma.

Having regard to clinical and structural differences, carcinomata may be divided into the glandular and epithelial. In the latter we find cells like those of the lower layers of the epithelium pouring in large, long, more or less convoluted columns down into the sub-mucous or sub-dermal connective tissue. Sometimes the abnormal growth seems to have taken its departure from the cells of the hair follicles, or the sweat or sebaceous glands, or at any rate to have followed their course. Occasionally two contiguous cell-columns seem to have turned the flank of and surrounded a bit of the connective tissue, thus cutting off an island. In these cellular columns are found the "epithelial pearls," "cell nests," "cabbage heads," etc., as they are called, thought to be so characteristic of epithelial growths. These are concentric conglomerations of epithelial cells. They are supposed to be formed by the active proliferation of one or two cells. As the proliferation progresses the peripheral cells are naturally compressed and flattened; the central cells remain fuller and rounder. After a time the concentric layers become so numerous, so thick, that the central cells perish and undergo more or less degenerative change. As the cell-columns penetrate into the underlying connective tissue, this of course forms their stroma, holding and surrounding the masses, but never penetrating among the cells. The irritation occasioned by the new growth pushing its way

through the connective tissue is followed by a sort of inflammatory reaction on its part, and it is found increased in bulk, softened and densely infiltrated with indifferent cells—leucocytes—free connective-tissue cells. There is hyperplasia of the connective tissue. The vessels of the cancer are of course those of the skin and they remain strictly confined to the connective tissue, never penetrating the epithelial cell-columns, though great numbers of new vessels are formed.

In glandular cancer the type is the same. Ill-formed glandular acini, tubules or cylinders, taking origin from the original glandular structures of the organ or tissue, are seen shoving their way into the connective tissue, which is more or less hyperplastic. The cells of the new growth are similar to those of the columns in epithelioma. They have a large and distinct nucleus surrounded by a fair quantity of formed material, which takes every conceivable shape, evidently as the result of mutual pressure. The vessels are confined to the connective tissue stroma, and many are young and newly formed. A point which we notice is that the glandular structure of the affected organ often seems to set the type, roughly, for the new growth. Thus in carcinoma of the mamma we often have a blundering attempt at the formation of acini; of tubules in the kidney; of thick cylinders in the liver. This tendency is still more plainly seen in secondary carcinoma of lymphatic glands, the liver, etc.

IV.

What is a sarcoma? What a carcinoma?

In studying sarcoma clinically, the first fact with which we are struck is that these growths all originate in some one of the connective tissues. I say in some one of the connective tissues—not only in connective tissue commonly so-called. You know that the connective tissues, scientifically speaking, embrace besides this common connective tissue, bone, cartilage, muscle, etc., which have

this in common: they all originate in the middle layer or mesoblast of the embryo. Now this connective tissue as it first appears in the embryo, or granulation tissue as seen in the adult as the result of inflammation, is almost identical in structure with small round-celled sarcoma; and if we watch the development of this embryonic into fibrous tissue, we see the gradual formation from the round of the spindle-cells, which as the tissue grows older become more and more attenuated, until they assume the well-known form of fibrous tissue. Thus in small round-celled sarcoma we see embryonic connective tissue in its primitive form, and in the spindle-celled the advancement of this tissue to its next stage of development. Indeed, in many round-celled sarcomas we find areas of spindle-cell and even fibrous tissue, and areas of the latter in nearly all spindle-celled growths. Giant spindle-cells seem to be merely the small variety over-nourished and hypertrophied.

Perhaps the case is the same with the large round-cell growth—it is merely a form in which cells and delicate stroma are overgrown, perhaps it is an abortive attempt at the formation of some other connective-tissue type. I cannot say. In some of the mixed forms of sarcoma—not those due to changes of senescence or degeneration—we do see development pushed along to other and higher connective-tissue types—chondro and osteo-sarcoma. The grade of this development—*i. e.*, the *kind* of the sarcoma—seems often (perhaps if we knew more we could say always) set by the variety of the connective tissue from which it springs. Small round-celled sarcoma frequently arises from fasciæ and lymphatic glands, simple varieties not so far removed from the original embryonic tissue and still abounding in lymphoid cells. In the connective tissue of the retina and brain, the finest of fasciæ, gliomata the most delicate round-celled sarcomata are found. Spindle-celled growths are common in the breast, where the stroma of the gland is of a dry, fibrous type. The lower jaw and

the long bones are the favourite sites of myeloid sarcomas, and there the large myeloid cells are normally found in the marrow of the bones and the periosteum of the jaw. Marrow is thought to be an embryonic form of connective tissue, and its large cells are probably related to those other pathological connective-tissue giant cells, the "osteoclasts;" for the long bones are formed by the hollowing out of solid rods of cartilage, and the big marrow-cells are the remainder men of the army of tunnelers. The myeloid cells of the lower jaw have doubtless to do with the changes (accompanied by the removal of bone) undergone by this bone in old age. Rindfleisch, that accomplished veteran, says that so potent is this influence of the matrix upon the tumour, that precisely the same tumours could only be found at exactly corresponding portions of the body.

The vessels of these tumours are exactly like the vessels of granulations. The newly-formed ones are thin and fragile, breaking easily and leading to serious hemorrhage. They have no definite distribution, but run irregularly among the cell masses.

We see then that a sarcoma is nothing more or less than a mass of germinal tissue, originating in—perhaps we might say living on and absorbing—some part of the connective tissue of the body. Its cells proliferate and its vessels sprout like those of any bit of granulation. The type of the growth is taken from the variety of connective tissue in which it is formed, and towards this type it seems in most cases to struggle; but it never attains. No, it grows with a wanton young extravagance, squandering its substance in riotous procreation; and, after a while, as is always the case, this pace tells. Cells are accumulated in such numbers that they can no longer be nourished by the blood supply. Fatty, mucous and calcareous degeneration set in. The fattily-degenerated walls of some vessels break; others are occluded by pressure and the growth into them of sarcomatous tissue, and bad is made still worse.

Hence inflammation, ulceration, sloughing, all those painful and horrible processes which we see in the last stages of these neoplasms. All this of course reacts upon the general health, and the scene soon closes.

Returning now to the second part of our question, what is a carcinoma? In the first place, we see that carcinoma always grows in epithelial tissue, that is from epiblastic or hypoblastic tissue. For from the epiblast come all epithelia; from the hypoblast the epithelium of the alimentary canal and the derivative glands (lungs, liver, pancreas, etc.), and according to the most recent researches, that of the glands belonging to the genito-urinary tract (kidney, testicle, etc.), and the endothelium of the serous cavities.*

I said that carcinoma always grows in epithelial tissue, but it would have been more proper to say *is* always epithelial tissue, for we recognize the cancer cells wherever we find them as epithelial. They are evidently young, but unless proliferation has been going on at a fearful pace we see the large, clear nucleus surrounded by distinct cell body of multiform polygonal shape, the result of mutual pressure; and, search as we may, no stroma is visible between them, no vessel penetrates the cell-mass. The type is set by the variety of epithelium in which the growth originates; and in glandular cancer the cell masses also, as before mentioned, seem to try after the original glandular form in a blind, groping way. We have club-shaped columns, rolls, cylinders, tubules, acinous formations, pushing their way into the indifferent-cell-infiltrated connective tissue, but no where a formation of new acini, cylinders, tubules, definite, clearly cut, neatly made. Through the succulent connective tissue, vessels, many of them young, their coats thick with cells, approach and surround the new cell-masses. These cell-masses, surrounded by vascular connective tissue, sometimes dense, sometimes infiltrated and succulent, constitute the alveolar structure so often spoken of. In my opinion we have to do with an epithelial reversion.

* Payne, General Pathology. Lea Bros. & Co., 1888.

to the embryonic type—to that stage when the epithelium in clubs or cylinders pushes its way into the embryonic connective tissue, and proceeds to the formation of the various glandular acini, tubules, etc. Only in these tumours we have reversion to an embryonic type lacking the impulse to progress, to complete and orderly formation. On the contrary, here, as in sarcoma, nutrition seems at times so over-abundant, at times so suddenly cut off, that we have now cells produced in such superabundance that food cannot be supplied fast enough by the vessels; now the vessels increasing and the connective tissue over-infiltrated; hence cyst formation, necrosis, sloughing and suppuration and ulceration. At other times the cancer cells penetrate and block the vessels, and a portion of the growth meets death from this cause; rarely a peculiar degeneration, the amyloid, occurs early. It is probably due to some fault of nutrition.

Thus I regard a sarcoma or carcinoma as a portion of connective or epithelial tissue which has reverted to an embryonic type possessing an impulse to unlimited growth, but no impulse, or but a very slight one, to development.

V.

The two classes of growths we have just described possess a feature in common which renders them of absorbing interest; that is, they have, as I have said before, the properties we call malignant. By malignancy we mean that they have a tendency to spread in the tissue in which they originate and to other contiguous tissues, and to produce growths like unto themselves in distant parts of the body. This character of malignancy renders these tumours among the most dreaded of diseases. By reason of their life, growth, degeneration and death they destroy the tissue in which they grow, and produce great constitutional disturbance. Their habit of recurrence makes them well-nigh incurable, and as a consequence they are usually fatal.

What then is malignancy? Are we in a position to explain its cause? Are two most important questions. We see that malignancy must depend upon properties, first of local, and secondly of general infectiveness. The local infectiveness of a sarcoma is due simply to the rapid proliferation of its cells, which by reason of their increase keep pushing their way further and further into the connective tissue. But we must remember that sarcoma cells are embryonic and composed almost wholly of germinal matter—fresh protoplasm—and probably have active amœboid movements by which they may actually march into neighbouring parts. This mechanical and active invasion is probably aided by the chemical changes incident upon their vigorous growth—changes which produce softening of adjacent parts, as we see in their passage—their soaking, as it has been well expressed—through cartilage, bone and the very densest tissues. Again, as the advance guard of sarcoma cells penetrate the homologous tissues, the cells of these, the chemic-nutritive environment having now become similar, may well be added to the destructive mass.

In carcinoma, still more locally infective than sarcoma, we saw that the first step was an active proliferation of the epithelium, which becomes smaller and rounder—embryonic. At some point now the proliferating cells begin to penetrate into a chink of the connective tissue—and the mischief is done. This advancement of the cells into the connective tissue may be due to one of two circumstances: either to their being young and small, and one or two having penetrated, to their proliferating along the chink; or to their active advance into these connective-tissue spaces, for these young cancer cells are *known* to possess the power of spontaneous movement. The irritation of the connective tissue caused by the penetration of the epithelial masses leads to its becoming succulent and its invasion by great numbers of indifferent cells—conditions undoubtedly favourable to the further proliferation and growth of the

cancer cells. Here, too, we cannot escape the supposition that the juices of the tumour—the products of the life and growth of its component cells—have even greater softening and dissolving power than those of sarcoma.

General infection in sarcoma, we must believe, takes place through the blood-vessels. And were there no positive evidence, this would be a quite natural *a priori* supposition; for we remember how the blood-vessels, many of them new and thin-walled, penetrate every part of the growth, the cells lying in immediate contact with them. The process is probably purely a mechanical one; pieces of the primary tumours—emboli—are carried by veins and transplanted into the various organs. The penetration of carcinoma into capillaries and small veins has been seen, and it is reasonable to suppose that sarcoma may do the same. Indeed a consideration of the organs affected, which are just those most liable to ordinary embolism; the vascular relation of the organ affected to the portion of the body where the primary tumour is situated; and the anatomical changes about the young secondary tumour, which closely resemble those in ordinary embolism, leave little doubt that sarcoma does penetrate the veins, and that minute portions of the penetrating mass are washed off and conveyed to distant organs where they form sarcomatous emboli, soon giving rise to tumours like unto the primary growth. For if the original tumour be connected with the systemic veins, the lungs are the organs secondarily affected in a large majority of the cases. If the primary growth be situated in a part drained by the portal vein, we see the secondary growths appearing in the liver; and when by reason of general infection we should suppose very minute portions of the carcinomatous mass to have passed the lung capillaries, it is in the kidneys—the very place we should have expected—that we find the secondary growth; yes, and in the afferent arteries of the Malpighian bodies. It has been objected that these facts and theories will not explain those cases in which

a great number of secondary tumours make their appearance almost simultaneously in various parts of the body. But it seems to me much more reasonable to suppose that a great number of very small fragments have escaped through the lung capillaries, as happens in pyæmia with the fragments of clot, than that some virus of mysterious nature and power has been conveyed and produced the changes. Another strong argument by analogy in favour of this view of the dissemination and secondary growth of sarcoma, is the evident embolic transplantation of non-malignant tumours which occasionally takes place. Thus, evident embolism with secondary growth in the lung has been observed in enchondroma, and several cases of thyroid hypertrophy with secondary tumours are recorded. In one case a small mass of gland substance was seen growing into a vein in the thyroid. (Payne).

In carcinoma dissemination by the lymphatics is evidently the rule. This, too, is what we should expect when we remember that the connective-tissue spaces into which the cancer cells grow are the sources of the lymphatic stream, but the blood-vessels lie outside of the tumour. So we constantly see those lymphatic glands which lie nearest the carcinoma first becoming swollen and carcinomatous, while embolic secondary growths are more uncommon. Just as in sarcoma, and for analogous reasons, I believe that it is not some juice, an indefinite virus, that is transported by the lymphatics, but actual cancer cells. These cells, as I have already mentioned, are known to make amœboid movements, and probably in this way, as well as by continuous proliferation and translation, make their way along the lymphatics. That they are bodily transplanted when secondary growth occurs by means of the blood-vessels, we know, for cancer masses have been seen growing into the smaller veins. Finally, it is almost incredible that the action of a virus could produce typical cancer in a tissue like a lymph gland, which contains no epithelial cells.

What I wish to make clear is that from my point of

view there is nothing mysterious in the phenomenon of malignancy, and that it depends upon anatomical and not etiological peculiarities.

VI.

We now come to the most difficult and darkest part of our subject—the consideration of the cause, the ultimate reason for the appearance of the disease called cancer in the human body. There may be four principal theories of the etiology of cancer; and a simple statement of these will show that whatever the cause it must fall under one or another, or a combination of several, of these four, for a fifth is hardly conceivable.

Cancer must be due:

1. To a cause wholly general.
2. To a cause wholly local.
3. To causes both local and general.
4. To something introduced into the body from without; a virus or a microörganism—a germ.

1. By a wholly general cause I mean a peculiar state of the general nutrition—a diathesis, becoming in time a cachexia; a condition in which a morbid something universally diffused throughout the body (shall we say circulating in the blood?) leads to a portion of tissue taking on the cancerous form and functions. But just here it must have already occurred to you lies the stumbling block for this or any similar theory. If the cause be a general vice of nutrition what determines its precipitation upon one, more than upon any other tissue or portion of tissue? I see no satisfactory answer to this question. Further, I believe this view is rendered still more unlikely by the following considerations:

(a) A large number of cancers seem to be determined by local injury. In myeloid of the breast Paget puts the proportion as high as one-fifth.

(b) Even when not known to be caused by local injury, cancers display predilection for certain tissues and parts of

tissues. Thus cancers of the long bones occur oftenest in the epiphises and middle of the shafts. They frequently take origin in warts, in moles; in parts previously injured; in parts especially liable to injury (mouth, pylorus, rectum—border parts); in those much changed by age (lip); in those which complete their growth late in life (uterus, mammary gland, testicle). Again when tumours are multiple they are usually confined to one tissue system, *e. g.*, common connective-tissue, bones. The overpowering influence of the particular kind of tissue in setting the type already noted does not favour this view.

(*c*) The kind of injury moreover seems to be not without effect. Sarcoma is more apt to follow upon acute lesions; carcinoma upon chronic irritations. This difference may be referable to the nature of the tissue acted upon, but such reference only increases the bearing of the facts upon the question in hand.

(*d*) If the cause is wholly general removal of the primary, should always sooner or later be followed by the appearance of secondary tumours; this we know is not the case. Epitheliomata are often successfully removed, and yet we know this to be a form of malignant growth upon which general conditions of nutrition have a decided influence, for they are especially peculiar to those past their prime.

(*e*) Finally, the fact so much relied upon by those who incline to the theory we are discussing, that the cancerous cachexia often long precedes the appearance of the actual tumours, is destitute of weight; for a growth only perceptible by microscopical examination *might* (mark, I do not say I even think it does) deeply infect the whole organism. A similar condition of things is seen in syphilis. This was pointed out by Paget, at one time one of the ablest defenders of the cancerous diathesis and cachexia, though I believe he has lately espoused the germ theory of the disease.

2. By a wholly local cause I mean one which is found in some strictly limited peculiarity of structure or function. The difficulty of this view lies in understanding why the anatomical peculiarity should not remain in *statu quo* forever (though we may suppose the change to be produced by an injury), and we are totally unable to conceive of a local peculiarity of nutrition which should remain such for any length of time in an organism possessing a circulatory system. The changes brought about by age and those occurring in parts attaining full development late in life can by no means be regarded as purely local. Again, if some general change in nutrition did not come in, we cannot conceive why a wart or a mole should suddenly become cancerous. The same reasoning applies to parts previously injured, those liable to injury, etc. The case related by Paget of a woman injured five times in the same breast with no worse result than inflammatory reaction, but who upon receiving at 55 years of age a sixth injury of the same part, developed a cancer from which she soon died, cannot be explained upon the supposition of local cause.

4. The "germ" theorists assert (for the schizomycetes are the only things introduced from without which have been invoked as a cause) that:

(a) Theirs is the only theory capable of explaining the phenomena of local and general infectiousness.

(b) That tumours present many points of analogy to the infectious germ diseases.

(c) They resemble in many ways the tumours found on plants. To all of which reply may be made seriatim:

(a) That an explanation of general and local infectiveness may be, as indicated above, given upon mechanical facts, and the properties of cell multiplication. Why should we flee from this well-known ground to an hypothetical germ we know not of?

(b) The analogy to the infectious germ diseases lies in the property of infectiousness, a property which I have

already said can, in my opinion, be explained upon wholly different grounds.

(c) The tumours of plants are never, so far as I know, generally infectious, and are usually caused by animal, not vegetable parasites.

In his *General Pathology*, recently published, Payne urges several other objections which seem to me well founded. No malignant tumour has ever been shown to be either contagious or inoculable. The instances of husbands contracting epithelioma of the penis from wives with cancer of the uterus must be regarded as rare and often doubtful. All attempts to engraft cancer from one animal upon another have failed, even when the attempt has been made with animals of the same species. Bilroth says that Dutrelepont inoculated healthy dogs from cancerous, but did not succeed in reproducing the malignant growth in a single instance. Yet capability of transference—inoculability—is the strongest proof of the germ origin of a disease. The poisons of micrococci, Payne very justly argues, so far as we know, cause destruction, not growth; inflammations, the seat of which is always the connective tissue. Again, the organism necessary to the theory is itself purely hypothetical. In carcinoma, the most malignant of the tumours, no microorganism has ever been seen, and in a long series of experiments conducted by Ballance and Shattock, in which pieces of cancer were “cultivated” under circumstances most favourable to the growth of bacteria, they were not once developed. Thus it would seem that if a vegetable organism be present it is entirely different from any other that we know, or that the organism must be some kind of minute animal.

3. It is to a combination of causes or circumstances both local and general, that I think it most probable cancers must be attributed. The most satisfying theory of this kind that I know of is Conheim's. Conheim supposes that in the development of the three blastodermic layers, microscopic portions—“embryonic buds”—may be left

over at various points of the tissues originating from them. These "buds" remain quiescent until stirred into activity by a peculiar condition of the general nutrition; a stage of development of the organism perhaps—or some especial stimulus—maybe an irritant or injury. Under these conditions the embryonic bud rouses, grows and passes through, or tries to pass through, the phases of development peculiar to the blastodermic layer of which it formed part. In support of this theory many strong arguments may be brought forward. It explains the facts of heredity—why, though tumours themselves are not as a rule hereditary, the tendency towards the formation of tumours may be strongly so. In certain families embryonic buds may be habitually left over. We see why tumours must always spring from tissues of similar embryonic origin to themselves; are first embryonic in character and subsequently pass through the phases peculiar to their kind. Virchow has, in fact, shown that centres of unossified cartilage frequently exist in the heads of the long bones, and the theory is strengthened by a very complete analogy from vegetable life. Such "buds" we know do exist in plants, and under varying conditions of the general nutrition they may, in place of undergoing their usual and normal development, become either shapeless knobs or deformed and twisted branches.

The objections to be urged are, first, that in spite of Virchow's discovery the theory is unsupported by *proof*, and, second, that before we can unqualifiedly accept any theory it must be shown that no other hypothesis is capable of explaining the facts, which is not the case in this instance. Indeed, Conheim's theory does not seem to me capable of explaining all the known facts; the development of tumours in parts long subsequent to an injury for instance. Had a "bud" existed in the part it would seem that it must have been aroused by the injury into activity at once or not at all. Still less is it able to account for such a case as that of Paget's, already mentioned, where the growth

of a malignant tumour only occurred after the sixth injury had been inflicted.

My present views on the subject may be of interest and use to you, as indicating the direction in which I think the cause or causes are to be looked for. The general condition I believe to be an altered state of nutrition at large; some abnormality in the chemistry of the blood, or the nutritive reaction between the blood and the tissues, as yet unknown. The local, I regard as either the effect of an injury or irritant.

All nutrition is the result of hereditary influences. Each cell is nourished, grows and develops as its fathers and its fathers' fathers before it. If this be so each must possess under certain conditions tendencies to vary and to revert to some more antique type. The stimulus to reversion may be an injury or a state of the general nutrition. Reversion itself seems always to be to the blastodermic type, subsequent to the differentiation of the three layers—epi-, meso- and hypoblast. When the state of nutrition is normal and an injury is inflicted, we have inflammation. Is this not always a reversion of type—a reversion of the connective tissue of the part? Do we not see great masses of leucocytes immersed in plasma make their appearance; afterwards newly-formed vessels sprouting forth here and there; the round cells gradually changing into spindles and fibres; in fact all the changes that took place in the original mesoblastic tissue upon its development into connective tissue? Can we wonder that this phenomenon should be so common when we contemplate the widespread distribution and the normal condition of the connective tissue? A tissue lax of structure, constantly moist with nutritive plasma, crossed in every direction by lymph channels, permeated by blood-vessels and the scene of the interminable wanderings of the white cells. This of the common connective tissue; but all mesoblastic tissues are but modifications of it, and retain under more or less thin disguises the same strong impulse to re-

version. Scratch the Russian and you find the Tartar. Injure bone and you at once get a reversion to a mesoblastic tissue, which becomes fibro-cellular, and then slowly ossifies—sometimes remains merely fibrous.

But there are inflammations without injury, and in these cases we must suppose that there is some derangement of nutrition. We see gout and rheumatism causing inflammation in the joints and fibrous structures. Zaliski caused typical arthritis in a goose by ligating the ureters. I say causing and caused because, while we must admit that the reaction between the tissues concerned and the altered nutritive fluids leads to their being attacked, no one supposes that a masked subinflammatory condition or a peculiar anatomical structure exists in these parts in rheumatic and gouty subjects. We feel quite sure that there was nothing wrong with the joints of Zaliski's goose. The delicate and peculiar nature—alas! that we should be in such ignorance of the process—of the reaction between the tissues and the nutritive fluids may be gathered from the description of the lion's pelvis in the Museum of the College of Physicians and Surgeons by Paget; from the production of opacities of the cornea in dogs by Etheline; from the selective action of many mineral and organic poisons, and similar facts.

From such considerations I think it probable that there is in certain persons an abnormal state of nutrition; in some congenital, in others acquired. We can readily imagine that in some cases the departure from the normal is very slight, in others very pronounced. In the first an injury may be necessary for the production of a tumour; in the second the state of the nutritive fluids may itself suffice to react upon some tissue as an efficient irritant. In the slight cases the abnormal condition may remain slight during life or may grow progressively worse. In the one we would have no tumours produced, or produced only after an injury; in the other tumours would after a time make their appearance spontaneously or after an injury, although injuries previously inflicted may have resulted only in ordinary inflam-

mation. (Paget's case). Where the abnormality was congenital and great in degree we would have tumours appearing early in life.

On the other hand, in many instances tumours would appear late in life, not because the variation from the normal of the nutritive fluids had reached a high degree, but because the changes produced by age in certain tissues had brought them into assimilative disagreement with the fluids, causing the latter to act upon them as irritants. In this way the epithelium of the lip and previously harmless warts, moles and injured parts probably often become cancerous. For I by no means believe in any virus of cancer, unless a definite departure from the normal chemical standard of the nutritive process may be so termed. But even this would be improper in my conception, for I do not and cannot conceive the departure to be the same in epithelioma, glandular cancer and sarcoma, for instance. On the contrary, I very much doubt if the reaction between the tissue and the nutritive fluids is ever exactly the same even in tumours of the same species. It is only necessary that the fluids shall act as an irritant upon that particular portion of tissue.

Nature, I believe, has but one way of dealing with the effect of an injury or irritant; she returns the part to an embryonic condition, and from the embryonic material on the ground proceeds *de novo* to repair the breach. This is what happens in ordinary inflammation, the material of repair being fibrous—cicatricial—tissue. Not always, however; the injured tissues may be made "as good as new," but the process is always the same. "A sectionized or even a resectionized nerve remakes itself from the injured point to its furthest ramifications, and, according to M. Ranvier it regenerates itself by traversing all the phases through which it has already passed from the beginning of its foetal development." (Letourneau). This view explains without recourse to Conheim's hypothetical "embryonic buds" the reason that tumours show such marked predilection for

certain points. These points are in every probability centres of growth and development. For some reason, most likely on account of a peculiarity of nutrition which persists from fœtal life, these points manifest the strongest tendency to reversion under given stimuli. We know that the heads and the central portions of the shafts of the long bones contain the centres of ossification, and these are also the points of predilection for tumours of these bones. Paget mentions that in the general thickening of the skull which takes place in true atrophy of the brain, those portions of the cranium corresponding with the bony centres of ossification become thicker than any other. We see dimly why it is that acute injuries should most often result in sarcoma, and chronic irritations in carcinoma. For the acute injury has always a tendency to cause in the connective tissue of the part a reversion to the embryonic type, and probably but slight departure from the normal in nutrition is required to furnish all the conditions for growth, with none for development. The stable epithelial tissues, on the other hand, require prolonged irritation, together with a wide departure from normal in their pabulum, to bring about reversion and constitute an environment for growth without development.

In conclusion, let me summarize in as few words as possible the views which I have now spent so long a time in endeavouring to expound. What I believe about tumours is simply this :

Under certain conditions of nutrition all the tissues of the body have a tendency to revert to an embryonic condition. This reversion never goes behind the type set after the division of the blastoderm into the three primitive layers. The reversion is due to the relation between the tissue reverting and its environment ; that is, the pabulum furnished. This pabulum may be such as to furnish the material and stimulus for both growth and development or for growth alone. In the first instance, the result is a scar or a histoid tumour ; in the second, a malignant tumour.

The local and infectious qualities of malignant tumours depend almost entirely upon structural and functional peculiarities, which are necessary consequents of their birth and life (though it must always be remembered that the transplantation is done in an organism whose chemistry is in a condition favourable to tumour growth), and readily to be understood from these. These same peculiarities of both life and death explain the destructiveness of these growths to the organism as a whole. Finally then, while the study of tumour structure may give us deeper insight into their *nature*, their *cause* is to be sought in unknown derangements of the chemistry of the organic fluids and the assimilative reactions of the tissues.

Nervous Sequelæ of Diphtheria.

By R. BROWER, M. D., Chicago, Ill.

The morbid phenomena left by diphtheria in the nervous system are paralysis of motion and sensation, chorea, epilepsy and insanity. These sequelæ occur more frequently in this disease than in all the other acute diseases combined, and they are always in the way of a favorable prognosis for at least six weeks, no matter how mild the primary disease may have been.

Paralysis occurs in about forty per cent. of all the cases treated. It may commence as early as the second day of diphtheria, but usually does not appear until the second or third week after the termination of the throat symptoms. This paralysis bears no direct relation, as to time of development or intensity, to the severity of the primary disease or the previous health of the individual; a very mild case may be followed by the severest paralysis. It is much more frequent in adults; indeed the older the patient, the greater the danger, although it may occur at any time from two years upward.

The paralysis usually begins in the velum palati, the place of the primary morbid activities being the place of

the beginning of the nervous sequelæ. This produces a nasal tone in the voice and a partial regurgitation of liquids through the nose during deglutition, and along with this motor impairment there is ordinarily anæsthesia.

Paralysis of the pharynx is not so frequent as the paralysis of palate, but more dangerous, and it may be so severe as to make swallowing impossible. The superior laryngeal nerve may be paralyzed, producing anæsthesia of the mucus membrane of the larynx, and destroying in part the functions of the epiglottis, so that food is very liable to enter the larynx and trachea. If the particles are small they may reach bronchi, causing pneumonia; if large, they may occlude the trachea and produce sudden death. The paralysis may also involve the vocal cords, making phonation impossible, and so far interfering with respiration as to make intubation or tracheotomy necessary.

Paralysis of the accommodation of the eye, due to paralysis of the ciliary muscle, may occur, and will be overcome by the use of convex glasses. The motor-oculi nerve may also be paralyzed, producing diplopia, strabismus and ptosis.

Paralysis of the lower limbs may succeed that of the soft palate. The patient will first complain of numbness, formication, tingling and pain, and then, very soon, muscular weakness will be manifested. The loss of power is rarely complete, the condition being more a paresis than a paralysis, and with it there is usually ataxia. The case may at this time be easily mistaken for locomotor ataxia, especially when, as is usual, you find absence of patella-tendon reflex. This ataxia will continue often for weeks after all paresis has disappeared. If the paralysis continues to advance the upper extremities may next be involved, and here, as in the lower extremities, disorders of sensation usually precede those of motion, and ataxia is usually present here also.

The muscles of the trunk and neck and the sphincters of rectum and bladder may later along be paralyzed, although very rarely.

The diaphragm and heart are sometimes involved. The former, while grave, is not so serious as the latter. Heart failure is a cause of death in many of the malignant cases in the primary disease, but sudden death not infrequently occurs from this cause after convalescence has been well established. This fatal accident is sometimes preceded by præcordial distress, dyspnœa, slowness and irregularity of pulse and badly accentuated heart sounds. The earliest, most frequent and most persistent phenomenon of perverted nervous action is the loss of patella-tendon reflex. This may occur very early in the primary disease, but usually does not occur until the second week, and may continue several weeks after otherwise complete recovery.

The pathological anatomy of post-diphtheritic paralysis is yet uncertain. In some cases the lesion is without doubt a peripheral parenchymatous neuritis. In other cases the paralysis depends upon a polio-myelitis anterior, and more rarely cerebral hemorrhage or meningitis are found as the pathological basis of the symptoms. These several lesions cannot be present in the majority of cases, for the paralysis often is too transitory in its duration and too variable in its location to be due to any fixed structural changes in the tissue of the nervous system. The micro-organisms that constitute the *materies morbi* of the primary diseases are the causes of these phenomena, either directly by their presence in the nerve elements of the central or peripheral systems, or in the blood vessels that supply them; or else they produce some poisonous products, the more or less sudden development of which destroys or disturbs the functions of the nervous system.

The prognosis of the paralysis is favorable, except it involves the muscles of deglutition, respiration or the heart. The sooner the paralysis occurs the more unfavorable the prognosis. The duration of the sequelæ is very variable.

The treatment of post-diphtheritic paralysis must be tonic and mildly alterative; an abundance of easily digested nourishment, a moderate amount of alcoholic stimulants;

and, where there is paralysis of the pharynx, epiglottis or upper part of the larynx, the early use of an œsophageal tube is demanded, as well as feeding by the rectum. Strychnia should be used with some caution in the beginning of the paralysis, lest it produce an undue determination of blood to the spinal cord and increase the pathological conditions. Iron and quinine will usually be of some service from the beginning. Mild alteratives, the iodides and mercury are indicated in the majority of cases, along with the tonics, to stimulate the absorbents and thereby hasten the removal of morbid products from the nervous system. Electricity, in the form of the *mildest* current that will produce muscular contraction, is of service. In some cases the faradic current is sufficient, but more frequently the interrupted galvanic current is necessary for this purpose. Massage will be of service if the paralyzed muscles are accessible to the manipulations.

SELECTED ARTICLE.

Grape Sugar as the Cause of Suppuration in the Presence of *Staphylococcus Aureus.*

By DR. ODO BUJWID, of Warsaw. Studies from his own Laboratory. Translated from the *Centralblatt für Bakteriologie und Parasiten-Kunde*, IV Band, No. 19, by A. McSHANE, M. D.

Two years ago I treated a patient, in whom a large abscess had formed in the neighborhood of the left sacro-iliac joint. A deep incision brought forth some pus. Small globules of this were placed on two test-plates, covered with agar-agar, from which I obtained an abundant pure culture of *staphylococcus aureus*.

During the first two days the patient felt better. On the third day a painful, red swelling appeared at a still deeper point, and in seven days a new abscess formed. The temperature during the day varied from $99\frac{1}{2}^{\circ}$ to 103° Fah. The pus from this abscess contained, as did that from the first, large numbers of *staphylococcus aureus*. A third

abscess began to form like the others. The patient, a strong woman of 50 years, became emaciated, lost her appetite, and had chills several times a day. Her general condition was bad; pyæmia was threatened.

An analysis of the urine showed that it contained 5 per cent. of sugar. Diabetes mellitus was thus present, and no doubt it had existed for some time. The amount of urine voided in the twenty-four hours was more than five pints ($2\frac{1}{2}$ litres.)

The treatment instituted by Dr. Matlakowski and myself had such a good effect that in five days only a trace of sugar remained, and shortly after it disappeared altogether. The patient recovered her strength, the abscess already formed healed, and no new ones formed.

Abscesses occurring during the course of diabetes are familiar to all; and the question arises, what relationship exists between the abscesses and the grape sugar in the organisms? Two theories may be advanced:

1. The staphylococcus might form the grape sugar. But this will not hold, for I have tested in vain for glucose in various culture-media, as agar-agar, peptone-gelatine, and bouillon, after the staphylococcus has grown in them for several days; not a trace of grape sugar was developed.

2. We must assume, then, that either (*a*) the staphylococcus aureus grows better in a medium containing glucose, or (*b*) that the tissue elements in the presence of the sugar are not in a condition to destroy the staphylococcus.

I next tried if staphylococcus aureus grew better in peptone-agar-agar which contained sugar. For this purpose I placed in the thermostat (at 37°Cent.) five tests containing 5 per cent. of sugar in the peptone agar-agar, and five other tubes without any sugar; a streak of a culture of the staphylococcus was put into each of the tests. In twenty-four hours it could be seen that the staphylococcus grew much less abundantly in the tests containing the sugar than in the ordinary ones, and no color was developed. The same conditions were found after a lapse of a longer time.

It is thus evident that only the second supposition can be correct, *that the grape sugar so acts upon the tissues as to lessen their power of resistance.*

In order to confirm this assumption I have made, with the assistance of medical student Grodecki, thirty-nine experiments on rabbits, white mice and rats. All of our experiments have shown us that *grape sugar has some influence upon the formation of abscesses.*

We first tried to ascertain how many of the staphylococci the organism could stand without injury. By means of cultures on gelatine plates we have calculated that a milligram of a three-day-old agar-culture of the staphylococcus contained about eight billions of living cocci (of course it can be readily understood that the calculation is subject to great oscillations). In our investigations a rabbit took one billion, a rat from one hundred million to a billion, and a mouse one hundred million cocci under the skin without harm and without the formation of abscesses. The rabbit, indeed, can stand as much as eight billion, but this amount is often fatal to rats, and a mouse succumbs to one billion. When an animal dies from the inoculation of staphylococci the microscope and cultures show the presence of the bacterium in all the tissues of the body.

The same quantities which in a pure state are innocuous act injuriously in the presence of grape sugar.

The following are some of my experiments:

First series (Sept. 13, 1887): Animal No. 1.—A rabbit received under the skin a cubic centimetre of agar-culture in sterilized water, rubbed up with one-half per cent. of sodium chloride; according to the above calculation this amount contained about one billion of the cocci. The rabbit remained healthy, and no abscesses formed.

Animal No. 2.—A rabbit received the same amount in a sterilized 25 per cent. solution of grape sugar. In five days a large abscess had formed, the pus from which, as cultures showed, contained almost pure staphylococcus aureus.

Nos. 7 and 8.—A rat and a mouse, which received a 25 per cent. solution of grape sugar (free from staphylococci), remained perfectly healthy; no abscess formed.

Series III—(Sept. 22).

When the tissues in the absence of the staphylococcus are irritated by means of a solution of grape sugar, an abscess may likewise form.

No. 12.—A rabbit received under the skin one c. c. of a staphylococcus-culture, much diluted with a 12 per cent. solution of grape sugar (containing about half a million cocci).

No. 13.—A second rabbit was treated in the same manner.

Rabbit No. 12 received four times daily a Pravaz syringeful of the 12 per cent. sugar solution. No. 13 received $\frac{1}{2}$ per cent. solution of table salt.

In rabbit No. 12 a large abscess formed, but No. 13 remained perfectly healthy. It is thus seen that a single inoculation of staphylococcus, greatly diluted with a solution (5 to 12 per cent) of grape sugar, usually does not produce an abscess.

Series IV—(Oct. 2).

An irritation by means of a sugar solution after the complete disappearance of the staphylococcus from the tissues, which takes in rabbits in about three days, is followed by no results.

No. 16—A rabbit received subcutaneously a staphylococcus-culture in a 10 per cent. solution of sugar. In three days a slight induration is felt at the point of inoculation. After the fourth day the animal received a syringeful of sugar solution (12 per cent.) daily for three days. No abscess formed.

Series X—(Nov. 22).

After the injection of the sugar solution into the auricular vein (Ohrvene), an injection of the staphylococcus under

the skin, a localized gangrene of the skin took place in rabbits, which recalled the abscesses of diabetic patients.

No. 28.—A strong, black rabbit received into the auricular vein (Ohrvene) ten syringefuls of a 10 per cent. sugar solution, and then under the skin a syringeful of agar-culture of staphylococcus (about one billion).

On the following day the corresponding patch of skin had become œdematous, and in five days a circumscribed mortification of the skin had set in. In twenty-five days the patch of skin had sloughed off and cicatrized.

In our later investigations we came to the conclusion that several other chemical substances lead to the formation of abscesses; for example, a subcutaneous injection of one c. c. of 1 per cent. solution of corrosive sublimate or 2 per cent. solution of carbolic acid, if the staphylococcus be afterwards introduced, gives rise to abscess.

HOSPITAL REPORTS AND CLINICAL NOTES.

COMPOUND COMMUNUTED FRACTURE OF FRONTAL BONE AND BONES OF FACE,

WITH DIVISION OF SUPERIOR LONGITUDINAL VENOUS SINUS—SEPTIC MENINGITIS WITH ŒDEMA—DEATH.*

By W. LOCKE CHEW, M. D., Birmingham, Ala.

William Howard, admitted Oct. 27, 1888; negro man, age 26 years, in excellent general health, was boasting of having carressed sexually a Caucasian woman, when he was struck a violent blow with what is supposed to have been the four-pound iron mall used to drive spikes in the railroad ties. The blow, directed downward and to the left, impinged on the hairy scalp, one and one-half inches from border line of forehead and three-quarters of an inch to right of median line. So forcible was the blow that the tissues to the bone were divided, clearly cut. The

*Part of paper read before Southern Surgical and Gynecological Association, December 13, 1888.

mall struck the skull three-quarters of an inch to right of median line and one inch above the frontal eminence, one inch and a quarter from suture with parietal bone. The entire frontal bone was torn away to within one inch of the external angular process on either side. The internal three-quarter circumference of either orbit was removed together with the nasal eminence and inner half of both superciliary ridges, and the internal half of right and inner third of left frontal eminence and frontal crests. Of the orbito-nasal portion of the frontal bone it is sufficient to exhibit the entire vault of either orbit, and state that the right lachrymal gland was dislocated from its fossa. The right bulb was ruptured and the media escaped; right optic nerve and muscles of right orbit lacerated; the right ophthalmic vein was twisted and lacerated; the ethmoidal notch, together with the crista gallia and cribriform plate of the ethmoid were removed. The end of the mall passed on, fracturing the ethmoid, both nasals, both turbinated and both superior maxillæ, and the vomer. The right superior maxilla was dislocated downward by one-half to three-quarters of an inch.

Being called to such an injury one looks for the points of emergical danger. The right frontal bone was contused and lacerated, and the dura torn and the cerebral substance lacerated and escaping. On sponging this away I discovered a complete laceration of the superior longitudinal venous sinus and falx cerebri. The vein passing through the foramen cæcum was nowhere to be found. The superior longitudinal venous sinus was so traumatized and torn that it was twisted into a short cord, one inch back of the anterior margin of the frontal lobes. Bubbles of air passed up through the left orbit from the antrum of Highmore. The dura was separated from the skull for three inches from the nasal eminence in every direction. The anterior margin of the anterior cerebral lobes was one and one-fifth inches from the nasal eminence. The anterior margin of the anterior cerebral lobes was nearly or quite

at the sphenoidal fissure. On change of position the lobes would present at the wounds in the skull. The fragments were removed from the brain cavity, washed and cleansed, and the cavity plugged with a 26-inch bandage, soaked in 1.3500 of corrosive chloride solution. Skin approximated and sutured.

The progress of the case was remarkable, in that the temperature stood at 98 degrees in the forenoon and 99 degrees to 101 degrees at night. There was some muscular twitching on the second day, which subsided. The wounds of skin healed kindly, and the packing was removed on third day. After removal of this, all went wrong. The brain soon became congested, and death rapidly supervened from inflammation at the base of brain. Death again was hard to combat, for the reason that drainage could not be secured without the entire withdrawal of the cerebro-spinal fluid, and where such a quantity of this escaped a fatal œdema was induced. Further, too, the wounds of the face were sufficient to cause a fatal termination. Life being continued to the fourth day I regard as a successful treatment, for the patient was for three days thoroughly rational; was able to make a legal statement of facts, a confession and have administered the last sacraments—all of which was gained by this delay of death. Dr. A. T. Henley was with me in this case.

NOTEWORTHY POINTS.

1. *The Mobility of the Brain in the Cranial Cavity.*—The position of the brain in the skull as the patient lay in the dorsal decubitus, the anterior margin of the anterior lobes of the brain rested two-fifths of an inch in advance of the sphenoidal fissure, one inch from where we know it normally rests, and the brain was without pulsation. On a change of position, the patient resting on the face and abdomen, the brain presented at the window in the frontal bone. From these measurements it appears that the brain is capable of decided motion within the cavity of the skull,

having anterior posterior motion of three-quarters of an inch. The readiness of this motion is decidedly increased from the normal by loss of the cerebral fluid, which acts as a prop, and prevents the excessive free motion of the brain in health.

2. Note the *lack of fatal hemorrhage* from the wound of the superior longitudinal sinus, laceration of the falx cerebri, probable rupture inferior longitudinal venous sinus and rupture of the right ophthalmic vein. Such wounds one would judge rather fatal from various causes—(a) air embolism; (b) hemorrhage, etc.

Theory only frightens the surgeon in regard to the embolism of air. Notwithstanding it happened to Volkmann in the removal of a sarcoma from the vortex of the skull, yet this must be a theoretical danger, as it is difficult for air to descend along the course of the longitudinal venous sinus to the torcular herophilii, no matter what the position of the patient. This danger I would consider slight as compared with that of the fatality from hemorrhage from wound of the sinuses. Yet this mortality from hemorrhage is not so great as one would expect. As in this case we see simply the traumatism of the blow that divided the sinus, so twisted it that the hemorrhage was checked. I only packed around the divided and twisted end a snug gauze dressing; nor was there a recurrence of the bleeding. Indeed, one reads of complete division of the superior longitudinal sinus, with the suturing of the ends with fine thread in cases of tumors of the cerebrum, without fatal issue (Bergmann), and the packing of the cavity and compressing the sinus in a number of cases. Division of the sinuses near the anterior extremity is of less danger than at their posterior extremities. These dangers are of three forms, viz.: (a) Dangers from air embolisms increased. (b) Increased dangers from profuse hemorrhages. (c) Dangers increased from cerebral œdema. It appears, however, that a sinus may be divided at any point of its course without fear of fatal œdema,

though that is always an element of danger; but the division of two renders such dangers a maximum if not necessarily fatal from this cause. (Shellmann.)

[Dr. Wm. A. Hume of New York, in *Record* of Feb. 16, 1889, reports a similar case, where hemorrhage from the superior longitudinal sinus stopped spontaneously.]

PLACENTA PREVIA, COMPLICATED BY MALARIAL HÆMATURIA—RECOVERY.

By HENRY O. READ, M. D., Chataignier, La.

I was called on the morning of the 4th of August last to see Mrs. B. L.; multipara, æt. 21. I found her laboring under remittent malarial hæmaturia, and about the end of the eighth month of pregnancy. I treated the malarial complication with quinine and elixir of vitriol, pot. brom. and gelseminum. On my return next morning I found that she had had an alarming hemorrhage during the night from the uterus. I made no examination, as the fœtus was in motion in utero, but continued to treat the malarial fever as before, with the addition of infusion of buchu every 4 hours, and the application of a blister over each kidney. Aug. 7, she was in a fair stage of convalescence. Aug. 9, free from fever, urine natural, very slight acid reaction.

Heard no more from her, except that she had gone abroad several times, until Aug. 22, when I was called in great haste by her husband, who stated that she had been in labor several hours, and that she had just had another alarming hemorrhage from the uterus. On my arrival I found her with a high fever, pulse 120, temperature 103, and no uterine contractions at all. On inquiry I found that she had not at any time had any labor pains.

I proceeded to examine her per vaginam. I found the cervix almost obliterated, the os internum not so large as a silver quarter and quite rigid, and at about a half inch within I felt the placenta. I called for assistance. The mother, an intelligent woman, understanding the situation, dispatched a messenger to Ville Platte, a distance of eight

miles, for two of my confreres. This was 10 o'clock P. M. I tamponned the uterus with a cloth wrung out of vinegar, and she slept quietly without any further hemorrhage until their arrival, at 2 A. M. On renewing operations the bleeding recommenced, and continued until the pulse at the wrist became almost obliterated.

After long and agonizing efforts we succeeded in turning and delivering. Immediately thereafter we gave her a subcutaneous injection of ergot in one arm, and brandy in the other. At 8 o'clock P. M., same day, eighteen hours after operation, temperature 97° , pulse 150, breathing 45, and very restless. We had been applying artificial heat during all this time, and giving her whiskey every hour, not forgetting the quinine. Reaction began about midnight, and at 9 o'clock on the 24th, temperature 100, pulse 100. From this date, pulse and temperature gradually declined to normal. She passed her urine the whole time without any assistance. Irrigations with bichlor. and acid carbol. were used night and morning for three days, and the ubiquitous quinine in 5 grain doses every six hours. I will state, in this connection, that I proposed to my confreres to incise the os and cervix, and divide the circular fibres, but I was overruled by them.

I would here call your attention to an article of F. W. Parham, M. D., in the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL* for the month of October, 1885, and a case of mine reported for the August number of the same year. The literature which has been accessible to me on the subject of rigidity of the os internum is not at all satisfactory. I lost a case 25 years ago, and where the rigidity of the os was such that no human power could have dilated it, I think incisions into the circular fibres of the os should be practiced without delay in such cases, and we should be provided with a pair of blunt-pointed scissors, about as long as placenta forceps. The lip of the os internum could be pulled down a little ways, and snipped in three or four places with such scissors in a few moments.

CORRESPONDENCE.

LONDON LETTER.

[Our Regular Correspondent.]

The last sensation here is the civil war at the Royal College of Surgeons. The members, who number about 12,000, have been deprived of all rights by the Fellows, who number 1200, and the powers of the Fellows have been usurped by the council, who number 12. In the bad old days, four or five generations ago, when this was an aristocratic country, charters were granted by the crown empowering the council of the College of Surgeons to commit their iniquities; and the council also passed by-laws threatening fines and penalties of the direst kind against members who did not kowtow low enough and often enough. The council was an august body, and as for the majesty which surrounded the president, that which now hedges about a king is nothing to it. But, alas! for the vanity of human institutions. England has become a democratic country—more democratic, much more democratic than the United States—almost as democratic as France—thank Heaven! as yet not quite. Still we have fallen on perilous times. Can it be believed? Nay, hardly will it be believed, yet truth it is, that a wretched parcel of some score members—or by'r, Lady, two score—ventured, such is the terrible degree of the presumption of these latter democratic days, publicly to announce that they proposed to hold a meeting at the College to discuss the affairs of the College. Great was the amazement of the magnificent president, so great that it took him twenty-four hours to comprehend the enormity of the crime. Then he thundered forth in dire wrath,

“That wrath which hurled to Pluto’s gloomy reign
The souls of mighty chiefs untimely slain,”

maledictions and threats, which the following week his counsel in the High Court of Chancery very obligingly

ate, being no doubt paid well for said operation, that the august magnificence of the most inept of presidents might not be stained.

The members met nevertheless only to find that the panic-stricken president had declared the College closed against all comers on that day. The oldest of the members rang the bell, the doorkeeper opened the door, advanced to the railings and handed out a private document declaring the meeting illegal and announcing that the College was closed. Surrounded by an admiring crowd of newspaper reporters and lawyers' clerks (the College is in Lincoln's Inn Field, the centre of the lawyers' quarters), the excluded members formally opened their meeting and then adjourned within the friendly walls of a neighboring restaurant. Next morning the public, as it read its morning papers, laughed long and loudly at "the doctors." Yet the College of Surgeons is an institution which exists only to maintain and increase the dignity of the profession.

Sir Morell Mackenzie has suffered the last official condemnation. The College of Surgeons was first in the field, hastening to anticipate the more dignified procedure of the College of Physicians in order to snatch a little factitious popularity. The College of Physicians adopted a report of the Censors' Board on the subject. This report has been sent to the members of the College body, with a covering letter from the registrar, Sir Henry Pitman. These are the words of the report:

"The attention of the Censor's Board having been directed to a publication by Sir Morell Mackenzie, entitled *The Fatal Illness of Frederick the Noble*, the Censor's Board, although unable to deal judicially with the various matters brought into dispute therein, feels called upon to express to the College its grave disapproval of the general character of the book, and its profound regret that one, whilst a member of this College, should have given, in any circumstances whatever, publicity to statements concerning his patient and charges against his colleagues, injurious to

the interests of the public, destructive of the confidence necessary between persons coöperating in the discharge of a great responsibility, and contrary to the traditions of the medical profession throughout the civilized world.”

Is Syphilis Incurable?—Dr. W. R. Gowers, the neurologist, has stirred up a controversy by declaring that syphilis is incurable. He does not deny that patients may recover from syphilis, but he contends that treatment has very little to do with it, and that in any given case it is impossible to say whether late manifestations will occur or not. The fact that a patient can have a primary case—*i. e.*, contract the disease—twice might be held to prove conclusively that the disease can be cured, but that there are a few cases in which the patient became infected with a primary sore for the second time while actually suffering from tertiary syphilis. This, however, really proves only that the tertiary phenomena really date back to an early period, when certain tissues are so damaged that later on they take on the degenerative processes of ulceration or gumma, which we recognize as syphilis. The lesson which Dr. Gowers reads from the facts is however sound, *viz.*: That for five years after infection a patient should be subjected to biannual courses of iodide, taking 30 grains a day for three weeks.

A Chair of Neuropathology.—King’s College, London, has at length honored itself by appointing Dr. Ferrier, the well-known authority on localization of cerebral functions, to a chair of neuropathology especially created for him. It is a curious circumstance that Dr. Ferrier has, down to the present time, been forced to lecture on forensic medicine, about which he probably cared little or nothing. It is extraordinary also that University College, London, has permitted Dr. W. R. Gowers to resign and practically sever all connection with the College. Dr. Gowers retains his appointment at the National Hospital for Epilepsy and Paralysis, so that he could easily have continued to give clinical instruction in his specialty, and no doubt would have done so, if the Council of the College

had had the common sense to nominate him extra-professor in neuropathology.

Suspension of Ataxics.—The suspension treatment of locomotor ataxy is being tried by Dr. De Watteville and Dr. Althaus of London, and Dr. Soundby of Birmingham among others. The principle was accidentally discovered by Dr. Motchonkowsky of Odessa, who found that an ataxic patient was much benefitted by being suspended to have a Sayres jacket put on for spinal curvature. Charcot suggests that the benefit, which at first, at any rate, is indisputable, is due either to some modification of the circulation in the cord or to stretching of the nerves in the foramina. If the latter, the method will probably go the way of the stretching of the sciatic nerve, which was so popular a few years ago.

Iodoform in Carbuncle.—Dr. Whitehead of Manchester has been getting good results in the treatment of carbuncle by the subcutaneous injection into the base of the tumor of a concentrated ethereal solution of iodoform. The pain is slight, and the improvement on the second day is marked. In a week only a scaly scab is left, and finally the scar left is superficial and inconspicuous.

The Royal Society.—There was a physiological afternoon at the Royal Society on Feb. 21. Drs. Rose Bradford and H. Percy Dean announced that they had demonstrated the existence of vasomotor nerves for the pulmonary blood-vessels. Their experiments showed that the nervous supply of the pulmonary circulation is independent of the systemic, and that variations in the pressure in the latter have little or no effect on the former. Dr. Bradford also detailed the experiments by which he had proved that the renal blood-vessels were supplied both with vaso-constrictor and vaso-dilator fibres. Thirdly, Drs. Sydney Martin and Dawson Williams reported the remarkable experiments, already mentioned in a previous letter, by which they have shown that the bile has a very distinct power of hastening and increasing the pancreatic digestion of starch. This action of bile was shown to be due to the bile salts.

Indexes.—The weary work of searching for a reference in a periodical, the name of which only is known, would be greatly lessened if every medical journal would follow the example of the *Glasgow Medical Journal*, which is about to publish a complete index for the first sixty years (1828-'88) of its existence. Not only the original articles, but the society reports and abstracts from foreign journals have been indexed in the subject index. Any periodical which will take a similar public-spirited step will have its reward not only in the thanks of practitioners, but in the quotations of writers.

Life Register.—Mr. Jonathan Hutchinson, F. R. S., has brought out a "Life Register" in the form of a diary. First in order are pages for notes and photographs of paternal and maternal ancestors; then follows a page for every year, with notes in the earlier pages as to the dates of appearance of teeth, etc. Mr. Hutchinson only provides for seventy-two years, and occupies some following pages with notes on the management of health, which are full of originality and common sense. In particular he speaks out frankly about the sea-air-cure; he truly says that the benefits of sea air have been grossly exaggerated. "Hill air," he writes, "suits every constitution, and is good at all seasons." Again, he adds a very valuable hint as to selection: "As a rough rule it may be said that persons of fair complexion, and especially those of red hair, are benefitted by sea air, whilst those who are dark often find themselves better in a hill district than at the sea." Another advantage for those who have not red hair. Towards the end of his discourse Mr. Hutchison grows quite preachy. "Those who cherish a laudable desire to attain longevity should cultivate a good temper and a happy frame of mind" reads like a sentence from Johnson. Again, "Those authors should be read who dwell wholesomely on the dignity and worth of human existence, and who have ability in exhibiting the great in the little rather than the reverse." Finally, what can

exceed the practical wisdom—making the best of both worlds—of the following sentence: “The religious creed should be a cheerful one, which looks forward to the best.”

RICHMOND LETTER.

[Our Regular Correspondent.]

RICHMOND VA., March 22, 1889.

Fourteen students attend the lectures in the new School of Biology at the University of Virginia. The laboratory is well arranged, and its accommodations will suffice until the number of students is trebled. In the lecture scheme for the next session a change is contemplated, which will permit the students of medicine to attend the lectures on general biology, and thus add materially to their scientific attainments. The course in physical culture established this session has been attended by about 80 students, while others have entered into various forms of outdoor exercises. This new departure has caused an increase of interest in general athletics, and good results, mental and physical, can be reasonably expected. The large increase of medical students in recent sessions has brought the number up to the limit allowed for the present quarters. Further growth seeming probable, the visitors at a late meeting passed an order which provides for a lecture room (capable of seating 150 students) for the School of Physiology, and also for doubling the size and improving the arrangements of the anatomical laboratory. The first half session opened with 101 medical students.

The Medical College of Virginia will hold its commencement April 1, at the Richmond Theatre. Hon. H. W. Wilson, M. C., from W. Va., will deliver the address to the graduating class. The alumni of the college will have a meeting on the 27th inst., at the college building, for the purpose of organizing a society of alumni.

The report of the medical and financial condition of the eastern lunatic asylum by the superintendent for the twelve

months ending Sept. 30, 1888, shows that there were at the end of the year (Sept. 30.) 392 patients in the institution, the total number treated during the year being 450, and the number of deaths only 33; the smallest mortality in ten years. The institution is in perfect order and admirably conducted, but the necessity for enlarging the female department, which was partially destroyed by fire, is very great. The need for a general hospital in this city is urgent, but so far no active steps have been taken in this direction, one of the reasons being that the finances of the city have been weakened by other expenditures. Two new resident physicians for the City Almshouse Hospital will be appointed from the graduating class of the College here.

The "Retreat for the Sick," "St. Luke's" (Dr. McGuire's), and the Eye, Ear and Throat Infirmary, with other smaller institutions, continue to do a steady work.

As a rule the health of the state has been good. Scarlet fever appeared for a while in Norfolk, and a very fatal type of erysipelas prevailed at one time in the Newtown section of Portsmouth. During the month of December there were sixty-three deaths in Norfolk, over one-half being colored.

In Petersburg forty-four deaths were reported for the month ending Feb. 26, fourteen of this number being white and thirty colored. Diphtheria, bronchitis and croup have prevailed in certain localities on the seaside. A few cases of scarlet fever have occurred here during the winter, and for several months an eruptive disease, resembling the so-called roseola, was very prevalent. The eruption was in many cases varied and could hardly be classified; and although the disease was harmless and required little or no treatment, still the eruption itself was such as almost to be mistaken for measles in some cases. In one case occurring in the writer's practice the appearance on the face and neck was very nearly that of scarlet fever.

Acting upon the recommendation of the executive committee of the Medical Society of Virginia, Governor Lee appointed Feb. 15 the following gentlemen on the State Board of Medical Examiners to fill vacancies caused by resignations: Dr. J. W. Tankard of Northumberland county, vice Dr. W. W. Douglass of Richmond county; Dr. Paulus A. Irving of Farmville, vice Dr. John Herbert Claiborne of Petersburg; Dr. Leigh Buckner of Roanoke City, vice Dr. Oscar Wiley. The successor of Dr. C. R. Cullen, who removed to Florida, was to have been appointed subsequently.

A company has been organized to bring into wider notice a new Bromine, Arsenic and Lithium Spring near Christiansburg. The analysis, as given by Dr. H. Froehling of this city, is rich in curative agents and ought to make this spring a very valuable addition to those whose virtues have been long established.

Dr. Arthur G. Cabell, U. S. N., formerly of this city, has been appointed surgeon of the Monitor fleet below Richmond, vice Dr. E. H. Marstella, placed on waiting orders. The many friends of Dr. Cabell are pleased at a promotion which is congenial to him in every way.

Surgeon Nelson McP. Ferebee will be detached from the Naval Hospital at Norfolk within a few days, his three years' service having expired, and will be succeeded by Surgeon W. G. Farwell of the receiving ship Franklin.

Dr. W. C. Dabney of the University has been appointed resident physician at the White Sulphur Springs, W. Va., for the approaching season.

A doctor, who practices over a large area of country, preaches regularly to three congregations, runs a large farm, and performs nearly all the funeral and marriage ceremonies in his section, is a rarity; but such is Dr. George H. Snead of Fluvanna county, whose *case* is, I think, worth reporting. Could he only add a little law to his duties his ministrations to the needs of human nature would well nigh cover the whole field of humanity.

Dr. William Hamilton, for many years assistant physician at the Western Lunatic Asylum, died in January at his late residence, near Fishersville, Augusta county. Other deaths are those of Dr. George T. Latham, son of Dr. H. Gray Latham, in Lynchburg, Jan. 10; Dr. J. W. Stephenson of Prince George county, at his home near Garysville, March 16, and Dr. Edward Sale, at Liberty, Feb. 25.

W. S. G.

LEADING ARTICLES.

THE INUTILITY OF COLDS.

One of our learned contemporaries writes an editorial trying to convince us that colds are after all beneficent gifts from an all-wise Creator to suffering humanity to warn them when they are in danger of bronchitis, pneumonia and phthisis.

Now while we are always anxious to recognize hitherto unrecognized benefactions we must confess the disguise which surrounds the blessing of a rhinitis to be so complete that even the *Medical Record* has not succeeded in causing the scales to drop from before our eyes.

There are few pests that have not been thought useful by some. Mosquitoes are said to furnish an antidote against malaria; bankruptcies to teach wisdom and chasten the spirit; even war to thin out a too rapidly increasing population; but we never before heard of any attempt to convert a red-eyed, swollen-nosed, stuffy curse, like the one in question, into a blessing.

Our object, though, in this editorial is to protest against the idea that a cold is useful to any but a nose specialist, and then only when found on some one else.

A very excellent article, published lately in the *British Medical Journal*, gives some interesting experiments showing the influence of the nose on the inspired and expired air. These experiments certainly seem to prove

that the nose has a very important work to perform—that of moistening and equalizing the temperature of the inspired air, raising the temperature when it is below blood-heat and lowering it when above; that further the expired air is deprived partly of its moisture and heat, thus causing a great saving in the expenditure of energy.

This being established no one can avoid the conclusion that every rhinitis cripples more or less these functions by thickening the mucous membrane, producing local sluggishness in the circulation, stenosis of the passages and consequent mouth-breathing, or a rapidity in the air-current incompatible with its being sufficiently warmed; and, finally, a disturbance in the innervation, bringing about pathological reflexes and crippling physiological ones.

This is what every cold in the head does for us. May the *Medical Record* keep its blessings to itself.

THE STATE SOCIETY.

The State Medical Society meets in this city on the 9th, 10th and 11th of April, and we hope it will have an interesting and profitable session. The meetings will be held in Tulane Hall, and not, as some members still think, in Washington Artillery Hall. The proposition was made, and for some time considered, of using a room in the latter building, where the State Pharmaceutical Association meets, and on the same days as the Society, but the committee of arrangements of the Society decided that it was best for the physicians to remain faithful to Tulane Hall.

We would, in this connection, urge upon the city members the necessity of regular attendance, for as much depends upon them as upon the delegates from the parishes. It will not suffice for the New Orleans physicians to “drop in” for an hour or “as they are passing.” It was in this way that during the last meeting of the Society in New Orleans one of the morning sessions was left without a quorum. Every one should endeavor to contribute as

much of his time as he possibly can, and not in small dribblets either, but two and three hours at a time. It would be far better to attend the whole of the morning session and miss the afternoon, than to attend each for a half hour.

Again, each member can relate some interesting case that will be instructive, or he can take part in many of the discussions. Nothing so adds to the value of society proceedings as full and free discussions of the subjects and cases presented by authors and reporters; and nothing more clearly shows the decadence of a scientific body than the absence of such discussions, and the routine reference of papers to the publication committee as soon as they are read and without any comment.

We understand that the committee of arrangements, besides the usual preparations, have been notified that the Orleans Parish Society will tender the State Society a supper. This will add much to the good fellowship of the meeting, and will undoubtedly be an occasion long to be remembered.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

PLEGAPHONY—A NEW METHOD IN PHYSICAL DIAGNOSIS,
IN THE ABSENCE OF BRONCHOPHONY.

Dr. E. Sehrwald in *Munchener Medizin Wochenschrift*. In Rossbach's medical clinic in Jena Sehrwald devised a method which he employs in feebleness of voice or aphonia in those cases in which bronchophony is usually of service. He replaces the voice by percussion on the larynx, performed with hammer and pleximeter. To this he gives the name *plegaphony* (from *Πληγη*, a stroke). The pleximeter is so placed on the thyroid cartilage that its surface rests upon the median crest of the larynx; percussion is performed with the finger on the hammer. The percussion sound is transmitted through the air of the bronchial tree to the thoracic wall, where it can be heard

The percussion can easily be performed by the patient himself, or any other person present, only it should not be done too forcibly. Sehrwald arrived at the following conclusions: The sound, transmitted through infiltrated lung tissue, is loud, clear and distinct, tympanitic, like a short blow, and is noticeable on palpation. In atelectasis of a larger part of the lung the sound is remarkable when the mouth is opened and closed. In the former case it is higher and markedly tympanitic. Healthy tissue, containing air, gave a dull, low, but distinctly clanking sound. The sound is weakened through exudations, louder and more decidedly tympanitic through cavities than through infiltrated tissue, whence arises a mingling of sounds. Pneumothorax produces a sound with a metallic clang. The sound is always more intense on the side opposite to the side of the larynx on which percussion is made, and still more so when the mouth is closed and on deep inspiration.—*Deutsche Medizinal-Zeitung*.

TREATMENT OF EPILEPSY BY GALVANIZATION OF THE THYROID BODY.

Considering the nervous troubles, in part convulsive, which constitute the *stumpirive* cachexia (the effect of removal of the thyroid body), Seguicelli asked himself if a disturbance of the functions of the thyroid gland might not take part in the production of epilepsy; and this idea led him to try galvanization of the thyroid body in epileptics. Seven patients were thus treated; three showed no change at all, neither in the number nor intensity of the paroxysms, nor in their mental condition; in the remaining four there was at first an increase, and then a rapid and progressive decrease in the number of attacks, which in one patient stopped entirely for a month, and in another for two months; this decrease in the number of attacks was accompanied by a favorable change in intensity, and an improvement in the mental condition.—*Revue de Clinique et de Thérapeutique. L'Union Méd. du Canada*.

UNION OF WOUNDS EXPOSED TO THE AIR.

In the *Académie de Médecine* of Paris, M. LeFort, who has little faith in the noxious action of the atmospheric air upon wounds, even in hospitals, backed up his unbelief by a return to ancient practices, by leaving per-

manently exposed to the air all wounds of patients operated upon. The results appear to have been very satisfactory. All recovered, or are recovering, without suppuration or by first intention. This would completely overturn the teachings of Lister. He will continue this curious experiment, and report the results to the academy. If they should be like those of the first experiments they will certainly give rise to a lively discussion.—*Scalpel. L'Union Médicale du Canada.*

INTERDICTION OF PUBLIC EXHIBITIONS OF ANIMAL MAGNETISM.

In a report to the Belgian Academy of Medicine, Maison recommends the prohibition of public exhibitions of hypnotism—a much neglected bit of advice. In the report are mentioned five remarkable cases in which the first attempts at hypnotism developed epilepsy; also the case of a magnetizer who acquired such a taste for hypnotizing that he became a monomaniac on the subject. Another unpleasant feature about hypnotism is shown in the following case, which had not been described by writers previous to Maison. The servant of a doctor, who had been hypnotized by her employer, went into the service of another man, who once accused her of theft; a doctor, who suspected that the servant was a somnambulist, hypnotized her, and by this means ascertained that she never had any intention to steal, but that merely during somnambulism changed the position of some objects which she thought were not safe, and which she forgot when she awoke. The judge learning these facts, acquitted the woman.—*Bruxelles Gazzetta Medica de' Torino.*

NOTE ON THE TROPHIC ZONES OF THE CEREBRUM.

Dr. Luigi M. Petrone in *Lo Sperimentale*, December, 1888.—In 1880, in a clinical work published in *Lo Sperimentale*, I demonstrated that upon the cortex and at other points of the cerebellum there are localities, designated by me as *zones*, lesions of which are capable of developing phenomena of altered nutrition in certain systems of the limbs, for example, the muscles, articulations, etc. Another case has recently come under my observation, which confirms the doctrine first enunciated by me.

The patient was a government official in Montagano, 34 years of age. His father and his paternal and mater-

nal grandfathers died of apoplexy. When he was a child he had roseola, and in 1885 small-pox. In 1886 he contracted syphilis. In the month of September and October of 1887, after several prodromes, consisting of persistent pains, he had paresis of the right optic nerve. In January, 1888, intestinal disorders supervened. In March a light panniform keratitis developed. There were nodosities on the right clavicle and the left tibia, osteocopic pains, accentuation of the facts referable to cranial hydraulic disturbances. The patient was put on mercury and iodide of potassium for several months.

Towards the 3d or 4th of August, 1888, the right angle of the mouth was deviated and the dilator muscle of the eye was simultaneously contracted. The patient awoke on the morning of August 6 and noticed a paresis of the left upper extremity, and a decided weakness of the left leg. He stammered. These symptoms became more marked during the course of the same day; phlebotomy was resorted to. Afterwards a complete paralysis of the left side of the body occurred, accompanied by disordered deglutition.

I first saw the patient some time in October, 1888, and found the following: Slight paresis of the facial muscles on the left side and in the left inferior extremity; very marked paresis in the left superior extremity. Sensibility was preserved. Slight contracture in the paretic lower limb; very feeble tension in the muscles of the paretic upper extremity. Subluxation of the left scapulo-humeral articulation, with flaccidity of the muscles of the scapulo humeral region. The muscles of the left arm, elbow and forearm were somewhat atrophied. The atrophy was well marked in the region of the elbow. The muscles of the left cheek were slightly atrophied. Striking atrophy of the muscles of the left inferior extremity, and of the thoracic and abdominal muscles of the left side.

The above history shows that in consequence of a lesion of a certain locality in the brain, where trophic fibres pass or where trophic centres are seated, lesions of altered nutrition are set up, in hemiplegic form, in the muscles.

CANNED VEGETABLES AND LEAD POISONING.

Three cases have recently come under my observation which again point to the desirability of the medical profession

offering an earnest veto against the preservation of articles of diet in tins. So long ago as 1881 *The Lancet* asked the question, "Why not substitute bottles for tins?" And still the question may well be asked. It is strange that, although cases of lead poisoning from tinned vegetables have been reported by French and other foreign physicians, some leading English authorities appear to dispute the fact. The presence of tin and lead, however, has been often demonstrated, notably by M. Gautier and Otto Hehner, but whether in sufficient quantities to cause alarm the following cases will show:

E. C—, æt. forty-two years, account-bookbinder; married. Father died at sixty-four; mother still living and in good health. He always enjoyed good health until ten months ago. Up to that time his work had been a pleasure to him, and he was always bright and energetic, so that he was appointed foreman. Now everything became "a misery to him." He felt languid and incapable of energy. He turned against his food, and complained of continual headache and obstinate constipation. His wife and fellow-workmen all noticed how white and miserable he looked, and told him his liver was out of order. He informed me he lost several friends during this time, as he stayed at home rather than visit, and that his temper became very irritable, both to his children and the men he was over. These insidious symptoms were steadily increasing until the beginning of last July, when he suddenly developed an attack of gout, which confined him to bed for four days. After this attack he had symptoms of colic with increasing constipation. The present attack commenced on September 24 with very severe pain in the abdomen, especially referred to the umbilicus. His face was pale, with an anxious expression, and there was cold perspiration on the forehead; bowels constipated. The urine contained a trace of albumen; specific gravity 1010. The gums presented a well-marked blue line. There was no paralysis of the extensors. Mr. Sidney Coupland kindly saw the case in consultation with me, and agreed that it was an undoubted case of lead poisoning. We were at some loss at first to account for the entry of lead into the system. The man uses no lead at his work, and none of his fellow-workmen have suffered. He lives with his wife and seven children, all of whom are strong and healthy, and he is in the habit of eating his food at home with them.

He then informed me that he was accustomed to eat large quantities of tinned tomatoes, but that none of his family liked them or would eat them. For about three years he has been in the habit of eating tinned tomatoes, usually two tins each week. He told me that there would have been a great "row" if he had come home to his Saturday dinner and not found his tomatoes ready for him. He preferred the tinned to fresh tomatoes, and he always ate the same kind. In order that there should be no error I handed a sample of the tinned tomatoes to Mr. William Foster, lecturer on chemistry at the Middlesex Hospital, who kindly made an elaborate analysis of the contents of the tin. He states that the stannic salts expressed as the oxide are present to the extent of 0.987 gr. per pound of preserved vegetable. The lead salt, weighed in the form of chloride, amounted to 0.339 gr. per pound of sample, with a slight trace of bismuth. Thus, practically, this man may have taken $\frac{2}{3}$ gr. to $1\frac{1}{3}$ gr. of lead salt each week for two or three years.

The next two cases are those of mother and son, living and taking meals together. For about three years they have been in the habit of eating large quantities of tinned tomatoes, but not so regularly as the first case. The family history is good, and there is no history of gout.

W. T—, æt. forty years; single; vellum-binder. Always enjoyed good health till the last eighteen months, since which time he has frequently complained of severe colic and constipation, for which he has sought medical advice. The face is now pale, and he complains of a sensation of numbness in the hands, with frequent "pins and needles." There is a blue line at the margin of the gums. The urine is normal, tongue rather coated and the appetite bad.

E. T—, æt. sixty years, mother of the above, always enjoyed good health till about two years back, when she had an attack of gout. Since then she has often complained of colicky pains and constipation. In this case there is no blue line to aid the diagnosis, as she is edentulous. From the general malaise and occasional colic and gout I think there is little doubt that the lead is affecting her constitution.

According to Dr. Hehner the quantity of tin present in canned vegetables may be sufficient to cause symptoms of chronic poisoning. These symptoms are, however, very

indefinite, and, if ever present, have not led to any distinct recognition on the part of the medical profession. The cases above recorded, on the other hand, present well-marked and recognizable symptoms of chronic lead poisoning.—*Fallon Percy Wightwick. Gaillard's Medical Journal.*

TWO CASES OF INTUSSUSCEPTION.

A child, aged two and a half years, was taken suddenly ill with intermittent abdominal pain and bloody movements. The abdomen on the right side was rigid and dull, and there was a lump to be felt about two inches to the right and one inch below the umbilicus. Later, peristaltic movement was noticed in the abdominal tumor. The diagnosis of intussusception was made, and about eight ounces of warm water injected into the rectum. As the last half ounce was injected something seemed to move, and, upon examining, the lump had disappeared. Dullness and tenderness at the spot where the tumor had originally been noticed recurred periodically for about a month afterwards. This may have been due to the injury inflicted by the strangulation. The patient made a good recovery.

The second case was an infant, eight and a half months old. The child was taken suddenly ill with vomiting and pain, and a few minutes later had a bloody stool. Vomiting and frequent movements of blood and mucous continued. Examination of the abdomen showed no change apparent to the eye; to the touch there was resistance under the right rectus, midway between the umbilicus and pubes, and dullness on percussion. Nothing was learned under chloroform. In spite of the absence of a tumor the signs pointed to intussusception. About a pint of warm water was injected into the rectum. The child suddenly stopped crying, and there seemed to be relief from pain. The blood-flow ceased at once. It made a rapid and perfect recovery.

These cases illustrate the ease with which intussusception can be managed if diagnosis is early and treatment prompt. Chloroform was unnecessary in both cases. The injection in each case was made with a syringe, but was done slowly and with slight pressure.—*Lancet.*

CURE OF A CASE OF LEPROSY.

In the case reported (*Monatshefte fur Praktische Dermatologie*, No. 23, 1888) by Dreckmann, the disease was fairly advanced, had lasted four years, and presented numerous nodes, tubercles and patches of infiltration. There was also marked anæsthesia of the feet, legs and hand. The mucous membrane was also involved; swelling of the conjunctivæ, a discharging ulcer in the nasal septum, whitish patches on the larynx posteriorly, thickening of the left vocal cord, a small tubercle on the point of the epiglottis, and hard nodular infiltration of both tonsils. The patient, a Brazilian, forty-two years old, was at this time thin, pale and weak. The treatment by means of pyrogallic acid, chrysarobin and salicylic acid, together with the internal use of ichthyol, as suggested by Unna, was instituted; and, finally, in the course of several months, all vestiges of the disease had disappeared, and the patient had grown stout and strong.

The pyrogallic acid was applied mainly to the hands, feet and legs, in the form of a ten per cent. salve; upon the other parts a salve of chrysarobin, of the same strength; these were applied twice daily. To obstinate nodules and patches of infiltration the same remedies were used in the form of plaster-mulls. To the face a salicylic acid and creasote plaster-mull was applied once daily. Discrete and sharply circumscribed nodules when conveniently situated, were excised. The conjunctival swelling disappeared spontaneously. The ulcer in the nose, the nodules on the tonsils, etc., were successfully treated with the actual cautery. The constitutional treatment consisted mainly in the administration of ichthyol, beginning with six grains daily and gradually increasing to forty-five grains. Under the use of these measures, the writer states, an apparent cure resulted—the general health being restored, and all evidence of the disease dissipated.

As incidental points of interest in the report, may be mentioned that the patient's wife had developed the disease eighteen years before; the wife's brother was also affected. The children, four in number, from fifteen to twenty-one years old, showed no sign of the disease. The patient's parents and six brothers, all living in the same neighborhood, were also healthy.—*American Journal of the Medical Sciences*.

MECHANICAL TREATMENT OF LOCOMOTOR ATAXIA.

Le Progrès Médical recently reported a lecture by Prof. Charcot, delivered at the Salpêtrière, in Paris, in which the mechanical treatment of tabes dorsalis was demonstrated. Charcot has now used this method of treatment in eighteen confirmed cases of that disease. The patient is suspended by means of Sayre's "jury-mast" for a period progressively increasing from a half minute up to three or, at the most, four minutes. Intervals of two days intervened between each suspension. The arms should be raised every fifteen to twenty seconds that greater traction can be exerted on the spinal column. About four hundred suspensions altogether were made in the eighteen cases. The results were very encouraging. Excluding four who were not suspended more than three times, the improvement was marked in fourteen, and in eight of these it was even extraordinary. Improvement in locomotion began almost from the commencement of treatment. At first it was but temporary; after eight or ten suspensions it became continuous. The patient could stand with less difficulty and could walk without assistance. After twenty or thirty suspensions incoördination of movement ceased. Vesical symptoms, lightning pains, anæsthesia, impotence and loss of sexual desire diminished or entirely disappeared, and the physical condition improved. In one case lightning pains returned while treatment was in progress, but later again ameliorated. In all the others the improvement in the symptom was uninterrupted. Suspension was tried also in a few cases of Friederich's disease, disseminated sclerosis and neurashenia.

This method of treating tabes dorsalis was introduced by Motchoukowsky of Odessa, in 1883, who asserted that he had greatly benefited twelve cases, and that good results were obtained from it in cases of impotence in non-tabetics. His discovery of the method was accidental. He had suspended a tabetic patient to adjust a plaster jacket for relieving a lateral spinal curvature. The lightning pains and other symptoms present in this case were so much benefited by the suspension that Motochoukowsky was induced to suspend other cases of tabes. [The abstracter has been using this method for several weeks in a number of cases of spinal sclerosis, chiefly posterior and lateral. He expects soon to publish his results, which, thus far, are encouraging.]—*Polyclinic*.

SURGERY.

PYELITIS AND ACUTE SUPPURATIVE NEPHRITIS CAUSED BY COMPRESSION OF THE URETER FROM A CICAL TRICIAL MASS, THE RESULT OF A PELVIC ABSCESS.

Dr. Leroy Brown reports in the *New York Medical Record*, March 16, 1889, a very interesting case, which baffled all diagnostic skill. Dr. Jas. B. Hunter gives the particulars of her clinical history up to the time that she entered the New York Cancer Hospital, service of Dr. Leroy Brown.

The woman was German by birth and had lived in this country for six years; 29 years of age and single, of good habits, robust appearance, and was thought to be of a hysterical nature. Five years ago she entered one of the hospitals for some minor complaint, attended with hysterical retention; she was catheterized frequently and left the institution with a case of vesical irritation.

Finding in time no relief from her constant and painful micturition, she applied for admission to the Bellevue Hospital, where she remained only a short time. In the spring of 1885 she first came under the notice of Dr. Hunter, at which time she complained of severe dysmenorrhœa, constant severe pain in the left groin, sacral pains and frequent and painful micturition. She was sent to the Woman's Hospital, where the examination of the urine was negative. Not improving under treatment, an oöphorectomy was proposed, which she gladly accepted. The relief brought about by the operation was only temporary, for in the fall of the same year she applied at the Polyclinic for relief from the same symptoms, excepting the dysmenorrhœa, which was gradually ceasing; she also complained of frequent attacks of severe congestive headache. Local examination showed sensitiveness in the anterior cul-de-sac, and at the site of both pedicles, especially the right; all else was negative. During the following year a sanious discharge continued, at irregular intervals, attended by pain; though the headaches increased and with them the local pain and sensitiveness.

She continued in this wretched condition until the summer of 1886, when she had an attack of pelvic inflammation caused by the passing of a sound. This resulted in the formation of a pelvic abscess to the right of the uterus,

which, discharging into the vagina, rapidly healed and left a permanent induration the size of an English walnut. She continued under constant treatment up to 1888. All known forms of treatment were tried and all were fruitless.

From her intractable headaches, pelvic and groin pains, she was in part the subject of a paper, "Persistent Pain After Laparotomy" by Dr. Hunter; also "Cerebral Hyperæmia After Removal of Uterine Appendages;" and "Is Disease of the Ovaries and Tubes as frequent as Represented?" both by Dr. Coe.

Returning, as she often did to Dr. Coe, he always found her local condition the same. She frequently insisted on another abdominal section, but was dissuaded from it. Finally, declaring that she would rather die than live as she was, and malignant disease of the intestines being suspected, she was sent to the Cancer Hospital to see what could be done.

Her physical condition was excellent, but her face wore an expression of anxiety. The local conditions were as above described, with considerable tenderness over the mass on the right side. Frequent examination of the urine was always negative. The abdomen being opened by Dr. Hunter it was found impossible to remove the mass even by strong force, and a few recent adhesions having been broken up the wound was closed. She made a rapid recovery; during the two weeks following the operation there was no rise of temperature. Upon the fourteenth day she complained of a slight pain over the right groin, which, toward the afternoon, increased greatly. At 8 p. m. the patient had a severe chill, followed by a temperature of 103 degrees Fahrenheit, and complained of severe pain over the right side. The tenderness over the old localities was exaggerated, especially over the indurated mass. For the next 24 hours the temperature ranged from 103 degrees to 104 degrees Fahrenheit, with successive chills; pulse full. This condition continuing the following day the abdomen was reopened and careful search made for the seat of the trouble, but to no effect. After repeated washing out with warm water, a drainage-tube was inserted and the wound closed. The tube was washed out every six hours. Upon the third washing about one ounce of pus was obtained; the washing was then continued every three hours.

For the succeeding six days the condition of the patient

varied much. The temperature was that of one thoroughly septic, yet her pulse held out well. The washings continued as above, the adhesions around the tube being broken on two occasions under chloroform. For the last two days she rapidly grew worse and died eight days after the occurrence of the first rise of temperature. During this time the urine was daily examined and measured. The amount was not sufficient to excite any interest, and it contained no albumen or pus until four days before death. Towards the close the urine was loaded with pus and albumen, but it contained no casts.

The autopsy conducted by Dr. Coe showed the following: The spleen was enlarged and soft and the liver congested. The intestines were matted together by organized lymph, intense peritonitis existing everywhere. The cavity contained about thirty ounces of purulent fluid. The left kidney was markedly congested, but ureter normal. The right was enlarged at the expense of the pelvis, which was much dilated and contained a few drops of pus; the pelvic mucosa was considerably thickened and intensely congested. On section of the organ, the entire glandular portion was softened and presented a yellowish appearance. Upon close inspection, streaks and foci of pus were visible. The right ureter was dilated to the size of the little finger and contained pus, while its walls were markedly thickened as from an old inflammation.

The uterus was drawn backward, anchored to the right of the sacrum by a firm, fibrous mass. This organ was so firmly attached that it was impossible, through the exertion of considerable force, to detach it. The mass, the result of the old inflammation and abscess, extended upward along the right psoas muscle and compressed, but did not entirely occlude, the right ureter which passed through it. On section, this had a fibrous nature, and had in its centre a softened area, with a few drops of pus. On the left side there was no trouble. The bladder was slightly congested at its base; the entrance of the right ureter was normal.

PYO-THORAX AND PYO-PNEUMO-THORAX.

To summarize: 1. The operation of "through drainage," the merit of which belongs essentially to Chassaig-nac, is one that can be successfully practiced both on

infants and on adults, though cases may possibly occur in chronic empyema where it is not practicable.

2. It is the operation that should be attempted in pyopneumo-thorax at the earliest possible moment; and in all cases of chronic empyema. In acute empyema the indications are not so plain.

3. The location of the openings is not so important as that one, at least, shall be in the most dependent part of the thorax, according to the position that the patient occupies. If in bed, one opening should be in the axillary line; if not confined to bed, preferably behind and about four inches below the angle of the scapula and four inches from the spines of the vertebræ.

The cavity should be washed at least twice daily with some antiseptic solution, and all known means should be adopted to permit the free escape of matter.

5. In acute empyema where as yet there is no external opening, aspiration should be resorted to for three reasons: (*a*) To determine the character of the liquid in the pleura, and (*b*) to draw off a portion of the liquid before resorting to *through drainage*—by this latter procedure the lung is allowed an opportunity to expand and a possible pulmonary hemorrhage or œdema is prevented; (*c*) because under one or more aspirations recovery has ensued.

6. When, however, the incisions have been made they should be enlarged so that they cannot close, and any subsequent contraction of the orifice should be prevented by using some form of dilator.

7. Should a new collection of matter be found in the pleura it may be treated in the same manner as the first collection.

8. The success of treatment depends chiefly upon providing a free exit for the matter as soon as it forms, but nutritious, and even stimulating, diet should be enforced.

9. It is a comparatively free and safe operation, the only danger being puncture of the heart, liver or spleen; though it seems hardly worth while to state that the operator should see to it that he does not puncture such organs as the heart, liver or spleen; they have all been punctured at various times, and with fatal results in some instances.

10. To judge by my cases in which the operation of *through drainage* was performed (Nos. VIII, X, XII, XIII) the percentages of cures may, I think, be fairly

placed at seventy-five per cent. That it may be of great benefit in phthisical cases where pyo-thorax or pyo-pneumo-thorax has developed, I have no doubt in my mind.

11. The radical operation of exsecting a rib, first performed by Celsus, then by Peitavy and Roser, and later popularized by Estlander, is an operation that may occasionally be necessary in neglected cases.—*Post-Graduate*.

CASE OF DEFICIENT ŒSOPHAGUS.

This case is of interest both from a surgical and anatomical point of view. It was discovered that there was something wrong with the œsophagus when the infant was given nourishment. It took the food readily, but soon became livid, had difficulty in breathing, and then returned the food and appeared no worse. A sound was introduced, and it was found that, after passing about five inches, it encountered an impassable obstruction. It was diagnosticated that there was either a membrane across the œsophagus or that it ended in blind terminations. It was advised that the stomach be opened and the œsophagus be explored, so that if a membrane across a continuous canal could be made out it might be perforated.

On the following day the stomach was exposed in the middle line of the abdomen, above the umbilicus, stitched to the skin and then opened. A bougie was passed down the œsophagus, as before, and another upward from the stomach; but they did not approach by what was judged to be an inch and a half. A gum-elastic catheter was then cut in half and passed from below. A slender steel probe was introduced in it and pressed upward as much as was justifiable in case the lower part of the tube might be twisted or narrowed, and capable of being rendered pervious. All was of no avail, however; so the stomach wound was closed with sutures, also the abdominal wound. The infant died within twenty-four hours. At the necropsy it was found that the œsophagus terminated above and below in blind, rounded ends, an inch and a half apart. All the wounded parts were quite healthy, and the appearances led to the conclusion that had there been only a membranous occlusion a happy result might well have been hoped for.—*The Lancet*.

GYNÆCOLOGY.

TREATMENT OF UTERINE FIBROMATA BY APOSTOLI'S METHOD.

The following is the résumé of a lecture delivered before the Academy of Medicine of Paris by Dr. Delétang, a former pupil of Apostoli, in charge of the electro-therapeutic service of the hospitals of Nantes. He has treated in all ninety-seven women since 1884 (when he attended for a time Apostoli's clinic); thirty-two of them were sent to him by other physicians, who could themselves direct or control the treatment.

He employed only intra-uterine electrolysis, and excluded puncture; and only in cases of interstitial fibromata, thus eliminating fibrycotic tumors and more or less pedunculated fibroids, which appeared to him not amenable to this form of treatment. The immediate effects of intra-uterine electrolysis consist of:

A. A contraction *en masse* of the uterus and the tumors at the beginning of the sitting; the contraction is not constant.

B. Congestion of all the organs lying in the circuit; this congestion is almost constant, usually lasts for several hours and is accompanied by colics.

c. Sometimes the sudden cessation of preëxisting hemorrhage.

The after-effects generally appear in the following order:

1. Hemorrhages, which are sometimes increased at the beginning of the sitting, disappear.

2. The pains and functional troubles afterwards improve, the phenomena having no relation with the size of the tumor; they depend rather on the inflammatory zone which so often surrounds these growths.

3. Finally, the mass diminishes in size, but in this diminution two phases must be distinguished:

(a) The peripheral inflammatory zone becomes resorbed, the fibroma thus freed feeling smaller and harder, but its retraction is at first only apparent. It is to this resorption that we must attribute the segmentation of large masses and the mobilization of adherent fibromata so frequently observed. At this period the morbid phenomena disappear and the general condition improves. The temporary aggravation of all the symptoms sometimes at

beginning of the treatment, arises from congestion of the inflammatory zone.

(b) The fibroma itself finally retracts. This effect is not constant. The electric current has much greater influence upon metritis and its symptoms than upon a fibroid itself; but this fact does not detract from the value of electrolysis.

Notwithstanding the persistence of a very hard tumor, which may be well tolerated, the women often declare that they are cured, and, indeed, there is nothing to prevent one from considering them so. Sometimes it produces atresia of the cervical canal, but this easily yields to gradual dilatation.

Dr. Deletang generally used a current of moderate intensity, 100 milliamperes, sometimes more in obstinate cases. The average duration of the sittings was five minutes; intervals, five or six days, which made the treatment somewhat prolonged. All the precautions indicated by Dr. Apostoli, antiseptic and otherwise, were always scrupulously observed.

Within these limits intra-uterine electrolysis may be as absolutely devoid of danger. Out of more than 1100 applications made upon 97 patients, only one accident was observed, a phlegmasia without sequelæ.—*Gazzetta Medica di Torino*.

REMOVAL OF A CANCEROUS BREAST IN THE FIFTH MONTH OF PREGNANCY.

The patient had suffered from several mammary abscesses after former pregnancies, which had given rise to infiltration and enlargement of the gland. The pain, however, had become intolerable only in the last four or five months. These symptoms might indicate an adenoma; but the quick, lancinating pains, and the retraction of the nipple, the hardness of the breast, the adhesion of the skin over a large extent of the prominent part of the organ, its knobby surface and its adhesion to the pectoral muscle, left no doubt concerning the malignant nature of the tumor. Sleep had become impossible without opiates. Her physician had exhausted all the elements of *materia medica* suitable to such a case, and it only remained to consider the advisability of an operation. The patient was between the fifth and sixth months of pregnancy, but

her constitution was not altered. The cancerous cachexia, characterized by a pale, straw-colored skin, had not made perceptible progress, and the axillary glands seemed to be unaffected. The patient weighed two hundred pounds and had a strong constitution, and it was thought that she could stand the shock of an operation, and would run greater risk in letting matters run on. The tumor was extirpated; it weighed three pounds and two ounces. In fifteen days the wound had healed, except a granulating spot, which was left exposed because of the large amount of skin that had to be removed. The operation had no effect on the course of the pregnancy.—*L'Union Médicale du Canada.*

OBSTETRIC PRACTICE AT MARBURG.

Ahlfeld (*Deutsche Med. Wochenschrift*, Nos. 23, 24, 25, 27 and 28, 1888) reports the work in his clinic for a year. The following are points worthy of note:

In 308 labors the forceps were used but three times. The "birth stool," two chairs placed side by side, in contact posteriorly but separated anteriorly, was used, the patient being placed over the triangular opening. As soon as the head is born she is placed in bed. The birth stool is used in cases in which forceps are ordinarily employed. There were numerous cases of contracted pelvis. Cephalic version was done three times; podalic three; combined version twice.

Créde's method of placental expression was employed three times; manual removal of the placenta once. The patient usually lay undisturbed one hour and a half after the child was born, the bladder was emptied and gentle pressure from above sufficed to expel the placenta; post-partum hemorrhage was very rare. None of the mothers confined died. Of 308, 226 had no elevation of temperature.

Ahlfeld cleanses gently the child's eyes, nostrils and mouth as soon as the head is born. If the child does not breathe it is placed in a warm bath. If no improvement follows in about ten minutes the child is wrapped in hot flannel and trachea catheterized to remove mucus; air is not blown into the lungs. Gentle friction, especially over the chest, is of the greatest value. Ahlfeld does not believe that more forcible measures are admissible. His

experience with swinging the child by the shoulders and blowing air into the lungs has caused him to reject them.—*American Journal Medical Science.*

OBSTETRIC METHODS IN PRAGUE.

Morton (*New York Medical Journal*, No. 26, 1888) describes the methods of the clinic at Prague as instituted by Professor Breisky, now in Vienna.

Bichloride of mercury is the antiseptic most used; carbolic acid is used for instruments and for intrauterine injections. [The use of bichloride solution for intrauterine injections resulted in a fatal intoxication, after which it was abandoned.—ED.] Instruments are sterilized in flame when possible. Catheters are filled with lead in the space between the tip and the eye to prevent septic accumulation.

Rigid antiseptics of practitioner and patient is enforced. Vaginal douches are not given after labor in normal cases. Iodoform is used in the uterus and vagina.

The uterus is not irrigated unless operated upon or evidence of infection exists. The breasts are uniformly treated before and after labor with boric acid, 4 per cent. solution.

Nitrate of silver, 2 per cent., is used as a prophylactic against ophthalmia. Diarrhœa and indigestion in infants are treated by washing out the stomach with a small catheter, rubber tube and funnel, as advised by Epstein. The child is given white of egg and water for 24 hours afterward. Instruction is given in the hospital; septic mortality is 2 per 1000.

[The wards and their arrangement are excellent, and the uniform courtesy of Dr. Fleischmann (in charge) renders the clinic a place of interest and pleasure to foreigners.—ED.]—*American Journal Medical Sciences.*

THE USE OF BICHLORIDE OF MERCURY IN OBSTETRICS.

Blanc (*Lyon Médicale*, No. 34, 1888) concludes from numerous clinical observations that solutions of 1:4000 and 1:5000 should be generally used. If 1:2000 is given by intrauterine injection, it should be followed by the injection of carbolic acid, 2 or 3 per cent. The danger of absorption, from the anatomical condition of the parts is undoubted. Contra-indications to the use of the bichloride are anæmia and disease of the kidneys.—*American Journal Medical Sciences.*

OBSTETRIC ANTISEPSIS FOR NURSES.

Credé and Winckel in the *Textbook for Midwives*, published by the government of Saxony, advise the following rules for nurses: They should carry with them four ounces of dissolved carbolic acid, nail brushes, soap, sterilized cotton and carbolized vaseline 2 per cent. The hands and forearms should be cleansed with soap, warm water, nail brush and 5 per cent. or 2 per cent. warm carbolic solution. The external genitals of the patient are cleansed with soap, water and 2 per cent. carbolic solution; for vaginal douches, fissures in the vagina and fissured nipples 2 per cent. carbolic acid is used. The strictest prohibitions are enjoined against bringing soiled clothes in contact with the patient.

If sepsis occurs the midwife who delivered the case should immediately transfer it to another nurse under a physician's orders. She herself must thoroughly cleanse her body, clothing and instruments, and deliver no other case for at least five days. Vaginal examinations must be as infrequent as possible, and she must report to the sanitary authorities every two days for a week, that they may know that she infects no other patient. Should other cases arise in her practice within thirty days she must be quarantined for two weeks.—*Deutsche Med. Wochenschrift.*

PELVIC CELLULITIS.

A. J. C. Skene, M. D., in *Brooklyn Medical Journal*.—The following are my conclusions:

1. Pelvic cellulitis, uncomplicated, occurs frequently.
2. Sub-peritoneal pelvic hæmatocele should be recognized as one of the causes.
3. Aspirating may be employed before and after suppuration with advantage in suitable cases.
4. Abscess in the cellular tissue of the pelvis should be opened from the vagina when the conditions are favorable.
5. Laparotomy is advisable when the vaginal wall is not closely adherent to the abscess sac.
6. Laparotomy should be made when a pelvic abscess opens into the bladder and suppuration continues.
7. Cellulitis may extend to the psoas muscle and give rise to psoas abscess.

PREGNANCY AND OPERATIVE SURGERY—THEIR MUTUAL RELATION.

L. McTiffany, M. D., in *Maryland Medical Journal*.—

1. Pregnancy is a physiological condition and does not contra-indicate a surgical operation.
2. During pregnancy temporary strain may be exerted on some organ—*e. g.* kidney—inducing impairment of function.
3. A surgical operation upon a pregnant woman is to be conducted, so as to avoid inducing abortion itself—a serious accident.
4. The main cause of abortion or death after operation is sepsis.
5. The probability of sepsis after operation is increased if the patient is suffering from disease either temporary or permanent.
6. Abortion may result from shock.
7. Hemorrhage does not seem to induce abortion.
8. Union of fracture may be retarded by pregnancy.
9. Recorded cases show that the unborn child receives no evil impress when the mother is subjected to operation.
10. When a surgical operation upon a pregnant woman is under consideration the function of all the patient's organs must be carefully investigated and regulated. An operation then conducted anti-septically may be expected to result as though pregnancy were not present.

DERMATOLOGY AND HYGIENE.

STRONG SOLUTION OF NITRATE OF SILVER IN CHRONIC ECZEMA OF MEATUS.

Dr. W. F. Smith of Chicago, writing in the *Archives of Ophthalmology*, says: In the treatment (of chronic eczema of the meatus) I have used at different times everything I could think of. The eczema gets better and often apparently well, but soon returns again as bad as ever. I have repeatedly used solutions of nitrate of silver, 20 to 30 grains to the ounce of water, but lately I have been using a solution of 60 grains to the ounce and find that it controls the eruption and itching better than anything I

have hitherto used. It promptly stops the terrible desire to scratch, dries up the watery secretion and causes the cracks in the skin to heal up. In such inveterate cases of eczema strong solutions are to be preferred over mild ones. The parts must always be tenderly manipulated, because the skin cracks so easily. The method of applying the solution is a matter of great importance. I twist a bit of cotton on the end of a probe tightly, stick it into the solution and rub it *well* into the skin. The solution should not be allowed to run down into the ear. One ear has been perfectly well for three months, and the other causes comparatively little trouble, but so far it has not gotten entirely well. The patient has persistent eczema on other parts of the body.

TREATMENT OF HERPES ZOSTER.

Herpes zoster is treated by Dr. H. W. Blanc with a solution of half a drachm of oxide of zinc in flexible colloid. The mixture is painted on the eruption twice a day, and if used early enough in the disease will prevent the formation of the characteristic vesicles. Should vesicles be already present they are to be ruptured, their contents emptied, and the application used after thoroughly drying the surface.

PRECAUTIONS AGAINST DIPHTHERIA.

Dr. Benj. Lee, Secretary of the Pennsylvania State Board of Health, has issued a circular on the precautions to be taken in order to prevent the spread of diphtheria.

Says Dr. Lee: Diphtheria is a malignant contagious disease, and like scarlet fever is frequently followed by physical defects, such as blindness, deafness and paralysis.

When a child or a young person has a sore throat with a bad odor to the breath, especially if it has fever, it should immediately be separated from all other persons, excepting necessary attendants, until it is ascertained by a physician that it has not diphtheria or other communicable disease. Mild cases may communicate malignant and fatal forms of the disease.

Diphtheria may be conveyed by personal contact, clothing, hair, paper, the discharges of the body, or anything

which has touched the sick person. The diphtheria poison has great vitality, and may lie dormant for weeks and even months. It seems to be able to travel in the air of sewers from house to house; also to rise in the emanations from putrid privies and cesspools. It can also, undoubtedly, infect foods, milk and water, and with them enter the bodies of children.

The time required to develop diphtheria may be from two to six days; the average is variously stated at from six to ten days, but the time may be extended to five or six weeks. The greatest number of deaths from the disease occur in children under twelve years of age; adults usually have it in a milder form than do children. Children under two and a half years old are not very liable to the disease. One attack usually prevents any subsequent one, but this is not always so.

If parents everywhere could only be brought to act intelligently these diseases might become almost unknown.

GENERAL PRECAUTIONS.

Notices should be placed on every house where there is a case of diphtheria. When necessity requires one to visit such a house, the clothing should afterwards be changed and a bath taken before going where there is a child.

Whenever the disease is prevalent in any district children should be removed from the day and Sabbath schools, and should not travel in the public cars or carriages. Close attention should be paid to the sources of water and food supplies. If there is any doubt about the purity of the water, boil it thoroughly before using it. Foods and milk should not be used which come from a house in which there is diphtheria. Perfect cleanliness should be enjoined in the house and all its surroundings. All foul odors must be destroyed in privies and cesspools by the appropriate disinfectants.

Let the house receive all the pure air and sunlight possible.

Do not send your clothing to a public laundry during an epidemic of diphtheria.

PRECAUTIONS IN THE SICK ROOM.

The sickroom should be in the upper part of the house, if possible. Cold draughts are especially to be avoided in

this disease. An open fireplace with a lamp burning in it is an excellent means of ventilation. The room should be cleared of all needless draperies, carpets and furniture; a sheet wet with a solution of sulphate of zinc should hang before the door connecting the sickroom with the rest of the house, or in the passage way leading to the room. No person but the nurse and the physician should enter the sickroom until the patient has recovered and the room been disinfected.

The nurse should not mingle at all with children, and as little as possible with the adults. Her outer dress should be of some material which can be washed, rather than of wool, which harbors the disease.

Each piece employed for wiping the nose and mouth after being once used should be immediately burned. A disinfecting solution should always be at hand for the patient to spit into, and all discharges of the body should be received on their very issue into vessels charged with disinfectants, and thrown into the water-closet or buried in the soil, at least one hundred feet from any well.

The hands of nurses should be washed as soon as soiled with disinfectant water. The patient's clothing and bed clothing, whenever changed, should be thrown at once in water to which has been added the standard disinfecting solution, No. 4, of this article. Leave the clothes in the solution four hours and then give them a thorough boiling. Never carry any clothing, which is dry, from the patient through the rest of the house.

STANDARD DISINFECTING SOLUTIONS.

No. 1. Four ounces chloride of lime to a gallon of soft water.

No. 2. Corrosive sublimate and permanganate of potash in soft water; two drachms of each salt to the gallon. This solution is highly poisonous. It requires a contact of one hour to be efficient.

No. 3. To one part of Labarraque's solution of hypochlorate of soda add five parts of soft water.

No. 4. Four ounces corrosive sublimate to the gallon of water. One fluid ounce of this solution in a gallon of water is sufficiently strong; articles should be left in for two hours.

STATISTICS OF CREMATION.

La Flamme, the organ of the cremation society of Berlin, furnishes the following information on the total number of cremations which have taken place in the different countries to the 1st of August, 1888: Italy, 998; Gotha, 554; America, 287; Sweden, 39; England, 16; France, 7; Denmark, 1. The number of the members of the Societies of Cremation are, in Sweden, 3012; Denmark, 1326; Holland, 1128; Germany, 612; Italy, 580; Hamburg, 438; Switzerland, 390.—*Pacific Record*.

 BOOK NOTICES.

Chemical Experiments for Medical Students.—Arranged after Beilstein. By W. S. Christopher, M. D., Demonstrator of Chemistry, Medical College of Ohio. Cincinnati: Robert Clarke & Co. 1888. Pages 76.

The object of this work is to aid medical students in performing experiments in inorganic chemistry, toxicology and physiological chemistry. It resembles the works of Bowman, Clowes and others, but differs from them in being smaller and more condensed. It is simple, plain, concise, and to students, for whose use it is intended, it will serve as a guide to put in practice the theoretical ideas, which but too often form nearly all of a student's fund of chemical knowledge. The little book of Dr. Christopher is a handy laboratory companion to those who wish to learn practical chemistry. A. McS.

The Rectum and Anus—Their Diseases and Treatment.—By Charles B. Ball, M. Ch., University, Dublin, F. R. C. S. I., Surgeon to Sir Patrick Dun's Hospital, etc. With 54 illustrations and 4 colored plates. Philadelphia: Lea Bros. & Co. Pages 400. New Orleans: Armand Hawkins, 194 Canal street. Price, \$2.25.

Rectal and Anal Surgery, with Description of the Secret Methods of the Itinerants.—By Edmund Andrews, M. D., LL. D., and E. Wyllys Andrews, A. M., M. D. With original illustrations. Chicago: W. T. Keener, 1888. Pages 106.

Dr. Ball justifies his addition to the voluminous literature of diseases of the lower bowel by citing the vast improvements made in the treatment of wounds in the last few years, which have made such important changes in surgery generally. The work needs no apology; it is its own justification. It is a valuable addition to medical literature.

A Practical Text-Book of the Diseases of Women.—By Arthur H. N. Lewers, M. D. London, M. R. C. P. Lond.; Asst. Obstetric Physician to the London Hospital; Examiner in Midwifery and Diseases of Women to the Society of Apothecaries of London, etc., etc. With illustrations. Price \$2.25. Philadelphia: P. Blakiston, Son & Co. 1888. New Orleans: Armand Hawkins.

A very convenient and well-arranged book for students. It is very concise. Some subjects astonish one with the small space allotted to them. In a short practical work such as this necessarily the small space set aside for each subject makes it incomplete. The matter, however, is well selected and the plan of the work good, and a student during his course of lectures will be much better repaid by spending his time on this or similar works rather than attempt larger and more pretentious ones. G. B. L.

Handbook of Historical and Geographical Phthisiology, with special reference to the distribution of Consumption in the United States.—Compiled and arranged by George A. Evans, M. D. New York: D. Appleton & Co. New Orleans: Armand Hawkins, 194 Canal street. Pages 290. Price, \$2.00.

The literature of phthisis is enormous. The cause of this is to be found in the vast importance of the subject to the human race. "Of the 35,000,000 deaths occurring annually upon the globe," our author quotes, "7,000,000 are due to phthisis. It has always existed; it is emphatically a disease of all times, all countries and all races." Much of the information on the subject is scattered in different pamphlets and works on special phases of the question. A work which gives a general view of the subject will be welcomed by practitioners who are unable to gather it in a scat-

tered literature. Dr. Evans' "manual" is such a work. True, it is not as bulky and encyclopedic as some of its predecessors, and, as the author remarks, "the treatise is made up, to a great extent, of the observations of others;" but it does give much valuable information, especially that which relates to the distribution of phthisis in our own country, and the selection of a suitable locality for consumptive patients. As this last is precisely what physicians most desire to know in connection with the subject, the author confidently looks forward to a long term of favor for his book with the profession.

A. McS.

The Skin Diseases of Infancy and Early Life.—By C. M. Campbell, M. D., C. M., Edin., etc. London: Balliere, Tindall & Cox.

An Edinburgh physician, evidently a man of considerable experience and some originality, reviews the multi-form diseases to which the youthful integument is heir. Not limiting himself to the diseases of infancy the author allows himself sufficient scope to review a large class of those maladies which attack all ages but old age. With the exception of the title, which is somewhat misleading, we can find no objection to the work. The most interesting chapter is that upon the *Capillary Fluxes*, under which heading are placed *erythema*, *eczema*, *dermatitis*, *furunculus* and *Ecthyma*. Thorough *eczema* is regarded as not necessarily resulting from this cause. On the subject of *eczema* the author's views are interesting. He says: "Two factors are pathologically essential to the phenomena of *eczema*, and it is questionable which of these should rank first in importance. First, there must be an epidermis, weak and vulnerable, prone to disintegrate under stimuli, from within as from without; a delicate, pretty perhaps, but certainly puny envelope. Secondly, the normal tenacity of the bloodvessels in the *dermæ papillæ* must be exhausted and *hyperæmia* result. This *hyperæmia* causes increased pressure in the intercellular lymph-spaces of the epidermis—a pressure which a healthy normal epidermis could have withstood, but which the weakly cannot." The chapter referred to would alone make this book worth possessing.

Treatise on the Diseases of Women.—For the use of Students and Practitioners. By Alexander J. C. Skene, M. D., Professor of Gynecology in the Long Island College Hospital, Brooklyn, N. Y.; formerly Professor of Gynecology in the New York Post-Graduate Medical School, etc., etc.; with 251 engravings and nine chromo-lithographs. New York: D. Appleton & Co. 1888.

This is, as we were led to expect from the author's book on Diseases of the Bladder, an excellent work. Comprehensive, thorough and well up to date in its pathology and treatment, we think it a fairer representation of American gynecology as a whole than any work we have yet read. The portion devoted to the bladder and urethra is, as we would expect, particularly full and valuable. We do not think the author has done justice to the electrical treatment, but that may be pardoned on account of the confused state of our knowledge concerning its use. Nor has the author been very fortunate in his explanations of electrical batteries. In endeavoring to be concise he has rendered the subject obscure, and has made one or two unpardonable mistakes—for instance, in his explanation of polarization. The book is too valuable an acquisition, however, to condemn it for the few pages on electricity out of the thousand it contains.

G. B. L.

Handbook of Materia Medica, Pharmacy and Therapeutics.—Compiled for the use of students preparing for examination. By Cuthbert Bowen, M. D., B. A. Philadelphia and London: F. A. Davis, 1888. Pages 350.

In his preface the compiler says that his work is not intended to take the place of, but to be used as an adjunct to, the various standard text-books from which its contents have been compiled. While Dr. Bowen may not intend it, still we fear that his book and all like it have the unfortunate tendency of lessening the student's attachment to his text-book. As an aid to memory the form of questions and answers is of undoubted service; and as a means of enabling a student rapidly to revise his knowledge of therapeutics, Dr. Bowen's book may be recommended.

A. McS.

Case of Emperor Frederick III.—Full Official Reports by the German Physicians and by Sir Morell Mackenzie. The Reports of the German Physicians translated by Henry Schweig, M. D. New York: Edgar S. Werner, 48 University Place. 1888.

We only hope, for Dr. Mackenzie's sake, that this book will circulate. We find the German pamphlets more disreputable even than the English specialist's, and their having appeared first may perhaps be accepted as an excuse for the latter's work.

G. B. L.

PUBLICATIONS RECEIVED.

- Transactions of the American Surgical Association, vol. vi, 1888.
 Annual Report of Supervising Surgeon General U. S. M. H. S., 1888.
 The Infertility of Women, etc. By A. F. Campbell, M. D. Reprint.
 Corpulence and Milk Diet. By Geo. H. Rohé, M. D. Reprint.
 Laparotomy for Ascites. By T. A. Ashley, M. D. Reprint.
 Pregnancy and Operative Surgery. By L. McLane Tiffany, M. D. Reprint.
 Subacute Progressive Polymyositis. By Geo. W. Jacoby, M. D. Reprint.
 Anatomy and Pathology of Thymus Gland. By A. Jacobi, M. D. Reprint.
 The Preferable Climate for Phthisis. By Chas. Denison, A. M., M. D. Reprint.
 The Training of Nurses. By H. C. Wyman, M. D., Philadelphia. Reprint.
 Repression of Menstruation as a Curative Agent. By E. C. Gehrung, M. D. Reprint.
 Defence of Electrolysis in Urethral Stricture. By Robert Newman, M. D. Reprint.
 Surgical Interference in Perforating Typhoid Ulcer. By J. E. Mears, M. D. Reprint.
 Poisoning by Chrome Yellow used as a Cake Dye. By D. D. Stewart, M. D. Reprint.
 Curabilidad del Ictero Grave Primitivo. Por Emilio Martinez y Martinez, Habana, 1888.
 The Prevention of Yellow Fever in Florida and the South. By W. C. Van Bibber, M. D.
 The Electrolytic Decomposition of Organic Tissues. By Geo. H. Rohé, M. D. Reprint.
 Eating for Strength. By M. L. Holbrook, M. D., New York. M. L. Holbrook & Co.

Cortical Localizations of Cutaneous Sensations. By Chas. A. Dana, A. M., M. D. Reprint.

Success and Failure of Electrolysis in Urethral Stricture. By Robert Newman, M. D. Reprint.

Pulmonary Consumption Considered as a Neurosis. By Thos. J. Mays, M. D. Reprint.

Electricity in Diseases of Women. By G. Betton Massey, M. D., Philadelphia: F. A. Davis.

Transactions American Gynecological Society, vol. 13, for 1888. Philadelphia: W. J. Doman.

The Causation of Disease. By Henry Campbell, M. D., B. S. (Lond.) London: H. K. Lewis.

Tenth Annual Report of the Board of Health of the City of Memphis, and County of Shelby, 1888.

Fibro-Cystic Tumor of Uterus—Unusual Treatment; Cure. By E. J. Beall, M. D. Reprint.

Physiology, Historical and Geographical. By Geo. A. Evans, M. D. N. Y.: D. Appleton & Co.

Yellow Fever; Absolute Protection Secured by Scientific Quarantine. By Wolfred Nelson, New York.

Transactions American Dermatological Association, Twelfth Annual Meeting, Washington, 1888.

History of Education in North Carolina. By Chas. Lee Smith, Government Printing Office, 1888.

Pressure Forceps vs. Ligature and Suture in Vaginal Hysterectomy. By E. C. Dudley, M. D. Reprint.

Transactions of the Association of American Physicians; Third Session, 1888, vol. iii, Philadelphia.

Diseases of the Skin Associated with Diseases of the Female Sexual Organs. By Geo. H. Rohé, M. D. Reprint.

The Sixteenth Regular Report of the Medical and Surgical Staff of St. Francis Hospital, Jersey City, N. J., 1888.

International Pocket Formulary, with Appendix. By C. S. Witherstine, M. S., M. D. Philadelphia, F. A. Davis, 1889.

The Comparative Merits of Tracheotomy and Intubation in Treatment of Croup. By Geo. W. Gay, M. D., Boston, 1889. Reprint.

The Comparative Danger to Life of the Alternating and Continuous Currents. By H. P. Brown, Electrical Engineer.

Skin Diseases of Infancy and Early Life. By C. M. Campbell, M. D., C. M., Edin. London: Bailliere, Tindall & Cox, 1889.

Note on Rumbold's Treatment of Catarrhal Inflammations of the Upper Air Passages. By Ely McClellan, M. D., Chicago. Reprint.

Nouveaux Faits Confirmant L'Efficacité de L'Electrolyse Lineaire dans le Traitment des Retricissements de l'urèthre. Par Dr. J. A. Fort, Paris.

Report of the Committee on Ophthalmology and Otology. By S. S. Bishop, M. D. Reprint. Transcript Illinois State Medical Society, 1888.

Materia Medica, Pharmacy and Therapeutics. By Cuthbert Brown, M. D. Physicians' Ready Reference Series. Philadelphia, F. A. Davis.

Clinical Lectures on Certain Diseases of the Nervous System, by J. M. Charcot, M. D. Physicians' Leisure Library Series. Detroit, Geo. S. Davis.

Food Versus Bacilli in Consumption. An Open Letter from Ephraim Cutter, M. D., LL. D., to his son, Jno. A. Cutter, M. D., with Answer. Reprint.

Displacement of the Uterus. By B. S. Schultze, M. D. Translated from German by J. J. Macon, M. A., M. R. C. S., Eng. N. Y.: D. Appleton & Co.

Report on Medical Education, Medical Colleges and the Regulation of the Practice of Medicine in the United States and Canada. By Jno. H. Rauch, Illinois, 1889.

MEDICAL NEWS AND MISCELLANY.

THE MEDICAL COLLEGE of South Carolina held its commencement exercises in Charleston on March 2. There were twenty-five graduates in medicine.

DR. REEVES goes from Chattanooga, April 1, to Baltimore, where he will instruct a class of twenty-five for ten days in his specialty.

DR. E. E. ELLIS, graduate of Tulane University, was married in Dallas, Tex., and then returned to his home in Dyersburg, Tenn. We congratulate the Doctor and wish him every success.

EFFECT OF ANTIPYRIN ON THE SECRETION OF MILK.—Dr. T. H. Ross directs attention in the *Medical News* to the value of antipyrin in arresting the secretion of milk. He has found a daily quantity of 24 grains very effectual.

THE *Pittsburg Medical Review* thinks it well for some medical schools that they require as a condition of graduation that the graduate shall not attempt to settle in Virginia, or, if he does, that he shall never reveal the name of the medical school whence he graduated.

THE colored medical school, the Meharry Medical Department, and the only colored dental school in America, held joint commencement exercises in Nashville, Tenn., Feb. 21. There were fourteen graduates in medicine and six in dentistry.

WHEN constipation exists in women who menstruate profusely, as in rheumatic subjects, the *Medical Press* says: Equal parts of flowers of sulphur and calcined magnesia, mixed with an equal bulk of cream of tartar, will be found an excellent laxative.

THREE physicians in Leeds, England, recently attended a *post mortem* examination of a case of peritonitis, and each afterward, within 24 hours, attended a labor, which was followed by a fatal puerperal fever in each instance.—*South. Cal. Pract.*

THE International Congress of Hydrology and Climatology meets in Paris, Oct. 3 to 10, 1889. In the words of the circular “Les Sociétés et Associations Scientifiques, les Savants de la France et de l'étranger sont invités à prendre à cette réunion internationale.”

ANTIPRYIN, according to Dr. H. C. Wood, is a more successful remedy for chorea than arsenic. With the latter the average duration of treatment is sixty to ninety days. With antipryin he has succeeded in completely arresting convulsive movements within one week.

WE have just received vol. I, No. 1, of the *Memphis Journal of Medical Sciences*. It says quite frankly that it has not discovered an aching void, aching to be filled, but that it is determined “to create a want for it.” Certainly this initial number gives promise of full fruition to the determination. We bid it welcome and wish it success.

THE following is the record of infectious diseases in New York for the week ending Jan. 8: Typhoid fever, 29 cases, 11 deaths; scarlet fever, 544 cases, 87 deaths; measles, 809 cases, 35 deaths; diphtheria, 296 cases, 93 deaths. New Orleans should congratulate itself upon its comparative freedom from such scourges.

THE fifty-fifth annual commencement of the Medical Department, Tulane University of Louisiana, takes place on Wednesday April 3, 1889, at the Grand Opera House. Prof. Ashley D. Hurt delivers the address, and Dr. Jno. E. Davis, of Texas the valedictory. The invitation committee showed excellent taste in the selection of a design for the cards.

ANOTHER new journal is the *North American Practitioner*. Whether it has succeeded in discovering a vacancy is not expressed, for there is not an editorial line to be found of any nature whatever, unless their pages of book reviews be so styled. But its original articles, which fill nearly the whole number, are excellent. The *Practitioner* must be in demand if its future contributions continue equally as good.

SALICYLIC ACID IN DERMATOLOGY.—Dr. Heitzman of New York has found salicylic acid superior to chrysarobin and tarry preparations in a variety of skin diseases. In callosities, corns, warts, etc., no agent softens and destroys these tissues so well, except, perhaps, acetic acid. It is also to be regarded as a valuable parasiticide. It is used either in the form of powder, plaster, ointment or solution.

NIGHT SWEATS.—Few practitioners appreciate the exceedingly great value of agaricin as a remedy in night sweats, especially those of phthisis. The most profuse sweat is checked almost like magic with a single dose. It operates by diminishing thirst and increasing the secretion of urine. The dose may be pushed to the extent of one grain in the course of 24 hours. The single dose for an adult is from one-eighth to one-fourth of a grain.—*Technics*.

Daniel's Texas Medical Journal says: "Prof. Richardson, of New Orleans, is in such bad health as to be compelled to relinquish for a while the chair of Emeritus Professor of Anatomy in Tulane University." We would like to say that Prof. Richardson has never been emeritus professor of anything. He has been an active, hard-working lecturer on surgery or anatomy for more than twenty years and is now a full professor, though prevented by illness from lecturing for the past five or six weeks. Again, an *emeritus* professorship is not a very onerous occupation.

INJECTION FOR GONORRHOEA.—The following injection is stated by Turpura Impallamenti to be one that never fails. Of course, we are quite accustomed to hear every new treatment of gonorrhœa lauded as a specific by its author, so that this one may be accepted in the same manner as the legion which has preceded and will follow it. The author states (*Farmacaceutico Italiano*) that a 1 per cent. solution of creasote in decoction of chamomiles combined with boric acid will kill the gonococci in two hours. What is more interesting, probably, is his statement that he has cured five out of seven patients in six days.

THE report of the Memphis Board of Health is at hand. It is by no means a voluminous document, which perhaps speaks all the more strongly of the excellent condition of both board and city. The death rate, calculated upon a population of 55,494, determined by a house-to-house

inspection, was 27.75 per 1000; or white 24.64, colored 31.46. The total deaths were 1540. The death-rate of New Orleans for 1888 was—white 22.90, colored 32.04, total 25.41; quite a favorable showing for our city, when it is remembered that Memphis has quite lately been remodelled. The cost to the Memphis Board of the yellow fever scare of last summer was \$3266—a moderate sum indeed all things considered.

OUR esteemed contemporary, the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, in its editorial remarks under the caption, "A Medical Examining Board," animadverts upon the attitude of the University of Virginia toward the Virginia State Examining Board. "About the only opposition to harsh criticism directed to it (*i. e.*, the State Examining Board) comes from the state of Virginia itself, and perhaps this will not prove to be a move inimical to the board when the circumstances are more fully known than at present. This opposition, if such it must be, is in the shape of an endeavor on the part of one of the schools, the University of Virginia, to exempt its graduates from examination." We beg to assure our contemporary that this is a great mistake and does the University a great injustice. The policy of the University both in regard to its graduates in law and medicine has just been the opposite. It has always desired that its graduates should be examined by the state and not be exempt.—*Gaillard's Medical Journal*.

We are sorry that we have done our old Alma Mater an injustice, but we quoted the statement from some journal, upon which we cannot at present lay our hands.

As local treatment of the joints in *acute rheumatism*, among other means, Prof. Da Costa advises the following:

℞ Potassii nitratis	ʒj.
Morph. sulph	gr. ij.
Aq. destil	Oj. M.

SIG.—Keep the joint saturated.

For a case of *phthisis* at the clinic Prof. Da Costa directed ol. morrhuæ fʒiv t. d. ; inhalations of terebene ʒj to Oj boiling, water and the following prescription :

℞ Liquor. potassii arsenitis.....	mij.
Tinct. nucis vomicæ.....	gtt. v.
Tinct. cinchonæ comp.....	fʒj. M.

SIG.—*ter die*.

For the irritative fever of *phthisis pulmonalis*, when treatment is absolutely necessary, Prof. Da Costa recommends:

℞ Antipyrin..... gr. ij.
 Quinina sulph..... gr. j. M.
 Ft. j. in capsul.
 SIG.—One every few hours.

SALICYLATES IN RHEUMATISM.—In anæmic and poorly nourished patients suffering from rheumatism Solis Cohen for five years has been using the following prescription:

℞ Sodii salicylatis..... ʒiv.
 Glycerini ʒij.
 Ol. gaultheriæ..... mxx.
 Tinct. ferri chloridi..... ʒiv.
 Acidi citrici..... gr. x.
 Liq. ammonii citras, q. s. ad..... ʒiv.
 M. Sig.: ʒj several times daily.

PROF. DA COSTA ordered for a woman with mitral stenosis—dilatation with hypertrophy—the following prescription:

℞ Tinct. strophant..... fʒij.
 Elixir simpl..... fʒi.
 Tinch. cinch. comp., q. s. ad..... fʒiv.
 M. Sig.—fʒj t. d.

FOR common cold in the head (acute rhinitis) the following is of use in the early stages:

℞ Cocain. hydrochlorat..... gr. $\frac{1}{16}$.
 Morphiæ acetat..... gr. $\frac{1}{8}$.
 Pulv. talc..... gr. ij.
 Bismuth subnitrat..... gr. iv.
 Ft. pulv. i.

Mt. Sig.—To be snuffed into the nostrils every three hours until relieved; where necessary to use more than three powders, omit the cocaine after the third. (Sajous.)

TO RELIEVE the state of the digestive organs in inflammation characterized by coated tongue, constipation, nausea, etc., when the stomach will bear it, Prof. Gross directs—

℞. Hydrargyri chloridi mitis..... gr. v
 Ipecac
 Capsici, aa gr. j. M.
 Ft. Pil. j.

Sig.—Twelve hours after take two drachms each of Rochelle and Epsom salts.

—*Coll. and Clin. Record.*

MORTUARY REPORT OF NEW ORLEANS

FOR FEBRUARY, 1889.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial.....	1	1	1	1	1	1	2
“ Congestive.....	1	1	1	1	1	1	2
“ Continued.....							
“ Intermittent.....		1		1	1		1
“ Remittent.....							
“ Catarrhal.....							
“ Typhoid.....	3		2	1	3		3
“ Puerperal.....	1	1		2	2		2
Typho-Malarial.....							
Scarlatina.....							
Measles.....							
Diphtheria.....	8	1	4	5		9	9
Whooping-cough.....							
Meningitis.....	7	3	2	8	2	8	10
Pneumonia.....	15	14	18	11	20	9	29
Bronchitis.....	8	6	9	5	6	8	14
Consumption.....	36	31	46	21	67		67
Congestion of brain.....	5	3	5	3	6	2	8
Diarrhœa.....	1	4	2	3	5		5
Cholera infantum.....							
Dysentery.....	1	1	2		1	1	2
Debility, General.....	1	1		2	2		2
“ Senile.....	16	18	19	15	34		34
“ Infantile.....	1	4	3	2		5	5
All other causes.....	148	68	111	105	157	59	216
Total.....	253	158	225	186	308	103	411

Stillborn children—White, 22; colored, 13; total, 35.

Population of city—White, 184,500; colored, 69,500; total, 254,000.

Death rate per 1000 per annum for month—White, 16.46; colored, 27.28; total, 19.42.

DIPHTHERIA RECORD FOR FEBRUARY, 1889.

Dist.	CASES.			DEATHS.		
	White.	Colored.	Total.	White.	Colored.	Total.
1	4	1	5	2	.....	2
2	8	1	9	2	1	3
3	5	1	6	1	.....	1
4	10	.....	10	3	.....	3
5	.....	.....	.....	.....	.....	.....
6	3	.....	3	.....	.....	.....
7	.....	.....	.....	.....	.....	.....
	30	3	33	8	1	9

HENRY WM. BLANC, M. D.,
Chief Sanitary Inspector.

METEOROLOGICAL SUMMARY—FEBRUARY.

STATION—NEW ORLEANS.

DATE	TEMP ^{RE} .			Precip. in inches and hund.	GENERAL ITEMS.	
	Mean	Max	Min			
1	44.5	50.0	40.0	.....	Mean barometer, 30.204.	
2	46.5	50.0	44.0	T	Highest barometer, 30.47, 20th.	
3	48.5	56.0	44.0	.....	Lowest barometer, 29.76, 17th.	
4	49.0	58.0	48.0	T	Monthly range of barometer, 0.71.	
5	51.5	58.0	47.0	T	Mean temperature, 51.9.	
6	46.0	57.0	40.0	.....	Highest temperature, 76.0, 15th.	
7	38.0	49.0	32.0	.....	Lowest temperature, 32.7, 7th.	
8	54.5	67.0	42.0	.31	Monthly range of temperature, 43.3.	
9	55.5	58.0	53.0	.37	Greatest daily range of temp., 25.0.	
10	46.0	53.0	42.0	.35	Least daily range of temp., 5.0.	
11	48.0	54.0	42.0	.....	Prevailing direction of wind, N. E.	
12	51.5	64.0	44.0	.....	Highest velocity of wind and direction, 40 miles on 15th, S.	
13	52.5	65.0	46.0	.....	Total movement of wind, 6135 miles.	
14	59.0	70.0	53.0	.44	Total precipitation, 2.78 inches.	
15	69.5	76.0	62.0	.10	Number of days on which .01 inch or more of precipitation fell, 11.	
16	71.0	75.0	67.0	.02	No. of cloudless days, 8. No. of partly cloudy days, 3. No. of cloudy days, 17.	
17	70.0	75.0	69.0	.10		
18	58.5	62.0	57.0	.05	MEAN TEMPERATURE FOR THIS MONTH IN	
19	44.5	50.0	42.0	.....	1874..... 59.0	1879..... 56.0 | 1884..... 61.0
20	43.0	50.0	42.0	.01	1875..... 56.0	1880..... 60.0 | 1885..... 53.0
21	43.0	45.0	39.0	1.02	1876..... 59.0	1881..... 56.0 | 1886..... 53.0
22	47.5	56.0	40.0	.....	1877..... 56.0	1882..... 62.0 | 1887..... 65.0
23	51.5	61.0	44.0	.....	1878..... 55.0	1883..... 63.0 | 1888..... 59.0
24	45.5	61.0	38.0	.....	TOTAL PRECIPITATION (IN INCHES AND HUNDREDTHS) FOR THIS MONTH IN	
25	50.5	62.0	44.0	.....	1874..... 3.68	1879..... 2.13 | 1884..... 3.16
26	54.0	60.0	48.0	.01	1875..... 13.85	1880..... 4.62 | 1885..... 2.39
27	55.5	64.0	54.0	.....	1876..... 8.20	1881..... 5.80 | 1886..... 1.96
28	58.0	68.0	55.0	T	1877..... 0.98	1882..... 4.04 | 1887..... 5.58
29	.....	.....	.....	.....	1878..... 3.50	1883..... 1.59 | 1888..... 11.21
30	.....	.....	.....	.....
31	.....	.....	.....	.....
Sums	..	.....	.....	2.78	, Dates of frosts: 25.	
Means	51.9	.....	.....	.....

NOTE.—Barometer reduced to sea level and standard gravity. The T indicates precipitation inappreciable.

R. E. KERKAM, *Signal Corps Director.*

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NON-IRRITANT.

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PERAL STATE, SEPTICÆMIA, PYÆMIA AND SURGICAL FEVER.

DOSE :—From one-half to one fluid drachm.

In Acute Cystitis, when the urine is painful, scalding and irritating, use internally from one-half to a teaspoonful every three or four hours, or a little later on when the inflammation becomes **Chronic**, as an injection into the bladder in the proportion of from one to two drachms to two ounces of tepid water.

In Leucorrhœa use one ounce to eight ounces of water as an injection once or twice a day.

In all Catarrhal states of nose and throat, locally, half and half, or by atomization or inhalation in the proportion of one drachm to two ounces of water.

In Stomatitis, ulcerative or gangrenous, use either as a gargle (four drachms to two ounces), or internally thrice daily in the usual dose.

In Pharyngitis and **Laryngitis** use through inhalation in proportion of one drachm to two ounces of water.

In Gonorrhœa, as an injection, four drachms to two ounces of water once or twice a day as indicated.

In Obstetric Practice, both as a prophylactic measure and cleansing agent, it is most excellent. It should be applied to hands in full strength in making vaginal examinations or used per enema in the proportion of one part to eight of water.

In Vaginitis, specific or non-specific, as an injection from one to four ounces of water.

In Dermatitis locally applied in full strength every two or three hours.

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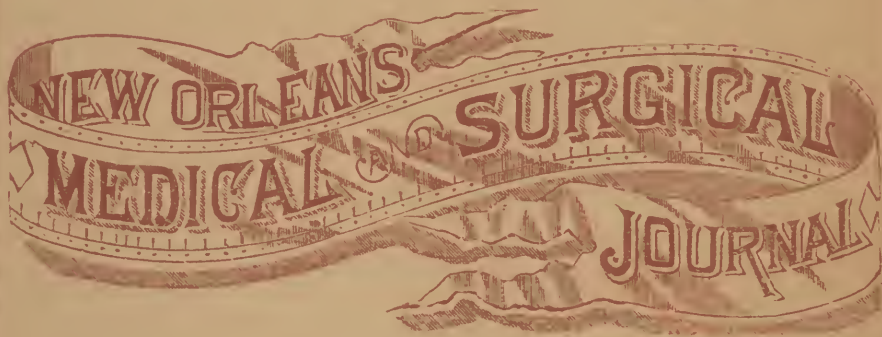
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NEW SERIES.
VOL. XVI.

MAY, 1889.

WHOLE No. 233.
No. 11.

The



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*Paullum sepultæ distat inertia
Celata virtus.—HORACE*

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NEW ORLEANS
MEDICAL AND SURGICAL JOURNAL.

MAY, 1889.

ORIGINAL ARTICLES.

No paper published or to be published in any other medical journal will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

On the Drilling of Capillary Holes Through the Skull for
the Purpose of Exploring with the Hypo-
dermic Needle.*

By EDMOND SOUCHON, M. D., Professor of Anatomy and Clinical Surgery, Tulane University of Louisiana.

It is a recognized and accepted surgical practice to explore the brain in doubtful cases, just as the abdomen specially is explored by exploratory laparotomies in all cases of doubt when the doubtful points involve extensive and dangerous surgical procedures.

It has been fully demonstrated beyond any doubt, particularly by Spitzka, that the penetration of the brain tissue by a hypodermic needle is an innocent operation, very seldom, if ever, followed by serious consequences when performed under strict antiseptic precautions. Some points, however, should not be penetrated, but it is not the object of this paper to discuss the details of the penetration of the brain substance. Its object is the penetration of the skull to reach the brain and its interior.

The *modus operandi* heretofore followed consists in

*Read before the Louisiana State Medical Society.

applying, under strict antisepsis, a crown of trepan at the suspected spot, and after removing the ring of bone to explore the subdural spaces and the brain. This trephining, though simple enough in itself, is none the less considered by many, even surgeons, as a regular and somewhat lengthy operation, requiring also one with some surgical experience, specially of brain surgery. For these reasons trephining as an exploratory procedure is only used very seldom, and when used is very often used too late. The files of the medical journals and the records of the *post mortem* rooms prove this assertion superabundantly. Constantly we read and we hear of chronic abscesses, of cysts, of tumors which have escaped detection during life, or have been diagnosed too late to attempt any surgical operation; or, if attempted, to give anything of a chance as would have existed had the trouble been located sooner. Many abscesses and cysts could have been aspirated, once or several times, and been cured, if the magnitude and apprehended complications of an exploratory trephining had not stood in the way.

Fully impressed with the importance of early diagnoses in these cases of brain trouble particularly, it occurred to me that it would be possible to substitute for the apparently formidable application of the trepan the simpler, readier, less formidable and less dangerous procedure of drilling through the skull a small hole, only large enough to introduce a hypodermic needle.

With this idea in view I proceeded to test the idea practically on dogs. All the rules of strict antisepsis and of location of the spots for operation which have to be observed for trephining were followed here and strictly adhered to. The animals were placed under chloroform specially with the view of controlling them and keeping them perfectly quiet.

The spot to be explored was shaved of its hair by a clip of the point of the scissors, and the place well washed and rendered aseptic. Then with a sharp-pointed aseptic bistoury a hole was made through the soft parts of the scalp.

Through this the bit of a watchmaker's drill was introduced, and as soon as it had reached the bone the instrument was held firmly pressed against the bone, and the sliding knot of the instrument worked, at first slowly, then swiftly and again slowly as the bit penetrated the bone and came near the brain substance. The bit is provided with a movable gauge and screw, which is adjusted so as to prevent the bit from penetrating too deeply into the brain tissue.

As soon as the skull has been penetrated the drill is withdrawn and a hypodermic needle with syringe introduced. The needle should be *twice as large* as the ordinary needle of our cases, so that if it should strike the thick pus of an abscess or the thick fluid of a cyst, the calibre will be large enough to suck it, which it will surely not do if the needle is as fine as the one ordinarily used for a hypodermic injection.

This procedure was performed twice on each side of the middle line of the skull on two dogs. Each time the needle was driven to the hilt within the tissues, the distance from the point to the hilt being about an inch and a half. The dogs were afterwards left to themselves.

Both recovered rapidly from the effects of the chloroform and behaved as naturally afterwards as if their skull and brain had not been perforated four times at different places.

After a rest of two weeks the animals were again put under chloroform, and again the skull and brain were drilled and explored in four places.

The result was exactly the same as at the first sitting. They recovered rapidly. The dogs were kept about the yard for several weeks to see if any remote effects would develop, but none were noticed.

After the dogs had been driven away they returned several times and never showed anything unusual.

During an experiment one dog was killed before recovering from the chloroform to see what damage if any had been produced. Besides an extravasation of blood of the

size of a nickel under the scalp, and one of the size of a pea under the pia-mater, nothing else could be seen of the traumatism inflicted.

The greatest advantage of the method is the simplicity of the operation, and on that account the possibility of exploring several points of the brain at the same sitting, instead of being limited to a given area, as in the case of the trephine.

The needle upon striking a tumor of greater consistency than the brain substance would immediately impart the sensation, localization and consistency to the hand of the explorer. If no such sensation is experienced then the piston should be worked at different depths to see if there is no fluid tumor at the points explored.

Only in cases of tumors of the same consistency as the brain substance would the procedure be useless and yield no information, positive or negative.

I do not think, in the presence of the great progress of brain surgery, that it is a chimerical idea to say that some day the skull will be drilled in cases of cerebral hemorrhage, and the blood aspirated here as it is in other situations.

Puerperal Eclampsia.*

By R. H. DAY, M. D., Instructor in Diseases of Children, New Orleans Polyclinic.

Among the myriads of ills in our world affecting poor humanity not one is more appalling in its manifestations and results than puerperal convulsions; and I know of no disease that has more deeply engaged the attention of the general practitioner and obstetrician, or that has been more written about during the last fifty years. And yet, with this vast literature, embodying the observations and the researches of our wisest and most experienced physiologists and accoucheurs, the medical mind to-day is still divided and unsettled regarding its etiology, its true and essential pathology and its most rational and successful mode of treatment.

*Read before the Louisiana State Medical Society.

But what is puerperal eclampsia? Says Playfair: "By the term puerperal eclampsia is meant a peculiar kind of epileptiform convulsions, which may occur in the latter months of pregnancy, or during or after parturition, and constitutes one of the most formidable diseases with which the obstetrician has to cope. The attack is often sudden and unexpected, so terrible in its nature and attended with such serious danger, both to the mother and child, that the disease has attracted much attention. * * * Considerable confusion exists in the description of puerperal convulsions from the confounding of several essentially distinct diseases under the same name. Thus in most obstetrical works it has been customary to describe three distinct classes of convulsions—the epileptic, the hysterical and the apoplectic. A pregnant woman may suffer from hysterical paroxysms, or she may be attacked with apoplexy, accompanied with coma and followed by paralysis. But these conditions in the pregnant or parturient woman are identical with the same diseases in the non-pregnant, and are in no way special in their nature. True eclampsia, however, is different in its clinical history from epilepsy, although the paroxysms while they last are essentially the same as those of an ordinary epileptic fit."

Meigs says: "Among the many grave and alarming accidents that occur to pregnant, puerperal and lying-in women, the puerperal convulsion is regarded as one of the most dreadful; it never breaks forth without carrying terror among all the spectators, and the scene exhibited during one of the paroxysms cannot be observed without emotion by the most experienced and use-hardened physician."

In the second volume of the *Cyclopedia of Obstetrics and Gynecology*, published by Wm. Wood & Co., page 91, Charpentier says: "It is one of the most alarming complications of albuminuria gravidarum;" and further adds: "Eclampsia is described as an acute disease coming on during pregnancy, labor or the puerperal state, and charac-

terized by a series of tonic and clonic convulsions, affecting at first the voluntary muscles, and finally extending to the involuntary muscles, accompanied by a complete loss of consciousness, and ending by a period of coma or sleep, which may result in cure or death.”

Such is the graphic and true picture of this most terrible malady of all the diseases incident to pregnancy and child-bearing, as drawn by the hands of experienced and master accoucheurs; and I am confident that no one who has ever witnessed its outbreaks will consider the picture overdrawn.

It has been my fortune or misfortune to have encountered this disease many, many times, and I confess always with the keenest emotions of fear and terpidation, and I can corroborate what these authors say.

We have seen that this disease is peculiar in affecting women only in the pregnant and puerperal state. And yet it is equally well established that all pregnant and puerperal women do not have it; that many, and the vast majority of women, pass through pregnancy and parturition without having this disease. Then, what particular condition or state of the system is it that develops in the pregnant and parturient female to give rise to this terrible neurotic explosion?

Many theories have been advanced, but none have stood the test of critical clinical experience, and to-day we are still at sea upon this question.

At one time it was confidently claimed that it was albuminuria, based upon the supposed fact that albumen was found to be present in the urine of all eclamptic parturients. But this theory was set aside, because it was ascertained that if all pregnant and parturient women did have albuminous urine, yet the vast majority of them did not have eclamptic seizures; and hence some other factor was clearly needed to determine an attack.

Then it was made to be uræmia; the presence of urea in the blood, as the peculiar toxic agent. According to

Charpentier, "although Rostor, Christison and Gregory first described the presence of an excess of urea in the blood of eclamptic patients, it was Wilson who, in 1833, created the word, and the morbid entity of uræmia. Adopted since by all authors, this word has remained in science; but if the word has remained it is not so with the theory, which attributes the cerebral phenomena to the presence of an excess of urea in the blood. While Wilson, Hammond, Friez, Lalesky considered urea as poisonous, Babbington, Bright, O'Rees, Christison, Frerichs, Schotten, Segalas, Hoppe, Gallois, Brown-Sequard, Cl. Bernard, Oppolzer, prove that urea is inoffensive; and the theory of Wilson was overthrown by the experiments of Cl. Bernard, who, injecting urea into the veins without producing convulsions, proves that urea is incapable of producing the nervous complications of albuminuria and eclampsia."

The theory of uræmic poisoning as the cause of eclampsia falling to the ground, the theory is advanced by Frerichs "that urea, accumulating in the blood, is transformed by a ferment into carbonate of ammonia, and that it is to this that eclamptic convulsions are due," the condition being named "ammonomania."

This theory, while advocated by a few and opposed by others, "was overthrown by Cl. Bernard, who has demonstrated that carbonate of ammonia is nearly always present in the blood of sick or well people." [Charpentier.]

Seeing, then, that neither the presence of albumen in the urine nor of urea and ammonia in the blood satisfactorily accounts for the occurrence of eclamptic convulsions in the pregnant and parturient woman, these close observers and keen investigators, headed by the researches of Schotten, have devised the condition and name of urinæmia, as expressing a urinous state of the blood, and hence urine poisoning. Schotten has asserted that "the kidneys not only secreted urea but other substances, as creatin, creatinin, leucine, etc., as yet but little understood." Charp-

entier claims that this opinion is "favored by Reuling, Hoppe, Oppolzer, Perls, Lalesky, Fabius, Fournier, Chalvet and Gubler, and confirmed by the experiments of Challan and accepted by Peter," and adds: "The pregnant woman affected by eclampsia is *urinæmic*. It is because all the elements of the urine have accumulated in her blood that she is a prey to the complication known as eclampsia; that there occurs a great and complex disturbance of innervation, of which convulsions or only a symptom."

As recent and as plausible and seemingly scientific as this theory is, it is already shaken by the experiments of Hypolite, who, contrary to the researches of Quinquad, shows that there is really less urea to be found in the blood of pregnant women than in the non-pregnant, and the questions are well asked: "What do all these theories prove? Which is true?" and frankly answers: "It is at the present time impossible to say."

Evidently all of these theories embrace much that is true, but there is too much science in them and not enough of close clinical observation. We must, perforce, fall back upon a theory more in harmony with the clinical facts observed in the attacks of puerperal convulsions, and in their antecedent conditions, and see if we cannot discover in their analysis some daylight in the midst of this scientific darkness.

Let us go back a few years to our own illustrious countryman, the late Professor Meigs of Philadelphia, that acute medical observer and lucid writer and practical worker in obstetrics and the diseases of pregnant women, and see if he has not something valuable to say in reference to the conditions in the pregnant and parturient female, giving rise to this horrible disease. In his Treatise on Obstetrics he says: "It would seem that any person conversant with the nature of obstetrical disorders, accidents and tendencies, ought not to feel surprised at the outbreak of a paroxysm of eclampsia in a pregnant woman not yet advanced to her term, and much less in a woman

enduring the pains, terrors and fatigue of her labor, for labor is almost always attended with augmented impetus of the blood's motion, and with those coincident changes in the animal heat, sensibility and irritability, I have already discoursed of in a former page. Whether we advert to the changed susceptibility of the pregnant woman, which develops a state closely allied to the hysterical condition, or whether we consider the extreme violence with which the blood of a woman in labor rushes along the arteries of the encephalon, we must admit that the brain cannot but be in an excited state and prompt to exert its power in such a manner as to convulse the whole or part of the muscular system; the activity of the cerebro-spinal system is always proportioned to the quantity and impetus of the blood circulating in the vessels; and every woman in labor whose pulses become hard, large, frequent and violent, ought to be held liable to be convulsed by the neurosity extricated in consequence of such a circulation. An experienced practitioner is invariably surprised when he observes no augmentation of the blood's motion in a severe labor, for it is a rule attended with rare exceptions that the heart beats with excessive force, and that the arteries are highly charged and loaded with blood during the pains and exertions of the parturient state. Long protracted pressure of the womb on the parts in the abdomen that may have produced *œdema gravidarum* must also in some measure have impeded the downward course of the aortic current and checked the flow in the emulgent veins. The effects of such impediments are inevitably to cause protracted, habitual hyperæmia of the brain and cord, and to fill the vessels of the kidneys and so interfere with the discerning action of those important organs. Thus is laid the foundation of the double mischief of an over-filled encephalon and of an engorged or hyperæmic kidney, which is one of the states of Bright's disease, and which cannot but vitiate the mass of the blood. When a woman whose blood has become impure by the retention of the principles

of the urine, and who has had habitual hyperæmia of the brain and cord, has safely passed through the perils of parturition, only a few hours are required to wholly remove the encephalic fulness and take away the venal engorgement, and so remove altogether the conditions that had brought her life into peril. Even where she may have been seized with eclampsia, and that of the most violent grade, she very soon recovers her health after the birth of the child; provided, some lesion of the brain, the cord, or an internal viscus, has not taken place during the violent stages of the convulsions. In such an event she could not be expected to recover speedily, and where the lesion has been a grave one, perhaps not at all. * * * So convinced am I that the disorder is one of the effects of the impetus sanguinis and the cerebral and spinal hyperæmia, and a result rather of the quantitative than of the qualitative force of the blood, that I have placed at the head of this article the words puerperal convulsions, instead of the words puerperal eclampsia, which, if I had obeyed the dictates of our modern fashion in medicine, I should have chosen for its caption."

Dr. Imbert Gourbeyere, an eminent physician of Paris, has reported to the Academy of Medicine that in 164 observations of albuminuria in pregnancy by various authors that 94 albuminuric cases were accompanied with eclampsia, 65 albuminuric without eclampsia and 5 cases of eclampsia in women whose urine contained no albumen; while Blot, in 41 albuminuric pregnant women, had only 7 attacked with eclampsia. Says Meigs: "Will the student then endeavor to settle for himself the question whether the presence of urea (or all the extractives of the urine) in the blood does or does not cause the convulsions of puerperal women? Will he consider whether the hyperæmic state of the brain, induced by the presence and obstructing of the gravid womb, and the hysterical tendency superinduced by the state of pregnancy, by panic, by fatigue, by violent haste in the circulation, by modifi-

cations of the blood brought about in the increased throbbing of the heart, the muscular effort, etc., may be fairly admitted as coequal at least with the uræmic or albuminuric in the causation?" Dr. Meigs further states; "I have already indicated the causes that should inevitably give rise to the œdema of pregnant women, and pointed out the reasons why those causes should equally operate to establish a hyperæmic condition of the encephalon, the superior extremities, the lungs, etc. It is also manifest that the intrusion of a gravid womb into the abdomen, thrusting away in its rise the whole mass of the intestines, often in pregnant people overburdened with the residues of digestion, must exert a considerable obstructing influence on the emulgent veins. Any arrest or stasis of the renal circulation thus produced could not but bring about a transient morbis Brightii, which consists in engorgement or hyperæmia of the kidneys; but inasmuch as the most enormous œdema gravidarum is usually found to disappear within three or four days, and sometimes sooner, after the birth of the child, so the hyperæmia of the kidney, arising from obstructed emulgent veins, might disappear in like manner and from the same cause. In fact the albuminuria puerperarum does disappear very soon after birth, and that whether the woman has had eclampsia or not. If this be a correct view of the facts I see not what shadow of reason any man can discover for attributing the convulsions to the uræmia, rather than to the engorgement, hyperæmia, or increased impetus sanguinis in the circulation. In the meanwhile I am very far from maintaining that the constitution of the blood is an indifferent item in the causation, for I do believe that blood rendered morbid or abnormal, by whatsoever cause, cannot but prove promotive of various disorders of the nervous mass, as well as of the tissues it governs and innervates, to maintain them in their power and their life."

It is very evident from the copious extracts which I have made from the writings of Dr. Meigs in relation to puer-

peral eclampsia that I attach a great deal of importance to his views, and am thoroughly convinced of their correctness in the main, sustained and corroborated as they are by my own individual experience, which is by no means very limited.

It is important that we have just and correct conceptions of the pathological states or conditions in all cases of sickness we may be called upon to treat, since it is upon this knowledge that our therapeutic measures must be adopted, and our success and our failures determined.

Now it is manifest, if uræmia or urinæmia be the true pathological condition and determining cause of puerperal eclampsia, then the correct and rational treatment presenting itself to every sensible physician would be to use such medicines as would chemically neutralize these poisons in the blood, or eliminate them from the system. We know of no such medicines; and no practitioner of medicine is wild enough to treat a case of puerperal convulsions upon any such line of medication.

But, if we regard puerperal convulsions as the result of congestion and hyperæmia of the brain and spinal cord, and a peculiar convulsibility of the nervous system brought about or induced by the gravid and distended uterus, pressing upon and obstructing the circulation in the abnormal vessels and organs, and thus morbidly affecting or vitiating their normal functions, and frequently resulting in the accumulation and retention in the blood of all the urinous excrementitious elements, the rational plan of treatment is at once suggested, and which experience proves is the most successful mode of treatment.

Having dwelt so long on the special conditions presented in the pregnant and parturient state, favoring the development of eclampsia, simply with the view of making the principles of treatment plain, logical and rational, it remains only to mention those measures that are best adapted to meet these indications with the greatest promise of success. At the head of these measures stands

blood-letting; prompt, free, full; carried to the extent of relieving at once the engorgement and hyperæmia of the brain and spinal cord. I have never found it necessary to bleed more than once in any case of puerperal eclampsia, because, without regard to the quantity, I bleed till the encephalon is unloaded, be that more or less in quantity. If the bowels are constipated evacuate them as quickly as possible, either by enemas or strongly acting purgatives by the mouth, as each case may demand.

The inhalation of chloroform at the time or beginning of each convulsion, to the extent of completely arresting all muscular spasms; and the administration of chloral in full doses, either by the mouth or rectum, as the case may admit, to overcome that peculiar modification of the nervous constitution, denominated by Weigand, *Convulsibilitas*. Whether that convulsibility be acquired or inherited. And it may be, and probably is always the case, that this proneness to convulsions is hereditary, born with the child as an inheritance, and developed and brought into activity by disturbing causes and environments, just as other constitutional proclivities are developed into active and dangerous maladies.

As a matter of course, the prompt evacuation of the pregnant uterus is demanded in every case and as quickly as it can be safely done. Some physicians look upon forced delivery in these cases as so urgently demanded that they even insist upon dragging the fœtus out with the forceps before os uteri is dilated.

At a recent discussion of this subject before the Atlanta Medical Society, as published in the February number of the *Atlanta Medical and Surgical Journal*, Dr. Hardon said “that he believed rapid delivery to be the true and scientific way of treating puerperal convulsions; that he had long held this opinion, and mentioned, in connection, that Lusk and other authorities gave as their experience that convulsions would and did cease as soon as the uterus was emptied. He thought that delaying was very dangerous; that many lives were lost thereby.” “Dr. Divine asked Dr.

Hardon if it was not very difficult to dilate the os in some cases. Dr. Hardon answered that if the woman had been in labor for some time it was not difficult; that he was in the habit of using Tasnier's long, narrow-bladed axis-traction forceps, and would apply them and grasp the head, whether it had entered the brim of the pelvis or was high up and not engaging, and would complete the dilatation as he brought the head down to and through the os, and that in this way he had never failed to empty the uterus and bring about good results."

I mention this sharp experience and strong opinion of Dr. Hardon, not as an example to be followed, by any means, for I believe it to be hazardous in the extreme; nor do I believe such hasty stretching of the os to be ever necessary, since with the fingers, Barnes' dilators, and more recently with Allen's surgical pump, the os can always be safely and soon dilated to the necessary standard to admit of speedy delivery without any danger of tearing the os and inflicting serious injury to the womb and soft parts of the patient. Hence, while urging speedy delivery in all cases of puerperal convulsions, I advise, first, free venesection—chloral hydrate, chloroform, and purgatives if needed; and then the prompt but cautious dilatation of the os, and the application of the forceps as soon as they can be safely and efficiently manipulated.

Some Important Characteristics of the Late Syphilides.*

By HENRY W. BLANC, M. D., Dermatologist to Charity Hospital; Lecturer on Dermatology Tulane University of Louisiana; Instructor in Skin and Venereal Diseases New Orleans Polyclinic; Dermatologist to Touro Infirmary, etc.

The object of this paper is briefly to call attention to certain peculiar characteristics taken on by the lesions of syphilis, which appear upon the skin after the general outbreak of the secondary period has disappeared.

These late eruptions, or "tertiary" lesions, as they are commonly called, are frequently seen in the hereditary form of the disease, and may appear in acquired syphilis

*Read before the Louisiana State Medical Society.

at any time from six months to forty-five years after the initial induration.

Differing from the earlier forms in that they are local, deep-seated and asymmetrical, they call for special attention because of characteristics which are peculiar to this disease, and the recognition of which will enable the diagnostician to pronounce positively upon the case when history and earlier symptoms are wanting, or, at any rate, obscure.

No time need be lost here in showing how difficult or impossible it is in many cases to trace from child to parent a disease whose cause the one never knew and the other may be desirous of concealing; or to expect persons in middle life to so combine in their memories half-forgotten facts which might assist us in arriving at correct conclusions. And so it is that we are frequently confronted with lesions of the skin which *must be diagnosticated on their objective symptoms alone*.

To apply this method of diagnosis to all the lesions of syphilis which appear late in the disease is not always easy, but that it may be done in a large majority of cases I am firmly convinced from a constant and satisfactory experience.

Let us remember what the syphilitic deposit is composed of—that it is a dense cell infiltration of the corium, projecting downward, in the case of the gumma, into the subcutaneous connective tissue, or even deeper, and is always sharply limited at the border.

These round cells closely packed together give the lesion (papule, tubercle or gumma, as the case may be) its firmness and inelasticity, while they at the same time constrict the blood vessels, diminishing vascularity, and cause a deposit of hæmoglobin, which produces the deep, opaque red so noticeable in the syphilide.

Regarding, then, the causes which produce the various lesions as operating by one and the same process, the tubercle being only an advanced papule, and the gumma or

syphiloma as a large tubercle, it is easy to see how ulcers of various sizes may result from the disintegration of any of these round-cell deposits.

Syphilitic ulcers are clear-cut and never penetrate beyond the points of infiltration of the antecedent deposit, and the pyramidal shape of many tubercles with bases in the subcutaneous tissues will account for the undermined edges of the ulcers. As a necessary corollary to these facts we are to understand that the syphilides are immediately surrounded by healthy skin.

The syphilitic deposit in the integument does not long retain any one configuration—it must either resolve, ulcerate or cicatrize.

These processes begin in the centre and may continue while new deposits are forming at the periphery. The peculiarity by which new tubercles appear near the borders of earlier ones, or, as sometimes happens, form more thickly at one point than at another, causes the growth to take on a serpiginous or creeping character.

It is a common thing for tubercles to appear as crescentic or kidney-shaped patches, like segments of a circle, though lesions to complete the geometrical figure may never have existed; and to this peculiar arrangement it is desired to call particular attention.

For this purpose several diagrams have been prepared, which represent in outline a tuberculo-ulcerative lesion in the centre of the face of a negress, 17 years of age, who was treated by me in Charity Hospital some six months ago, and presented to the medical class before treatment as well as after the face had healed under large doses of iodide of potash.

The disease was apparently of the hereditary variety, and had begun some eighteen months before, destroying by ulceration a portion of the soft palate, including the uvula. Then, spreading forward, the nose had been attacked and entirely destroyed by ulceration. When seen first by me the nasal cavity was an open empty



Fig. 2.

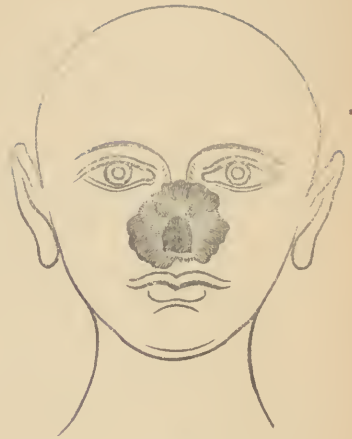


Fig. 1.

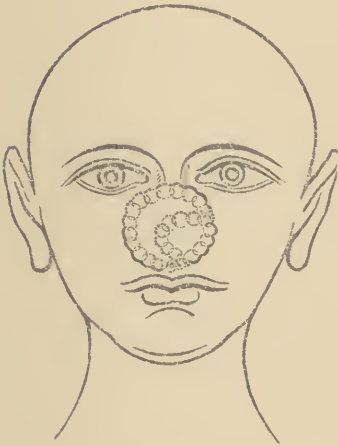


Fig. 4.

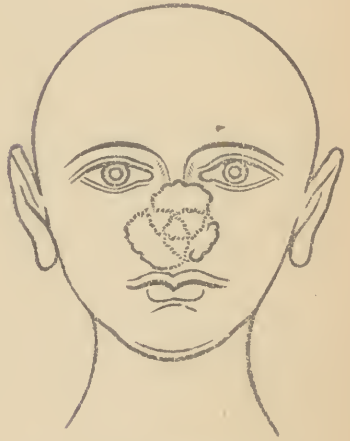


Fig. 3.

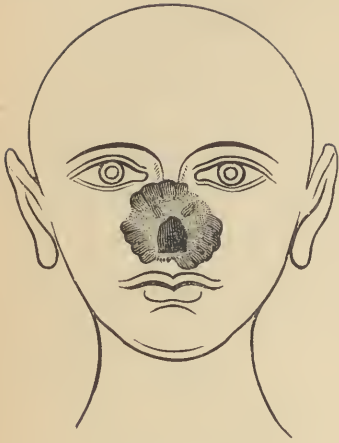


FIG. 1.

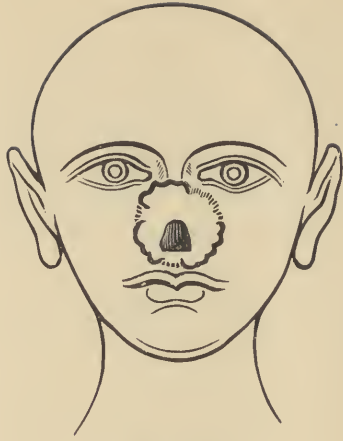


FIG. 2.

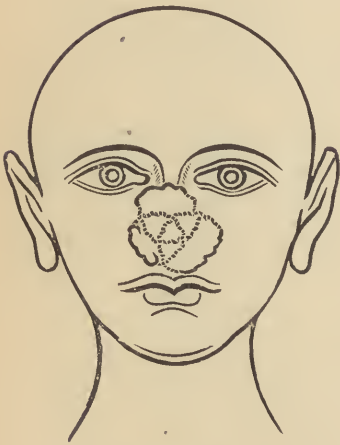


FIG. 3.

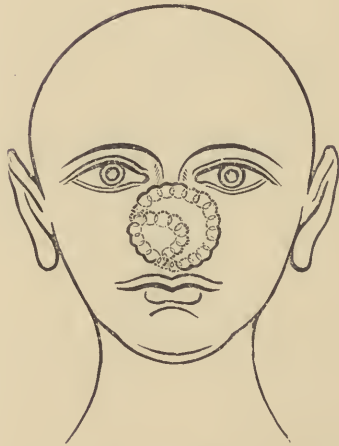


FIG. 4.

space, discharging a thick, offensive mucus. while the disease was spreading in three different directions, as shown in the accompanying drawing—namely, above towards the eyes, and below towards the cheeks and angles of mouth. The sense of smell was gone and that of hearing decidedly impaired.

Figure 1 is an outline representation of the lesion as it actually appeared, showing three crescentic patches of a tuberculo-ulcerative character spreading out by their convex borders and leaving smooth scar-tissue behind. In the centre is the open nasal fossa still ulcerating within and discharging mucus and pus.

Apparently this is but one of the ordinary ulcerations described in the surgeries under the somewhat generic and confusing term of "lupus exedens," but this ulceration, like Hamlet's madness, has method in it; for, if we supply in the drawing a few more scalloped lines to connect the disconnected segments end to end, we will complete the outline of a scalloped circle, as shown in Figure 2.

Although it requires that we should produce imaginary lines to complete this peculiar circle, it is but reasonable to suppose that in this and other similar cases, were the disconnected segments left to themselves, they would continue to approximate their ends and ultimately form a larger circle, which would be modified only by the anatomy of the parts.

Let us look again at Figure 1 and study each lesion or segment distinct from the rest; in other words, let us consider each patch as if it bore no relation to the others, and then complete the circle of which it is a segment. We will then have three distinct interlacing scalloped circles, as in Figure 3.

Remembering what was said of syphilis in general—namely, that the ulcers consisted of broken-down deposits—we apply it here, and observe that the scalloped edges which look as if they had been scooped out by a fingernail are the products of ulceration in actual tubercles, located on the edge of a growing syphilitic patch. Each

tubercle, were it alone, would form an ulcer with a diameter equal to its base, but being placed beside a number of others the outline becomes scalloped instead of circular, on account of the confluence of the contiguous lesions.

A number of small circles arranged chain-like, as in Figure 4, give an idea of the appearance the tubercles would take on did they overlap one another instead of becoming confluent, as in reality they are compelled to do.

We have found in the case just reviewed, which is the type of many late syphilides, three distinct circles—first, the large single circle, the outline of which corresponds to that of the grouped lesions. Then we have the smaller interlacing circles—three in this case—though the number varies. These smaller or secondary circles, when present, are usually close enough together to cause intersection of the produced segments.

The third group of circles to be noticed is illustrated in Figure 4, where we have a series of rings arranged chain-like and overlapping one another.

Taking the above cited case as a type of the late tuberculo-ulcerative syphilide we may fairly draw the following conclusions: The cutaneous lesion of long-standing syphilis is a local one, confined to narrow limits on the surface, and consists either in a tubercular deposit, or the result of it—an undermined ulcer.

These deposits and consequently their resulting ulcers are generally arranged in groups, reniform or crescentic, and seem always about to form a ringed or circular patch, though the rule is that they shall fall short of doing so. Frequently several of these crescentic patches are seen close together, and their arrangement presents the outline of an incomplete circle or ellipse.

Viewed attentively the syphilitic lesion is seen to be a series of tubercles placed side by side, or separated by short spaces, and it is to the existence of these separate deposits that the scalloped edge of the syphilitic plaque owes its existence.

Two Cases of Hysterectomy with Remarks.*

By GEORGE B. LAWRASON, M. D.

On June 21, 1888, Mrs. M. L. was admitted to Ward 43 of the Charity Hospital. She was a rather large woman, 40 years of age and apparently in good health. The history obtained was as follows: Her first menstruation appeared at the age of 17. She had had painful menstruation at times, but never sufficiently painful to call for treatment. Though she had had four living children, she miscarried four times before bearing her first child to full term; this labor was severe, but the subsequent ones were easy. No history of syphilis was obtained. She has been a widow four years and enjoyed good health until about five months ago, when she commenced feeling a dull, constant pain in the lower part of the abdomen, and her menstruation became irregular and distressingly painful, the pain being most severe during the four or five days preceding the appearance of the flow. Menstruation appeared every two or three weeks, was very copious, and between each period there was a constant yellowish, offensive discharge. For the last five weeks she had had constant backache.

On examination the womb was found perfectly movable, slightly enlarged and on the lips of a lacerated cervix were found angry, suspicious-looking granulations. A small piece of this part of the cervix was snipped off, and the diagnosis of epithelioma confirmed microscopically.

The case was favorable for hysterectomy, and after the operation and its alternative were explained to the patient she readily consented to the former.

On July 9 Martin's operation for hysterectomy was performed. Great care was taken to ligate all tissues before cutting, and only four or five drachms of blood were lost. We shall not attempt to go through each step of the operation, but will only say that Martin's procedure was accurately copied, and would refer any one to the author's

*Read Before the Louisiana State Medical Society.

own description for information. The operation took two hours, was tedious and somewhat difficult. As the ovaries did not come within easy reach they were not removed. A drainage tube was inserted, the opening in Douglas' cul-de-sac was closed with sutures and the vagina packed with iodoform gauze. There was very little shock, and the next day, on entering the ward, the patient was found sitting up in bed. The temperature never rose above $100\frac{1}{2}$ degrees. On the fifth day the bowels were moved. Her recovery was uninterrupted save by an attack of cystitis, due very likely to the use of the catheter, and a few granulations on the line of the cicatrix, which were burned with lunar caustic.

On October 5 the patient returned home in perfect health. The delay in her departure was caused by the difficulty in finding and removing some of the stitches which had become imbedded. From what I can learn there is no indication of a return of the growth.

In the second case the result was not so satisfactory, though it is not altogether fair to let it count against the operation.

On June 25, 1888, M. D., aged 25, was admitted to the Charity Hospital. She had been married six years; had had two children and one abortion. Her last child was born two years before. Only four months before had she noticed any deviation from health. She had nursed her last child fourteen months, but her menses had not recurred until four months ago. They were very copious, and had continued abundant ever since. She had suffered no pain, and only within the last few weeks had she noticed that there was an offensive discharge from the vagina. For the relief of this she had applied to the hospital.

There was nothing in her appearance of a cancerous cachexia. A vaginal examination revealed an epitheliomatous degeneration of the cervix, which had to a slight extent invaded the posterior vaginal wall, the tissue around, however, being apparently sound and the uterus freely movable.

After explaining to her exactly her condition and the probability of a return she concluded to take her chances with an operation.

On July 12 Martin's operation for hysterectomy was performed. There was considerable difficulty in introducing the ligatures, and some hemorrhage. The operation was long and tedious, and lasted two hours and a half. The shock was severe, but she gradually recovered and was doing very well, the temperature ranging from $99\frac{1}{2}$ degrees to 100 degrees, when on the eighth day symptoms of tetanus appeared. These went from bad to worse, uninfluenced by treatment, and three days later she died. Microscopical examination of the tissues after death gave evidence of the cancerous tissues having been completely removed.

I purposely omitted description of the operation, being now firmly convinced that Pean's operation substituting the clamps for sutures is decidedly preferable.

In modern surgery there is too great a tendency to prolonging operations. This adds a considerable element of danger to operations, and in hysterectomy especially shock is to be avoided as much as possible.

It is also very difficult to tie the ligaments securely with silk ligatures on account of their depth and the narrowness of the vagina. Clamps are not only easier to apply, but control the hemorrhage more certainly. Ligatures make a convalescence more tedious on account of the difficulty in removing them. Clamps are removed from the second to fourth day without the least trouble.

In these two cases the uterus, according to Martin, was delivered by being turned backward and the fundus drawn out first. This is unnecessary and perhaps harmful, there being great danger of infecting the peritoneum with a cancerous cervix.

In comparing these two cases we find several points of interest. One patient was 44, the other 25. In the first, the growth was rather slow and painful, giving ample

warning of the damage that was being done; in the second, the course of the disease was so rapid and painless that the patient was almost beyond hope of recovery before she was aware of her danger.

In recalling cases during several years of hospital experience it was the rule to find cancers of the cervix in young people beyond recovery before symptoms, severe enough to alarm the patients, had appeared. This is undoubtedly due to the softness of the tissues at that age, allowing the cancer cells to multiply without causing much pressure on the nerves. In the first case we had an indurated cervix, with nerve fibres resenting any additional pressure that might be put upon them.

The cause of the tetanus in the second case must have been independent of the operation. We had quite an epidemic of traumatic tetanus in the hospital at that time; one patient in one of the male wards died the day before my patient of traumatic tetanus, following a trivial injury.

In writing the report of these cases I could not help thinking that, after all, however successful we may become in the safe removal of these tumors, our duty lies in laboring for their prevention. Our inability to cure cancers we confess in our resort to the knife. Have we done what we can for prevention? The Germans are hunting for a microbe; granting they find it, what then? Has consumption diminished or been cured because of the finding of the bacillus tuberculosis? No. The keynote of this new march of progress has been sounded by Sir Spencer Wells.

In the last Morton lecture he gave some statistics on the increased mortality from cancer, which are startling indeed. In England the increase has been from 7245 in 1861 to 17,113 in 1887. That this is not due to the natural increase of population we see from the fact that the proportion to 1,000,000 inhabitants had increased from 360 in 1861 to 606 in 1887 in England. In Ireland from 350 in 1877 to 430 in 1887, and in Scotland from 404 in

1871 '75 to 540 in 1881 '85. There is no explaining away these figures; the fact stands that, from some cause or other, cancer has increased and is increasing rapidly. In a quarter of a century the mortality from this disease has about doubled. Should the same proportion of increase keep up a hundred years more will find the mortality to be something like 1 per cent.; in two hundred years, 15 per cent., and it would take less than three centuries to kill the whole of the population of England with cancer.

Is this not truly startling, and have we any reason to suppose that these calculations, which are based upon English statistics, are not applicable to us? If so, the sooner we set about trying to find out, with all the earnestness the subject demands, what changes in habits and surroundings are responsible for these diseases, the better it will be for the preservation of our race. If we are not able soon to remove the cause or cure the disease, Malthus need never have been anxious about the earth being overcrowded.

The data for these researches could be easily obtained if systematic and intelligent endeavors were made to get them.

Very few persons die of cancer without their neighbors and friends being aware of the facts. It seems to us that by dividing up the statistics of cancer mortality according to the walks in life, habits, climates, races, antecedents, diseases, etc., data could be gathered that would go far towards preventing and stamping out the disease. This field of research gives in our opinion much better promise of success than hunting for a "bug" under the microscope.

Our legislators can certainly find no better opportunity for benefiting mankind in general and their own people in particular than by furnishing the means and money for the collection of these statistics.

HOSPITAL REPORTS AND CLINICAL NOTES.

POLYURIA—ANTIPYRIN IN DIABETES INSIPIDUS.

By J. E. KIBBE, Abbeville, La.

On July 14, 1887, I was called to see Mrs. S. P.; married; age about 50 years; the mother of two children, the eldest 24 and the youngest 15 years old. She was very stout and fleshy, weighing not less than 225 pounds. Her husband gave me the following account of her case: She had for fifteen years past suffered from an excessive thirst, drinking large quantities of water at frequent intervals. I was shown a vessel holding three gallons that was filled every night before going to bed, and she would invariably drink the whole of this water before the next morning. She drank in proportion during the day. She also drank very freely of milk, it being her principal diet. She passed her urine frequently and in enormous quantities: in fact, she was compelled to urinate every few minutes. Specific gravity taken only once by myself, while she was in this condition, was 1008.

Her husband asserts that she had been in this condition for the last fifteen years, and that during the whole of this time she was never in the least relieved, notwithstanding she had been treated by numerous physicians practicing in the country, as well as by physicians in the city of New Orleans. She also visited several springs, which she had been advised would benefit her, and finally fell into the hands of quacks and negro hoodoos. I was not sent for to treat the diabetes, but to treat a continued fever, which I diagnosed typho-malarial. On finding her temperature to be 105 degrees Fahrenheit I immediately weighed her out several 30-gr. doses of antipyrin, and ordered one dose to be given every four to six hours. The next morning after having taken three doses of the antipyrin (in 24 hours) her temperature was 101 degrees Fahrenheit. Her husband informed me that something strange had

occurred since the previous evening; at this, she had not called for water during the night, and had only passed her urine once and in normal quantity. I could only suspect that the antipyrin was probably the cause of this sudden change, and concluded to see further.

Fearing to continue large doses of antipyrin, she was given from one to two 10-gr. doses during every 24 hours up to the time of her death, six weeks after the day I first saw her. During these six weeks she never had the slightest return of the diabetic symptoms; she drank naturally and passed her urine several times a day in normal quantities; in fact, she was doing well until a few days before her death, when her bowels began running off, from which she sank exhausted in 48 hours, as nothing had any control over them.

I am convinced that it was the antipyrin that arrested the diabetes, and think that time and experience will prove it to be a valuable medicine in diabetes insipidus, if not a specific. I would be glad if some other physicians having cases of diabetes insipidus or mellitus on hand would give antipyrin a fair trial, and communicate their results through the *NEW ORLEANS MEDICAL JOURNAL*.

PROCEEDINGS OF SOCIETIES.

MINUTES OF THE ELEVENTH ANNUAL SESSION OF THE LOUISIANA STATE MEDICAL SOCIETY.

First Day—Morning Session.

The eleventh annual session of the Louisiana State Medical Society convened in Tulane Hall, New Orleans, April 9, 1889, and was called to order by the President, Dr. I. J. Newton, Jr., of Bastrop. The Recording Secretary, Dr. P. B. McCutcheon of New Orleans, was in his chair. Rev. Davis Sessums of New Orleans opened the session with prayer.

The Mayor, Hon. Joseph Shakespeare welcomed the visiting doctors to the city. Dr. J. P. Davidson, President of the Orleans Parish Medical Society, greeted the State Society as follows:

Gentlemen of the Louisiana State Medical Society—I have been honored by the Orleans Parish Medical Society with the very gratifying duty of greeting you on the occasion of your assembling in regular session, and tendering you in its behalf and that of the physicians of New Orleans a heartfelt welcome, and professional and personal friendship and hospitalities. This anniversary meeting, gentlemen, is one of particular interest and import to the Society, from the fact of its resumption of the former custom of holding its annual meetings in New Orleans, after having for several consecutive years visited in turn nearly every section of the State as places of assemblage. In cordially welcoming you back I cannot but rejoice, and express a feeling of satisfaction on the rehabilitation of the Society in the city, from an abiding hope that the manifestation of your zeal and devotion to its well-being and interests, as well as to the noble cause of medical science, will awaken in the minds and hearts of the whole profession here increased regard for its great mission and blessing to mankind.

That you should make the sacrifice of voluntarily separating yourselves from your families and the professional ties of your homes to promote the objects of the Society, without other compensation than a sense of duty performed in the good cause of elevating and extending the influence of our common profession, calls for special notice and commendation, and I take great pleasure in congratulating you upon the exhibition of so magnanimous a regard to the highest and holiest behests of your noble calling.

Impressed as I am with the importance of this meeting, not inappropriately to be regarded as a new departure and renewal of organic life, I feel tempted to trench upon the

specific province of your president in speaking of the needful work to build up and energize properly the future of the Society; but it would be out of character for me to say more than that we ought all to conspire in endeavoring to lay deep the foundation of the structure we are building anew at this opportune moment for the work of the Society.

That your sojourn in our midst may be marked by every enjoyment, and that it may be made pleasant and profitable to us all, is the devout wish of my heart.

Once more, gentlemen, while I metaphorically grasp you by the hand, let me renew to you, individually and collectively, cordial greetings of welcome and fellowship.

A telegram was read from Dr. T. J. Woolf regretting that he could not be present.

The Committee on Arrangements, Dr. C. J. Bickham, chairman, presented the programme as a portion of his report, and stated that his committee had obtained reduced rates of fare on the railroads and also at the hotels. As vice-president of the board of administrators of the Charity Hospital he extended an invitation to the members to visit the Charity Hospital. Adopted.

Dr. P. B. McCutcheon, Chairman of Committee on Publication, presented his report, in which he stated that 500 copies of the transactions of 1888 had been published, and that they had been distributed to the members, medical societies and numerous journals.

Dr. J. W. Duprée, the Chairman of Committee on State Medicine and Legislation, presented his report.

Dr. Hebert said that two years ago the Attakapas Medical Society had formulated a law, with a penalty attached, in regard to the practice of medicine, and presented it to this Society, and wished to know what had become of it.

Dr. Dupré said it reached the Committee just before the Legislature adjourned, consequently nothing was done about it.

Dr. LeMonnier said that no mention had been made of

the fact that the law entitles a man without a diploma, with more than five years' practice, the same privileges as a man with a diploma. That this Society should go on record as opposed to such a law, and do its utmost to have it repealed.

Dr. Chaillé said he endorsed the report theoretically, especially with reference to the four years' attendance at medical colleges, but to be practical it must be general.

Upon motion the report was adopted.

Recording Secretary Dr. P. B. McCutcheon presented his report, which was adopted.

The Treasurer, Dr. F. W. Parham, being in Europe, the acting Treasurer, Dr. P. B. McCutcheon, presented his report, which was referred to an auditing committee.

The President appointed the following auditing committee: Drs. C. J. Bickham, C. D. Owens, T. Hébert.

The following names were proposed for membership: Drs. J. D. Trahan, Lafayette; N. P. Moss, Lafayette; F. D. Mudd, Lafayette; John Del'Orto, C. P. Wilkinson J. B. Hart, J. H. Scherck, W. S. Bickham, L. G. Lebœuf, New Orleans; A. J. Perkins, Lake Charles; G. R. Fox. Moreauville.

Under a suspension of the rules the above gentlemen were elected by acclamation.

Society adjourned to 8 P. M.

Evening Session.

Dr. D. R. Fox, Vice-President of the First Congressional District, called the Society to order at 8:15 P. M., and presented to the audience Dr. I. J. Newton, Jr., the President, who delivered his address. After which the president introduced Rev. T. R. Markham of New Orleans, who delivered the oration.

A vote of thanks was unanimously tendered the President and Orator for their addresses. Adjourned 10 A. M.

Second day—Morning Session.

The Society was called to order by Vice-President W. D.

White. The reading of the minutes of the first day's session was dispensed with.

Dr. J. S. Branch, Evergreen, and Dr. W. G. Branch, Bunkie were proposed for membership, and the rules being suspended they were elected by acclamation.

Dr. Joseph Jones on behalf of Dr. Dunglison presented two works to the Society, and requested that the Secretary returns thanks of the Society for them.

The following communication from Dr. Rice of New York, with reference to the revision of the Pharmacopœia April 10, was read, and upon motion it was ordered spread upon the minutes:

To the Medical Society of the State of Louisiana—The present committee of revision of the Pharmacopœia has undertaken the task of preparing for its successors as complete a record as possible of whatever has been published in the nature of criticism since the issue of the last edition of the work, that may be of practical use for the next revision. In addition to this, it has been resolved to solicit the coöperation of the medical and pharmaceutical professions towards arriving at a settlement of certain questions which can be advantageously discussed and practically disposed of at this time.

One of the most important matters which will have to be settled before the actual work of the next committee of revision can be commenced will be to decide what shall be discarded from the present official list, and what new additions shall be made to it. The settlement of this question, particularly as to the admission of new drugs and the most suitable strength of preparations derived therefrom, devolve primarily upon the medical profession, and in view of the near approach of the time for a new revision of the Pharmacopœia, it would seem appropriate that steps be taken to obtain some authoritative expressions regarding the subject, in advance of the organization of the next committee of revision.

Among other matters which will engage the early attention of this committee will be certain questions, which are probably of more direct and special interest to the *pharmacist*, who *prepares* the remedies, than to the *physician* who *employs* them and who cares more for the result and effects of a preparation than for the means or working formula by which it has been reached. Yet, as there is no subject relating to pharmacopœial revision, whether medical or pharmaceutical, which does not, more or less, interest both professions, it has been decided by the present committee of revision to invite all representative medical and pharmaceutical bodies to give their views on at least *one* of these topics, a final decision on which ought to be reached during the next Pharmacopœial Convention. This topic is the *system of weights and measures* to be used in constructing the working formulas of the Pharmacopœia.

The revision committee of 1870 had been distinctly instructed to discard all definite weights and measures, and to employ "parts by weight" exclusively. This instruction, however, was evaded by the committee, the following excuse being given by them in the preface to the fifth decennial revision of the United States Pharmacopœia, 1870 [1872, p. XIV.]:

"To execute such directions entails the use of a metrical system not

employed in this country or in England, and which would have to be constructed for the purpose. Such a change would involve changed proportions in almost every formula, and would produce a corresponding disturbance in many of the doses. Moreover, such directions were not anticipated in any of the revisions handed to the committee; and to institute such extended experiments as would cover the whole ground of the directions of the Pharmacopœia would entail so much expenditure of time, labor and cost as to render the plan impracticable. This view of the question was unanimously taken by the committee at a meeting consisting of ten members."

The pharmacopœial convention of 1888, in its turn, after a discussion of the subject, instructed the committee of revision subsequently elected to employ "parts by weight," only leaving the class of fluid extracts at the discretion of the committee. The latter, mindful of the dissatisfaction so markedly expressed at the disobedience of their predecessors, faithfully complied with the injunction; but the introduction of the change has elicited so much controversy and argument that it is even now uncertain whether the former system (definite weights and measures), or the present one (parts by weight) is preferred by the majority, particularly in the case of those preparations (such as tinctures, syrups, etc.) which are prescribed and administered by measure.

In order that the next pharmacopœial convention and committee of revision may be the better enabled to arrive at a final and satisfactory decision of these important questions, it is respectfully requested that the several state medical societies consider the same, and notify the chairman of the committee of revision of their action at as early a date as possible, previous to Jan. 1, 1890. It is suggested that, for the purpose of accomplishing the object most speedily the aid of the several local or county societies be solicited. Very respectfully.

CHARLES RICE.

The secretary read the following;

THE STATE MEDICAL SOCIETY OF ARKANSAS. }
 OFFICE OF THE SECRETARY, }
 LITTLE ROCK, May 15, 1888. }

Dr. P. B. McCutcheon, Secretary Louisiana Medical Association :

Dear Sir—In compliance with instructions I transmit herewith the following resolutions, adopted at the thirteenth annual session of the State Medical Society of Arkansas, held at Fort Smith, April 25, 26 and 27, 1888, and ordered to be furnished to the American Medical Association, the medical and religious press, and to State Medical Societies, soliciting their coöperation in bringing about a correction of these grievous and palpable errors:

Resolved, That the members of the State Medical Society of Arkansas have for years observed with pain and mortification the patronage given to charlatanism in all its multifarious aspects by the religious press of our country.

Resolved, further and most specifically, That the appearance in religious papers, ostensibly published for the inculcation of truth and morality, of serious homilies on prayer and praise side by side with cures for consumption, cancer, Bright's disease and other incurable ailments, to which an editorial endorsement is often given, as well as secret preparations under the cloak of remedies for disease, but really intended for purposes of fœticide and other immoral uses, largely tends to shake the confidence of the profession of medicine in the integrity and purpose of the managers and editors of such journals.

Resolved, further, That it has been the well-known custom of the profession to render services gratuitously to clergymen, which we do not regret, nor do we propose to recall, yet we must assert that the frequent occurrence of endorsements and recommendations of the clergy of peripatetic

doctors and advertising charlatans, has in many instances been the only reward of our gratuitous services.

Resolved, further, That we are aware that the editors of religious newspapers admit the painful situation in which these advertisements place them, and attempt to excuse themselves by saying that it is necessary to take these advertisements in order to obtain means to conduct their papers; but, in the language of orthodox theology, we would say: "Put behind you that damnable doctrine that we must do evil that good may come."

Resolved, further, That, as a society, we declare that the continued perpetration of the above offences by some of the clergy and religious press brings harm to the bodies of their constituency, and damages materially their influence upon the thinking class of the medical profession.

Resolved, That the secretary be instructed to furnish copies of these resolutions to the religious and medical press of the United States, to the American Medical Association, and to the State Medical Societies, soliciting their coöperation in bringing about a correction of these grievous and palpable errors.

Very respectfully,

L. P. GIBSON, M. D., *Secretary.*

Upon motion of Dr. Day it was received and endorsed.

The credentials of Dr. L. B. Edwards of Virginia, as a fraternal delegate, were received and filed. They were presented by Dr. Bemiss, Dr. Edwards having been called back to Virginia on account of sickness.

A communication from Geo. S. Davis, medical publisher, Detroit, asking the Society to subscribe to the "Index Medicus," was read, but no action was taken.

Dr. Joseph Jones, as Chairman of the Section on General Medicine, presented his report, which was adopted.

Dr. Blanc presented the case of a German lady, aged 35 years, suffering with leprosy, and gave an outline of its treatment.

The chairman, Dr. R. H. Day, of the surgical section, presented an address, embodying the report of cases and advances in surgery. Adopted.

Upon motion the Society took a recess for an hour, at the expiration of which the Society was called to order.

The Secretary read the resignation of Dr. J. B. Wilkinson, now residing at Pass Christian, Miss.

The resignation was accepted with regrets.

Dr. Fox moved that a committee of five be appointed to consider the recommendations in the president's address, said committee to report at the morning session. Carried.

The president vacated the chair and Dr. Fox appointed

as the committee Drs. J. P. Davidson, J. C. Brown, C. D. Owens, T. Hebert and R. H. Day. It was then moved and carried that Dr. Fox be added to the committee as its chairman.

Dr. Dupree offered the following resolution :

Resolved, That the representatives of each parish meet in this hall immediately after adjournment and select one of their number to represent them; the persons thus chosen to constitute the nominating committee; said committee to report at the afternoon session. Carried.

Dr. Formento read a paper entitled, "The Surgeon of the Present Day."

The Auditing Committee reported that they had examined the Acting Treasurer's report, and, finding it correct, recommend its adoption.

Upon motion the report was adopted.

The following papers were read by title :

"Some Cases of Injury to the Eye," by O. R. Lanng, M. D., New Orleans: "Case of Corneal Bleb," by F. J. Gustine, M. D., New Orleans: "Correction of the Whole Errors of Refraction as determined by the Mydriatic," by R. O. Cotter, M. D., Macon, Ga.

Dr. Fox related the history of a case of chloroform poisoning, taken with suicidal intent, and resulting in death.

Dr. Joseph Jones said that he knew of several cases of intermittent fever where he thought death was caused by giving chloroform during the chill.

Dr. Brown said he was once called to attend a man suffering with chills and fever. He gave him 30 drops of chloroform, which made him drunk for several days, but he did not have any more fever.

Dr. Owens asked Dr. Jones if giving chloroform during congestion was not good practice, to which he gave an affirmative reply.

Dr. Fox asked what was the best treatment for chloroform poisoning. Dr. Day said to suspend the patient

by the heels; to perform artificial respiration, and also to use electricity. Dr. Formento concurred with Dr. Day. Dr. Davidson said that Dr. Larrabee, of Louisville, had resuscitated a man from chloroform poisoning by the hypodermic injection of $\frac{1}{10}$ gr. atropine, after electricity had failed.

Dr. Fox reported a "Case of Puerperal Convulsions," in which the patient was bled and given bromide of potash with favorable results.

Dr. Owens said that he was not opposed to bleeding, but would have dilated the os and hastened labor, applying the forceps if necessary.

Dr. Hebert said the tendency of the profession to-day is to return to bleeding. He thought we should bleed in strong, plethoric patients, and that we should also hasten labor by artificially dilating the os and using the forceps.

Dr. McCutcheon said he had seen two cases of puerperal convulsions in the past nine months.

First Case.—Aged 19, a primipara, was seen in the morning; feet and legs œdematous; complained of headache, but was going about the house. I ordered large doses of cream of tartar. A few hours afterwards I was called in great haste. I found her in convulsions. I administered chloroform, and soon another physician arrived, when we proceeded to deliver her with forceps of a healthy living female child. The convulsions would recur every twenty or thirty minutes, notwithstanding the use of chloroform and bromide of potash and hydrate of chloral. She lived about four hours after delivery and died in a convulsion. The child is now fine and healthy.

Second Case.—A multipara, about 28 years old, was pregnant for the second time, her first child being eight years old. Upon rising about 7 o'clock in the morning complained of severe headache and suddenly fell to the floor in a convulsion. I saw her about two hours after; she was having a convulsion about every fifteen minutes. I gave bromide of soda and hydrate of chloral and chloro-

form, and dilated the os by means of Barnes' dilators; after which I applied the forceps and delivered her of a large male child, which was asphyxiated. Dr. Bickham arriving about this time, we instituted artificial respiration, and gave hot and cold baths. After working in this way for more than an hour we got the baby to breathe, but he only lived about 24 hours. For a short time after delivery the mother ceased having convulsions; they set in again however. We used hypodermic injections of $\frac{1}{4}$ gr. pilocarpine and numerous ones of brandy, also gave enemata of bromide of soda and hydrate chloral. The convulsions were stopped and she was almost comatose, but by the use of brandy and hot applications reaction set in and she made a perfect recovery. She has no remembrance of anything that transpired for at least a week. In both of these cases labor commenced with convulsions.

Dr. Brown said he was called in consultation to see a case of convulsions occurring during the eighth month of pregnancy. She was bled three times; the convulsions ceased. She was given purgatives. In a few days she had convulsions again; she was bled with the same good result. She continued to have convulsions until after delivery. She recovered.

Another case, aged 16 years, was given drachm doses of bromide of potash until an ounce was given, derived no results; then gave hydrate chloral and chloroform and applied mustard to internal surfaces of thighs, and then gave fifteen grains of quinine three times a day. She had convulsions for two or three days and finally recovered.

Dr. Fox stated in reply to Dr. Owens that he did not use forceps in this case, because the convulsions had ceased and labor was progressing rapidly.

The Society adjourned to meet at 7:30 P. M.

Evening Session.

The Society was called to order at 7:45 P. M. by the president. He introduced Prof. Woody of Louisville,

extended to him the privileges of the Society and invited him to a seat upon the platform. An invitation was received from Dr. E. T. Shepard to visit the Louisiana Retreat. Accepted with thanks.

Report of the Nominating Committee.—For President, Dr C. D. Owens, Eola; for Vice Presidents—First Congressional District, Dr. A. B. Miles; Second Congressional District, Dr. Chas. Chassignac, New Orleans; Third Congressional District, Dr. T. Hebert, New Iberia; Fourth Congressional District, Dr. J. C. Brown, Arcadia; Fifth Congressional District, Dr. R. W. Seay, Pilcher's Point; Sixth Congressional District, Dr. J. S. Branch, Evergreen. For Recording Secretary, Dr. P. B. McCutchon, New Orleans; for Treasurer and Librarian, Dr. R. H. Day, Baton Rouge; for Orator, Col. Boyd, Baton Rouge. Place of meeting Baton Rouge. Time of meeting, Second Tuesday in May, 1890. Dr. Day moved that each recommendation be taken up seriatim. Carried.

Each of the officers were then elected by acclamation in turn. Baton Rouge was selected as the place of meeting.

When the vote upon the time of meeting (second Tuesday in May, 1890,) was about to be cast Dr. Day said he thought we should meet one month before the Legislature, in order that we might have everything ready which we wished to bring before that body.

Dr. Owens said that the date of meeting was discussed by the Nominating Committee, and the date recommended was regarded as most appropriate.

Dr. LeMonnier was in favor of meeting at the same time as the Legislature. That it was time we were taking an active part in procuring a good law regulating the practice of medicine and surgery.

Dr. Chaillé said that we could trust the Chairman of Committee on State Medicine and Legislation, Dr. J. W. Duprée, to have everything ready to be brought before the Legislature, and therefore he favored the date recommended.

The vote being taken, the second Tuesday in May was fixed as the time of meeting.

Dr. A. G. Friedrichs, Chairman of the Section on Dental and Oral Surgery, made his report, which was adopted.

Dr. Le Monnier called the president's attention to the presence of a committee consisting of Messrs. Keppler, Brand and Chalin, from the Louisiana State Pharmaceutical Association. The president said that we were ready to hear from them. Mr. Brand said that they desired to submit the National Formulary for the consideration and adoption by the State Medical Society, as authority for all officinal preparations contained in the same. He presented several copies of the work.

Upon motion of Dr. Miles, who had examined the work, it was endorsed.

Dr. R. Matas read a paper entitled, "Multiple Sarcoma of Cranium, with Extensive Necrosis of Frontal Bone, of Doubtful Origin."

A paper entitled, "Drilling of Capillary Holes Through the Skull to Explore with the Hypodermic Syringe," was presented by Dr. Souchon.

Dr. Logan expressed his approval and satisfaction of the paper. This original and simple method would enable surgeons to make a correct diagnosis in cerebral lesions.

Dr. Matas said this plan of exploring the brain would be very serviceable, especially in locating abscesses.

Dr. T. Hebert, chairman of section on *Materia Medica* and Therapeutics, submitted his report, which was adopted.

Dr. Blanc read a paper on the Late Syphilides, and presented diagrams. He also called attention to "The Louisiana Library Association," having for its object the accumulation of medical literature in a suitable building (Tulane Hall at present), where the members may consult the books or take them home. At present there are thirty members, and receive seventeen journals. He

hoped this Society would assist it in every way, either by giving subscriptions or books.

Dr. Lawrason read a paper on "Hysterectomy."

Dr. Bruns said he would request action on the revision of the constitution at the morning session.

The President said that two important items had been omitted by the Secretary of the Nominating Committee, one was the nomination of Col. D. S. Boyd of Baton Rouge, for Orator. Upon motion he was elected by acclamation. The other was that our Secretary be given the usual honorarium of \$150. Upon motion it was unanimously carried.

Adjourned to meet at 10 A. M., April 12.

Third Day—Morning Session.

The Society was called to order at 10:45 A. M. by the President. The reading of the minutes was dispensed with.

The following names were presented for membership: Drs. W. E. Schuppert, C. H. Tebault, V. L. Gilmore, New Orleans; T. P. Caillouet, Lockport. Under a suspension of the rules they were elected by acclamation.

The President announced that he had added two sections to those adopted at the last session, viz.: Dermatology and Diseases of Children, and asked the Society to approve of his action. Carried. He recommended that a section of medical jurisprudence be added. Dr. Day moved that the sections remain as they are. Duly seconded and carried.

At the request of Dr. Dupree, Chairman of the Committee on State Medicine and Legislation, Dr. Bemiss offered the following resolution:

Resolved, By the Louisiana State Medical Society, that there should be definite legislation separating the teaching and licensing powers. Adopted.

Dr. Day read a paper entitled "Puerperal Eclampsia." Dr. Bickham said that the cause of the convulsions was a mooted question, but undoubtedly it is connected with some

malfunction of the kidneys. When called to a case before labor had begun, he gave salines, diuretics and diaphoretics. He controlled convulsions by hypodermic injections of morphine and pilocarpine; he also gave the bromides and hydrate chloral. He did not think it good practice to deliver too rapidly, especially should we avoid all violence.

Dr. J. B. C. Gazzo said that in his parish he had seen three cases which were due to hysteria.

Dr. Miles said that we should empty the uterus as soon as possible, we could dilate the os with Barnes' dilators or the hand. He used chloroform, hydrate chloral and bromides, he never gave opium. The reader emphasized blood-letting, but I think went a little too far. The patients are usually anæmic, and therefore we ought not to bleed except in very plethoric patients. The salines act slowly, pilocarpine is one of the best remedies to remove impurities from the system.

Dr. Hebert coincided with Dr. Miles concerning blood-letting, it should not be used in all cases. He gave salines and hastened delivery.

Dr. LeMonnier said he believed puerperal eclampsia was due to defective action of the kidneys. Whenever we are engaged to attend a case of labor we should examine every organ, so as to prevent convulsions if possible. When called to a case of convulsions he delivers as soon as possible. He related that a patient was writing when she suddenly became blind, attempted to walk and fell in a convulsion. Before he arrived she had regained consciousness. He gave compound jalap powder; urine contained 50 per cent. of albumen. She was delivered twenty days later and had a normal labor. He believed that the tendency to puerperal convulsions can be transmitted, as we sometimes see in several members of a family.

Dr. Bickham said that nearly four-fifths of the cases are primipara and their blood is in a good condition. A number of them die after the uterus has been emptied.

Dr. Chew of Alabama was elected a visiting member.

Dr. Matas demonstrated an improved method of performing circular enterography.

Upon motion a recess of an hour was taken.

The Society was called to order at 2:30 P. M. by the president.

The following names were proposed for membership: Dr. J. D. Bloom, J. T. DeGrange, New Orleans; E. U. Bourg, Labadieville, and Rev. Thos. R. Markham for honorary membership. The rules being suspended they were elected by acclamation. The special committee on the President's address submitted their report which was adopted.

Dr. Fox asked what action had been taken with reference to the seal for the Society.

Dr. McCutcheon requested to be allowed until next session to report. Request granted.

Dr. Miles said that he was the only member of the Committee on Revision of Constitution present, and requested that the Society dispose of the committee's work.

Dr. LeMonnier moved that we consider the new constitution.

Dr. Joseph Jones moved as an amendment that we consider it by sections. Adopted.

The Secretary then read the preamble, which was adopted. Art. I. was read and not adopted.

Dr. Miles here arose to explain the purpose of the committee, which, he said, was to abbreviate the old constitution, not to replace it. They proposed to have only three vice-presidents, one from New Orleans, one from the middle, and one from the north of the State; that all officers be elected for one year; that the nominating committee be composed of one member from each Congressional District, and member from the Society at large. That as now composed one-half of the officers are elected from the committee itself. These are the essential points of difference.

Dr. LeMonnier moved that we reconsider the vote

to take up the new constitution by sections. Duly seconded and carried.

Dr. Mayer moved that the new constitution be adopted as a whole.

Dr. Joseph Jones called for the yeas and nays. Yeas, 11; nays, 7. As it required two-thirds of the votes cast to change the constitution it was lost.

The Secretary read a paper entitled "Morphine versus Strychnine," by Dr. J. C. Brown.

Dr. E. Laplace read two papers entitled "Removal of Urinary Calculi through the Urethra," and "A New Method of treating Fracture of Patella."

Dr. Day asked if the silver wires were still in the joint. Dr. Laplace gave an affirmative reply, and stated that fibrin was deposited in which the wires became encysted. The joint will never be as perfect as the other one. Dr. Miles said he regards Dr. Laplace's procedure as an improvement in the treatment of fracture of the patella. He would like to ask if the passing of the wires around the tendons would not answer better than passing them into the joint?

Dr. Laplace said that there are a number of ways of bringing the fragments together, but in his case he intended to drill through the fragments, and whilst doing so his drill broke, and he improvised the method which he described. We have seen that we can open joints with impunity, provided we do so aseptically.

Dr. Chew of Alabama concurred with Dr. Laplace; he would remove all foreign bodies and then bring the fragments together aseptically with hooks.

Dr. Matas said he was much interested in the paper. The main question is the result. The wire sutures are only applicable to cases of long standing. In recent cases Malgaigne's hooks aseptically applied is the best method, or by passing the wire around the patella. He could not recommend the method suggested by Dr. Laplace.

In reply Dr. Laplace said the results were not very different, as we did not get a perfect joint by any method.

The following papers were read by title: "Clinica Cases," with remarks, by Dr. L. J. Mayer; "Placent Prævia," by Dr. W. D. White; "Neglected Advantages of Caustic Pastes in the Treatment of Malignant Growths in Certain Localities," by Dr. R. Matas.

Dr. Hebert offered the following resolution:

Resolved, That the thanks of this Society are hereby tendered to our retiring President for his successful efforts in behalf of this Society, to our Orator for his scholarly and able oration, to the officers of Tulane University of Louisiana for the use of their hall, to the Orleans Parish Medical Society for their cordial hospitality, to the Committee of Arrangements for the faithful discharge of their duties, and to the *Picayune* and *Times-Democrat* for their accurate reports of our proceedings. Duly seconded and unanimously carried.

Dr. Newton said that he was very glad that he had given satisfaction, and that he returned thanks for the uniform courtesy extended him.

He then introduced the president-elect, Dr. C. D. Owens, who said it gave him great pleasure to assume the duties of this high office, and that he would do the best possible to further the Society in every way.

Standing Committees—1889-'90.

On Arrangements—Dr. T. J. Buffington, chairman; Drs. Rivers Jones, R. M. Carruth.

On Necrology—Dr. A. B. Miles, chairman; Drs. C. Chassaignac, T. Hebert, J. C. Brown, R. W. Seay, J. S. Branch.

On Judiciary—Dr. C. M. Smith, chairman; Drs. Smith Gordon, R. M. Littell, T. O. Brewer, Y. R. LeMonnier, T. J. Allen.

On Publication—Dr. P. B. McCutcheon, chairman; Drs. R. H. Day, A. B. Miles, A. A. Lyon, J. H. Bemiss, H. D. Bruns, G. B. Lawrason, C. Chassaignac.

On Organization—Dr. C. D. Owens, chairman; Drs. A. B. Miles, C. Chassaingnac, T. Hebert, J. C. Brown, R. W. Seay, J. S. Branch.

On State Medicine and Legislation—Dr. J. W. Duprée, chairman; Drs. R. H. Day, S. Logan, J. P. Davidson, A. B. Miles, D. R. Fox, S. T. Meeker, J. C. Egan, T. J. Buffington, E. M. Hooper, B. T. Moseley.

On State Medical Library—Dr. J. W. Duprée, chairman; Drs. C. J. Bickham, J. D. Hammond, J. J. Newton, Jr., W. D. White, Y. R. LeMonnier, C. J. Ducoté, F. W. Parham, T. Layton, Joseph Jones, A. B. Miles, P. B. McCutchon, J. W. Allen, S. Jones.

Sections—Chairmen.

General Medicine—Dr. J. B. Elliott.

Surgery—Dr. R. Matas.

Obstetrics and Gynæcology—Dr. J. W. Duprée.

Materia Medica and Therapeutics—Dr. W. W. Ashton.

Ophthalmology and Otology—Dr. S. D. Kennedy.

Dermatology—Dr. H. W. Blanc.

Diseases of Children—Dr. I. J. Newton, Jr.

Oral and Dental Surgery—Dr. A. G. Friedrichs.

Anatomy and Phisiology—Dr. A. McShane.

Delegates to the American Medical Association—Dr. S. E. Chaille, Dr. J. W. Duprée, Dr. A. B. Miles, Dr. S. Logan, Dr. J. C. Brown, Dr. W. D. White, Dr. P. Crain, Dr. T. Hebert, Dr. Smith Gordon, Dr. A. A. Carruth, Dr. J. J. Bland, Dr. J. W. Allen, Dr. J. A. Johnston.

All business being finished the Society adjourned to meet at Baton Rouge on the second Tuesday in May, 1890.

P. B. McCUTCHON, M. D.,

Recording Secretary.

THE Arkansas State Medical Society will hold its fourteenth annual session at Pine Bluff, May 28, 29, 30, 1889. The president is Edwin Bentley, M. D., Little Rock, and the secretary, L. P. Gibson, M. D., Little Rock.

LEADING ARTICLES.

THE STATE MEDICAL SOCIETY.

The meeting of the Society is over, and it is now in order to ask what is the result? We think we can safely say an improvement over the past. The attendance was somewhat larger; the city members gave more of their time to the sessions than at the former meeting here; the character of the papers read was good, and there was a more evident tendency to discussion of the subjects thus introduced. But there was, with few exceptions, the same laxity of committee work, and the same want of interest in matters involving the welfare of the whole profession of the State, as well as of the public at large. For instance, take the report of the Chairman on State Medicine (one of the exceptions). This report recommended decided action in several particulars, but the only action was to "receive the report." And afterward, when, at the suggestion of the Chairman of this last committee, an endeavor was made to awaken interest in and obtain definite action on the matter of a State Board of Medical Examiners, the only result was a statement by the President that he had mentioned the matter in his address. Persistence did, after a time, however, secure the passage of a bare resolution that the Society was of *the opinion* that such a law was advisable. It could not be urged to take any steps to obtain that law. Now such indifference is not right. We must learn that we have something more to do than simply to enjoy the reading and discussion of papers, and the routine work of the Society. We should remember that it is just as much our duty to labor at everything that will inure to the benefit of the people and the profession, and to take the liveliest interest in everything which concerns both parties.

We candidly assert that we think it is this selfishness on

our part that acts as a hindrance to progress. Unless we show the people and our legislators that we meet together for something more than the reading and discussion of papers or the consideration of personal (*i. e.*, society) matters, we will continue to fail in attaining what we should attain, namely, the position and name of the highest medical authority of the State. What influence have we as a body in the framing of laws which concern us as physicians, or the people in their hygienic or other health relations?

No one dare say that this JOURNAL has not labored earnestly and honestly for the bringing up of our Society. For the improvement shown in the meeting just passed we claim our due share of credit. But our very earnestness and our very honesty make us quick to see the shortcomings of our Society, and we shall not rest until one by one the stumbling-blocks to our progress are removed, and we assume our rightful stand as the medical oracle of Louisiana.

In the meantime we must have much to say. Criticism, when it takes the form of censure, is never sweet: but if we are to advance, if we are to equal the associations of Texas and Alabama, if we would be the directors of health matters in our State, we must conscientiously and boldly, without fear and without favor, seek out our faults, and, finding them, pluck them out by the roots.

To repeat (for repetition is emphasis) let us say that we must not come together merely as a large local society to read and discuss papers and cases. Let us remember that we ought to be, if we are not, the only medical organization of the State, and as such we should consider and act upon anything and everything that concerns the people of this great State, as well as the physicians, who should be their guardians.

Let the next meeting then find us dealing with all kinds of matters, hygienic and otherwise, affecting the people. Let it witness the Society taking up the report of the

Committee on State Medicine, and either pushing its recommendations, or something in place of them, to an issue. Let us push ourselves forward to our rightful position, where, as is the case in some of our sister States, we will be looked to by the Governor and the Legislature for advice and aid in matters that belong to our sphere. Then will come our millennium. Then instead of 50 members in attendance, we shall have 200 or 300 earnest men flocking to our meetings.

THE PLACE OF MEETING.

We very much doubt the wisdom of the Society in again beginning its rounds through the country. At its tenth meeting among other resolutions it passed one establishing Baton Rouge as the permanent place of meeting, though it did a few hours later vote to meet for this occasion in New Orleans. But the point was made that a *permanent* place of meeting was advantageous. Now we are strongly of this same opinion, and we think New Orleans is the city for the purpose. Many of our towns are hard to reach, not especially from the city, since they all have some connection with New Orleans, but from other interior points. Again, almost a majority of those attending meetings are from the city. New Orleans is the professional centre of the State, and permanent habitation here will without any doubt whatever stir up the interest of the large faculty here, and increase the attendance and amount and character of work. Finally, this last meeting, the best for years, should have lead the Society to come here again next year.

Dr. Davidson, in his address as President of the Orleans Parish Society, evidently took it for granted that such was the intention of the State Society, and congratulated that body on "its resumption of its custom of holding its annual meetings in New Orleans;" and he added: "I cannot but rejoice and express a feeling of satisfaction at the rehabilitation of the Society in this city."

We think the Society will do well at its next session at Baton Rouge to make New Orleans its fixed place of meeting, until, having attained that point for which we are striving, and which we must and shall attain, we be strong enough to go anywhere.

A STATE BOARD OF EXAMINERS.

No reader of the medical journals of the country can fail to have noticed the great work already done and still being done by the Virginia State Board of Medical Examiners. Its influence has been far reaching. It has not only prevented the inroads upon the State of quacks and incompetent new graduates, but it is stimulating every college to a higher standard of acquirements for graduation, if not of education; and is causing students who are looking forward to practicing in Virginia to comprehend that the mere *attendance* upon *two full* courses of lectures does not necessarily make physicians of them.

Now there is no State in the Union so overrun with quacks, charlatans and adventurers as is Louisiana, and therefore there is no State in the Union so much in need of a law to prevent further accessions to their ranks. Perhaps no law can be retroactive, and we may not be able to crush out of existence the vagabonds and villains that are feeding upon the very vitals of the people, but we surely should protect ourselves from any more.

We have a law requiring all physicians to register, but what has it amounted to? All reputable men register, and the quacks and adventurers simply do not trouble themselves about it one way or another. And yet they go unpunished. And yet, too, the reputable physician is called upon annually for a license. The State wants a license; the city wants a license; but no protection which such a demand should presuppose is afforded.

Now there is only one way to right these wrongs, and that is to go before the legislature and demand such a

law as that of Virginia, by which the profession can protect not only itself, but the people, from the incompetent men, the impostors and frauds that are doing so much harm to both parties.

As mentioned elsewhere an endeavor was made to enlist the State Society in this all-important work, but though it soon will be, that body has not yet learned that it is its duty to take the initiative in these matters. It therefore behooves some less pretentious body, as the Orleans Parish Medical Society, or else individuals, to see to it that a complete draft of a law is carried to the legislature at its next meeting and pushed to a passage or an open defeat.

THE YELLOW FEVER IN SANFORD.

It looks very much as if the same scenes are to be repeated in Florida this summer as were enacted last year. A case of genuine yellow fever, so acknowledged by the Florida Board of Health, has appeared in Sanford.

We presaged the outbreak of 1888, and we warned the Florida authorities of the same danger for 1889; and though it is no pleasant thing to appear in the role of so evil a prophet, yet we would again urge the people to be prepared for other cases just like that at Sanford, and to be ready to fight it to the death.

And, further, in speaking of these cases, we strongly deprecate the use of the term "sporadic," as ordinarily understood by the laity—a case having no connection with any other case or source of infection and not liable to spread. It were far better to encourage the public to look upon these cases as deserving of the most energetic measures to prevent other cases, and to make them understand that a "sporadic" case has done so before, and can again originate an epidemic. The Sanford case, if it was genuine yellow fever, was due to poison, which had escaped destruction by the hygienic measures practiced last fall, and was protected from frost or cold during the winter. In other words, we do not believe that yellow fever origi-

nates *de novo* in the United States, but we can see no reason why it cannot be domesticated in places below the frost line, especially if every means known to science are not used to prevent its gaining a firm foothold.

But there is one gratifying feature discovered by this first case, and that is that Florida actually has a Board of Health, and a Board of Health, too, that means to work, if we may judge from the actions in connection with Sanford. It seems, moreover, to be imbued with the progressive spirit of this age, for it not only did not attempt to conceal the existence of the disease in the State, but immediately notified the whole country of the facts. This is right, this is proper, and it will bear its fruit in due season.

It is now some ten days since the death of the patient; and since, at this writing April 29, no new case has appeared, we may hope that it will not spread.

A GROWING SCIENCE.

“It seems to me,” muses one of the characters in “*Robert Elsmere*,” “that in my youth people talked about Ruskin; now they talk about drains.” This strikes the keynote of public opinion as we find it at the present time. The man of to-day no longer gluts his appetite with superstitious ideas, destroying his taste for facts, but instead is met on every side with a vast array of statistics, which are more than convincing—which are startling; and he is told in the plainest possible terms, that if he would prolong his own life and preserve that of his children certain immutable laws of hygiene and sanitation must be observed.

No science has wrought so many changes or grown so rapidly during the past twenty years as that of sanitation, nor has any other been so constantly dinned into the mind of the people at large. Many of its laws have been known for centuries, but it is only during recent years that they have been intelligently understood in their true meaning.

It were difficult to say exactly along what lines this progress has occurred, for like all great movements it is the resultant of many and varied causes.

The germ theory of disease, the supposition that minute organisms may enter the blood and produce sickness and death, at first set many to thinking, and, better still, has more recently set many great minds *to working*, and we know as a positive fact that there are microorganisms invariably found in certain diseases which are peculiar to them, and which will produce them on reinoculation. To destroy these germs in the human body has not yet been found an easy task, but the fact that certain substances when brought in contact with them outside of the human body will destroy, or at any rate hinder their growth, has opened up a field of prevention, the limit of which has not yet been arrived at. Antiseptics—poison destroyers—for use in and out of the human system, are at a premium in the exchanges of science, and it were not too much to say that we are on the eve of the discovery of valuable specifics for some of our commoner epidemic diseases.

Taking advantage of the crude facts already ascertained we have been able to apply with gratifying success the more powerful antiseptic substances to prevent the recurrence of disease in certain infected localities.

Antisepsis is the scientific term for *cleanliness*—a word much better understood by the masses, who will aid their physicians in their humane endeavors only in so far as they comprehend their meaning. Hence the necessity for, and hence the valuable services performed by the health primer in our public schools—a book always interesting to the child, and, in an era of common sense, to be considered far more valuable than much that has hitherto been used to expand the youthful mind. Hence the necessity for such teaching in the university, and for a special chair in medical colleges; for though physicians should be natural sanitarians they should not be expected to become the tutors of their private patients, who will not care, as a rule,

to send a second time for the only man who ever told them that their house was dirty and drinking-water impure.

Organization in health matters is the safeguard of a community, and we find that this is brought about not so much by medical men, who have preached ineffectually for so many years, but by merchants and business men generally, who now look to some other cause than Providence when they find that their pockets as well as their lives are threatened by the periodical visitation of some dreaded scourge. Health boards are being demanded and created for States and cities, and conferences are called to determine plans of concerted sanitation. No State in which disease may become epidemic can afford to face the civilized world and assert that she has no organized health authorities.

These authorities, it is true, often differ in their views as to what sanitation is, and how disease is to be prevented, but as there is an increased tendency in all to follow those methods of prevention laid down by close scientific investigators, such as by fumigation, disinfection, and, the greatest of all, cleanliness, we may entertain the most sanguine hopes for the future of preventive medicine.

DR. D. C. HOLLIDAY.

We are pained to announce the decease of Dr. Daniel Chemiere Holliday, one of the oldest, ablest and most cherished ornaments of our profession, which sad event took place on the 19th inst., at 4 o'clock A. M., after a protracted illness. The immediate cause of death was cerebral thrombosis, occasioning hemiplegia of the left side, from the effects of which he never rallied, gradually sinking until death closed the scene.

A native of this city, Dr. Holliday graduated at the venerable old college of William and Mary, Va., of which the Father of his Country was the provost, taking the degree of M. A.; and, adopting the study of medicine, entered University of Pennsylvania, in which he graduated

with honor. He went to Europe immediately afterward, visiting London, Dublin, Edinburg, Vienna, storing his mind in each city with the abundant facilities afforded him in the hospitals, and completed his further studies in the city of Paris. The fruits of these advantages in his professional career were bestowed upon the chosen field of the exercise of his profession in New Orleans.

Nothing was wanting in his acquisition to fit him for the large and successful practice devolving upon him. Learned, acute as a diagnostician, careful as an observer and ready in therapeutical application, his success as a practitioner could not well be exceeded. Ever a student he brought the rich stores of his mind to elevate his profession, and to extend to the young and rising physician the warm and generous aid of his cultivated mind and large heart. To the struggling and needy his hand and heart were open, rendering ready assistance in measures beyond the pale of his willingly-offered professional labors. He enjoyed preëminently the confidence and esteem of his confreres, who on every available occasion conferred on him the honors of prominent station as President of the Medical and Surgical Association, the Parish Medical Society, and as a Delegate to the American Health Association and other organizations. He died in the bosom of his family, consisting of a son and daughter and other relatives, at the age of 65 years. *Requiescat in pace.*

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

THE LATEST PROGRESS IN THE TREATMENT OF WHOOPING-COUGH.

The author holds that whooping-cough is a disease of local infection, having a circumscribed seat in some part of the respiratory tract.

Burger of Bonn found (1883), in the expectoration

of children affected with whooping-cough, special bacilli which are not found in any other kind of expectoration. These bacilli were found in large numbers, varying according to the intensity of the disease, and both the symptomatology and the course of the disease are explained by the vegetation of this fungus. Subsequent observers confirmed the parasitic nature of the disease.

Somma argues in favor of the necessity of an antiparasitic line of treatment, but at the same time he also enumerates the remedies which have been proposed and lauded. He commences his review with carbolic acid, and here the author, after recalling the men who tried this remedy, concludes that it is one of the best remedies. It is used both internally and locally, the former method being the more efficacious. In children less than a year old very minute doses should be given; and even in larger children (5 to 10 years) the dose should not exceed half a gram in 24 hours; the inhalations (of a 1 per cent. solution) should not be used more than three times a day, and about ten or fifteen minutes at a time.

Somma considers resorcin an excellent remedy, but it has the disadvantage of not being applicable in the cases of very young children. Moncorvo recommends that it be applied in a 1 per cent. solution with a brush to the glottic region.

In regard to orcin, recommended by Moncorvo, Somma says that he has had no experience, but he infers that its action is similar to that of resorcin.

Cocaine in Somma's hands diminished the number and frequency of the paroxysms, stopped the vomiting completely, restored the appetite, regulated the bowels and improved nutrition. The most important effect of cocaine was the relief from the vomiting. The muriate of cocaine may be administered internally in a mucilaginous beverage with syrup, or in powder done up in a wafer-paper, or in clysters. Penciling the fauces with a solution of cocaine gives very satisfactory results. Quinine applied locally might be expected to be of advantage on account of its antiparasitic action.

Michal has recommended insufflations of the nasal cavity.

Querder, who looks upon whooping-cough as a neurosis, believes that a nasal catarrh, by the reflex action which it sets up, might be regarded as the point of depart-

ure for the paroxysms of cough, and he employs an impalpable powder, composed of equal parts of boracic acid and parched coffee. The insufflations may be made with a goose-quill or with an insufflator; they are to be made twice a day—morning and evening.

Suerder says of this treatment that it diminishes the paroxysms and stops the vomiting. Somma has not had any personal experience with Suerder's method.

Antipyrine was first recommended by Sonnenberger, who desires to see local treatment abandoned. He gives antipyrine to children three times a day in doses of one to two grains dissolved in water sweetened with raspberry syrup. He reports 70 cases, in which the frequency of the paroxysms was lessened, and Gesner reports 124 cases, and he expresses himself as satisfied with the treatment.

Somma has not tried sulphur, but he thinks it ought to be good in a parasitic disease.

Turpentine has been used both internally and by inhalation. Bordiér (1886) and Lucas-Championnière (1886) declared in favor of inhalations of turpentine; while Neumann (1882) recommended its internal use, combining it with belladonna.

Somma admits the antiparasitic action of turpentine, and approves its use by inhalation, but doubts its efficacy when administered internally.

Galicier proposed tribromide of ethyl, which, however, acts merely by diminishing morbid reflex excitability.

There is only one recorded case of the use of nitrite of amyl (Morris Lewis), and this is not a very conclusive one.

A combination of cannabis indica with belladonna, so highly recommended by French physicians, is not received with favor by Somma, who cautions against the use of such a treatment. He also says that oxymel of squills, which has been proposed in whooping-cough, cannot seriously be considered as a remedy for that disease.

Somma considers narceine inefficient, although it is free from danger.

Carbonic acid gas and carburetted hydrogen have been recommended, but Roger disputes their value.

Vaccination against whooping-cough has been proposed, but this is certainly not the specific against the disease. Compression of the carotids merely cuts short a paroxysm.
—*Gazetta Medica di Torino.*

ANTHELMINTIC EFFECT OF COCOANUT OIL.

Dr. Parissi of Athens accidentally discovered upon himself the anthelmintic effect of cocoanuts. On Aug. 2, 1886, he drank a glass of the milk of the coocanut and ate all of the white pulp (endocarp). Two hours after he felt a heaviness in the stomach and was slightly indisposed, which passed off towards midday. The next morning he passed an entire *tænia inermis* with the head. Parissi has used coocanut on six patients suffering from tapeworm, and always with good effect. In three cases the worm was passed in five hours; in the others on the next day, but always with the heads. The treatment with coocanut is all the more to be recommended, as the fruit has a pleasant taste and does not give rise to unpleasant after-effects. No preparatory treatment is necessary; in the morning, on an empty stomach, the milk should be drunk and the pulp eaten instead of breakfast.—*Vratch. Wien. Med. Presse. Deutsche Medizinal-Zeitung.*

TREATMENT OF GREEN DIARRHŒA OF INFANCY.

In cases of gastro-intestinal troubles in children with green diarrhœa, Dr. Hayem gives lactic acid in a 2 per cent. solution, in teaspoonful doses, fifteen minutes after sucking. He gives in all five or six doses in 24 hours, which corresponds to from 40 to 60 centigrams of pure lactic acid. Two or three teaspoonfuls of the following syrup may also be given: Lactic acid, 2 grams; simple syrup, 98 grams; essence of lemon, 1 drop.—*Union Medicale Gazette Médicale de Liège.*

TREATMENT OF TABES DORSALIS BY SUSPENSION.

M. Charcot has lately made some observations on the treatment of tabes dorsalis, and some other nervous diseases, by the method of suspension originally advocated and carried out by Dr. Motchoukowsky of Odessa in 1883.

The plan of treatment consists in the suspension of the patient by the help of the apparatus used in putting on a Sayre's plaster-of-Paris jacket. At first, the patient is suspended for half a minute, and afterwards for half a minute longer on each occasion until a maximum period of three or four minutes is reached. It is well to raise the

patient's arms every 15 or 20 seconds in order that more effectual traction shall be exercised on the spinal column.

Out of 14 patients thus treated, remarkable improvement took place in eight; all the cases were undoubted instances of *tabes dorsalis*.

An analysis of the results obtained shows that improvement in walking, when incoördination exists, takes place from the first, lasting at first only two or three hours; but after eight or ten suspensions, remaining constant. After about 20—30 sittings Romberg's symptom disappears. Disorders of micturition next show improvement; and with this lightning-pains are ameliorated, decreasing in intensity and coming on less often. If there is impotence, sexual desire and power of erection return after a time. Anæsthetic areas often disappear, sleep is better and the general state of health improves. Improvement generally advances *pari passu* with the duration of treatment. In one severe case, in which the disease came on at the age of 32, no benefit was obtained. In none of the cases did the knee-jerk return, nor did the pupillary symptoms alter.

In two cases of neurasthenia sexual power was regained, in a case of disseminated sclerosis, the treatment appeared to do harm, for after two suspensions, spasmodic paraplegia came on and lasted for three days.

M. Charcot concludes that further experience is necessary to determine the value of this method of treatment, but that the results obtained during the three months are most encouraging in a disease for the relief of which we have hitherto been able to do so little.—*Le Progrès Méd.*

* ACTION OF STROPHANTHUS.

M. G. Sée recently read before the Academy of Medicine the results of experiments made with strophanthine, an alkaloid of strophanthus. The animals experimented on were rabbits and dogs; the dose employed was 1½ milligrammes for the former, and 4 milligrammes for the latter. Soon after injection a more or less marked slowing of the heart, with rise of blood-pressure, takes place; this is followed by acceleration of the heart-beats. In the second period, which lasts until the heart ceases to beat, the cardiac action becomes irregular; short periods of acceleration are followed by more persistent periods of

slowing, with abortive systolic contractions. The blood-pressure remains constantly high, but falls just before the end; sometimes a still further considerable rise of pressure occurs, with a sudden drop when the heart ceases to beat. This rise of the general blood-pressure was not affected by the changes in the force and frequency of the heart-beats; and further experiments showed that it was to be attributed to a direct action of the strophanthine circulating in the blood on the muscle-fibres of the arterial coats or on the nervous ganglia contained in them.

In man, strophanthine produced the best effects in heart-failure, in mitral regurgitation, or in simple dilatation of the heart from different cases: the pulse regained its regularity, dyspnœa ceased and diuresis was set up. In diseases of the aortic valves no good results were obtained, and in angina pectoris strophanthine was positively injurious. On the other hand, M. Sée found that the tinctures of strophanthus in common use were of little value, neither relieving dyspnœa, nor producing diuresis. Preparations from the plant, such as the tinctures, are very uncertain, and vary both in their physiological effects, and in the proportion of strophanthine—their only active principle—which they contain. He prefers, therefore, to prescribe the alkaloid, since the exact dose and the physiological action are then accurately known.

M. Dujardin-Beaumez considered that, speaking generally, the use of the alkaloids was preferable to that of the extracts of plants; but in the particular case of cardiac remedies the preparations of digitalis and strophanthus gave better results than digitaline and strophanthine. He had obtained excellent results from the administration of strophanthus in chronic diseases of the kidneys.

M. Constantine Paul and M. Bucquoy stated that strophanthus was much to be preferred to strophanthine. According to M. Bucquoy strophanthus increases the force of the ventricular systole and the amount of the urinary secretion. In lesions of the mitral valve with a failing left ventricle it always relieves symptoms and often reëstablishes compensation. It is useful in aortic lesions when the ventricle begins to flag, and gives excellent results in Graves' disease. Strophanthus is well borne, does not accumulate, its action is speedy, and it can be administered for some time without losing its effects—which, indeed, often persist for some time after it has been

discontinued. The only symptom of intolerance is diarrhoea.—*Gazette des Hôpitaux. Bristol Medico-Chirurgical Journal.*

CHOREA.

W. P. Herringham (*Brit. Med. Journ.*, Jan. 12, 1889, 75) has made a study of the antecedents, family history, state of the heart and subsequent history of 80 cases of chorea. An antecedent history of rheumatism could be traced in 37 cases. Injury, shock or a violent burst of emotion preceded the attack in 6 cases, the interval being never longer than two days. Hard mental work or worry was found in 20 cases. In 25 cases none of these causes could be traced, and 14 of these were instances of first attacks. Nearly all the patients were delicate, and headache and indigestion were common. The study of the family history (calculated from parents, brothers and sisters only) showed that rheumatic fever had occurred in 25 out of the 75 families, and that 17 of these belonged to 34 patients, themselves of the rheumatic class. Chorea had occurred in 12 families, 9 of whom were all rheumatic. The heart was normal in 10 cases, possibly diseased in 25, and certainly so in 20. Signs of cardiac disease developed during observation in 11 cases, and signs which were at first present vanished under observation in 4 cases. After an interval of 2 years or more 5 of these 11 cases were reëxamined, and of these the hearts of 2 were normal, while in 3 that organ gave clear signs of disease. Of the 25 cases whose hearts were possibly diseased, 2 had become healthy and 7 appeared certainly affected. The author concludes: 1. That a large number of choreic patients are liable to rheumatism. 2. That choreic patients are nearly always of a delicate constitution. 3. That chorea is sometimes directly caused by emotion. 4. That chorea might cause permanent heart disease. 5. That it also gives rise to signs of heart disease which are not permanent.

A. E. Garrod (*ibid.*) has studied the relation of chorea to rheumatism, basing his observations on 80 cases of chorea, 49 of whom were suffering from first attacks. There was a history of rheumatism in the families of 32 patients, and it is to be noted that the tendency to chorea was far more marked in some of these rheumatic families than in others. The number of cases in which there had

been manifestations of rheumatism other than endocarditis was 36. There were cases which had had no family or personal history of any manifestation of rheumatism, and which yet were proved to be of rheumatic origin. Such were rheumatic patients who had previously suffered from chorea, or those in which erythema nodosum and arthritis developed in the course of an apparently non-rheumatic chorea, or where chorea was associated with pericarditis or with endocarditis and nodules without joint pains. In 15 cases the onset was ascribed to fright, but inquiry showed that in some of these fright followed the development of the chorea. In 45 cases a definite heart-murmur was heard, and in 6 others the first sound was "murmurish." In some instances the murmurs developed under observation. The author is of the opinion that the endocarditis of chorea is probably always of rheumatic origin, but there is no ground to believe that chorea itself is always of rheumatic origin, a considerable number of cases being probably due to emotional and other causes.—*Amer. Journ. Med. Sci.*

SURGERY.

PERFORATION OF THE STOMACH BY A FOREIGN BODY SWALLOWED. LAPAROTOMY. CURE.

At a meeting of the Paris Academy of Medicine, LeDentu spoke of a man, aged 20 years, who had swallowed a wooden spoon. Twelve hours after he felt severe pains and had a sensation of tearing asunder in the neighborhood of the stomach. In a short time the foreign body could be felt about two fingers' breadth above the navel, to the left of the median line. On the following day LeDentu performed gastrotomy, but found nothing in the stomach. Upon searching through the wound he found the spoon lying vertically in the pelvis, one end on the bladder, the other behind the linea alba above the navel. LeDentu then made an incision in the median line, nine or ten centimeters in length, and easily drew the spoon out by the handle. It was surrounded by coils of intestine. After its removal a small amount of sero-sanguinolent, slightly fetid liquid was found and taken out. The peritoneum was slightly congested but was not covered with exudate. Only the omentum was thickened between the navel and the stomach, of a dirty gray color,

and its adhesion to the abdominal wall showed where the end of the spoon had rested. Notwithstanding the most rigorous search of the stomach and a part of the small intestine no perforation could be found, so that it must be inferred that the opening had closed again. LeDentu ended the operation by putting fourteen sutures in the wound in the stomach, replacing the stomach and closing the abdominal wound with deep silver sutures and superficial sutures of *crin de Florence*. The operation lasted $2\frac{1}{4}$ hours, including the chloroforming. The course of healing was quite normal. The operation was performed 43 hours after the spoon had been swallowed. LeDentu concluded that—

1. The perforation of the stomach and the escape of the spoon into the peritoneum had taken place 12 or 15 hours after it had been swallowed.

2. The perforation had taken place in the neighborhood and the spoon had wandered through the anterior two layers of the great omentum. This explains why the wound healed so readily.

3. That the spoon did not set up peritonitis is to be explained by the absence of pathogenic microbes from the stomach, or that these microbes, if present, had been scraped off during the passage of the spoon between the layers of the omentum.

4. No proceeding up to the present can enable us to ascertain that a foreign body has in a few hours bored through the stomach.

5. Gastrorrhaphy with immediate reposition gives good results. It does not give rise to vomiting, pains or disturbances of digestion.—*Deutsche Medizinal Zeitung*.

SKIN GRAFTING ACCORDING TO THIERSCH.

Reverdin's important discovery of skin grafting in 1870 soon found its application in hospital practice, but lately it has fallen into disuse on account of two faults, one an after contraction of the skin-covered granulation surface, the other is a separation of the healed skin.

Thiersch states that the healing of a granulating surface depends on two factors, viz.: first, in the changing of the soft succulent blood-carrying granulation papillæ into the bloodless dry cicatricial papillæ, a result which brings about a diminution of the surface and the drawing to-

gether of the neighboring parts; second, a covering over of the contracted papillæ with epidermic cells. Both of these factors, the contraction of the wound and the growth of the pellicle, take place together within certain limits, and when these limits are reached the granulating surface remains stationary.

If skin be placed on granulations which have not attained their maximum of contraction the process keeps up under the transplanted skin, and there results the drawing together of the part with all the evils of cicatricial contraction.

If, on the contrary, the skin be applied to a granulating surface which has reached its maximum of shrinking, a further contraction will not take place, but the succulent granulations remain under the healed skin, and the slightest mechanical irritation is sufficient to stir up hæmorrhages or exudations, this causing the falling off of the skin which has been placed over them.

If these theories be true then both bad results of skin grafting are in a measure due to the construction of the granulation tissue. Perpendicular sections show clearly two layers in granulating tissue—a lower layer, more or less dense, according to the age of the granulations, and in which the capillary network occupies a horizontal position, and from this dense layer the vascular branches run out perpendicularly, and form the upper or warty layer.

This upper layer plays the important part in the shrinking process as well as in the insecurity of the result. On account of this Thiersch proposed to remove this upper stratum before transplanting the skin. Prof. Maas says that the important point for success is the way in which the freshening up has been done; it is not only necessary to freshen up at the edges of the ulcer, but above all it is important to remove thoroughly the upper layer, and to expose completely the lower one with its horizontal capillaries, and between this layer and the transplanted flap a thorough adhesion will take place, which can never be disturbed by cicatricial contraction.

The way in which skin-grafting is carried out in the Leipsic Clinic is as follows:

Complete disinfection of the part from which the skin is to be taken (any disinfectant may be used, but during the course of the operation a 6 per 1000 sterilized salt solution

is employed); then in the granulating wounds all the soft granulations are scraped away with a sharp spoon, the bleeding surface irrigated with the salt solution, sponged, covered with protective and compressed for 5 or 10 minutes till hæmorrhage has ceased. It is important that the right stage of granulation development should be reached before operating. The results are best when the granulations are about six weeks old, and their growth has been limited by repeated cauterization and compression. When the wound is thoroughly prepared the skin-grafting begins. The skin of arm and thigh is most often employed.

The skin, free from fat, must be well stretched by the left hand; the right hand carries a razor with a long, wide and concave blade. The razor is held flat and is slowly drawn with a sawing motion through the upper layers of the skin. During this process the knife must be kept moist with the salt solution. The transferring of the grafts from the knife to the prepared surface takes place immediately; the blade is laid on the wound and the edge of the graft is drawn over onto the wound by means of a probe, and as the blade is withdrawn it slips into place. The position of the graft may be corrected at will either with a probe or a small brush. The flap may also be shortened if necessary. The complete area is to be covered with strips of skin, and these strips should overlie the edges of the wound and come together as close as possible, even overlapping each other slightly. The skin is gently pressed in place with a spatula. The dressing to be applied should protect and maintain the skin in its new position. The results are better when a moist dressing, which is changed daily, is used. The neighborhood of the wound is smeared with oil to prevent the dressing from sticking.

The grafts are covered with a strip of protective, soaked in salt solution; over this comes a pad of cotton, also moistened with salt water; this pad is covered by a large piece of protective; then comes another pad of dry cotton, and all is held in place by a cotton bandage, over which a dextrine bandage is applied to prevent slipping. If a dry dressing is to be employed, an iodoform one is the best. The places from which the skin has been removed are covered with iodoform dust, a dry dressing applied and left for one or two weeks.

The changes which are to be observed in the grafts within the first few days are as follows: If they are of a pinkish color, success is pretty certain; if white, they will drop off in a few days; blood under a graft gives it a bluish color, endangers the healing process, but does not always lead to suppuration. It is possible for various forms of bacteria to find entrance into the wound and prevent healing; to do away with this danger the dressing should be changed every day during the first week, and the surface irrigated with sterilized salt water.

If the wounded surface is not covered with grafts there appears on their free border a fibrinous exudation, and separation of the grafts begins, the healed ones detach themselves, or small epidermal blisters filled with pus appear on the healed spots and form small ulcers, which gradually increase in size.

It also happens that the super-imposed skin is broken through from below by granulations, and in this manner disappears, at least temporarily, but later, when the granulations recede, the epidermal islets are again seen. This the author does not believe to be due to an infectious process, but thinks it is because the grafting has been done too soon.

Syphilis may prevent the grafts from healing. The author analyzes a series of 40 cases, in which transplantation was carried out 78 times—17 times on fresh wound surfaces, 61 times on scraped granulating surfaces. In 58 times the healing succeeded perfectly, 12 times it was incomplete, and 8 times it was a total failure and the proceeding had to be repeated.

In summing up he lays stress on the following points: Careful disinfection of the hands and instruments, newly prepared sterilized salt solution (6 per 1000), proper choosing of time of operation, thorough hæmostasis, most complete covering possible of the wound with strips, immobilization of the part, careful bandaging, daily changes of dressing, accompanied by thorough irrigation.

The results are better on scraped granulation surfaces than on loose or connective tissue (fascia, periosteum), glandular and muscular tissue give pretty good results. Spongy-bone tissue and exposed tendons yield no permanent result. Adhesion of grafts has never been obtained on compact bone.—*Annals of Surgery.*

GYNÆCOLOGY.

PROLONGED INJECTIONS OF HOT WATER IN EPITHELIOMA OF THE NECK OF THE UTERUS.

Mendorfer, having for a long time employed prolonged injections of warm water in various uterine affections, wished to try this simple and harmless treatment in cases of epithelioma of the cervix uteri. His experience with this method has enabled him to draw the following conclusions: 1. Injections of hot water (86 degrees to 106 degrees Fahrenheit), kept up for at least half an hour, twice a day (early in the morning and about 4 P. M.), thoroughly disinfect the vagina, clean it perfectly and considerably diminish the ichorous discharge. 2. These injections lessen markedly the hæmorrhage. 3. In the majority of cases, the pains become less severe, and it is not necessary to resort to injections of morphia, the ill effects of which are well known. In many cases Mendorfer has observed the epitheliomatous masses to diminish in volume, become indurated, and their destructive process seemed to be arrested. Although such a treatment merely postpones the final catastrophe, still it is to be recommended, because it renders a painful existence easier to bear.—*Gazzetta Medica di Torino.*

BLANC ON THE EMPLOYMENT OF INJECTIONS OF CORROSIVE SUBLIMATE IN THE PEURPERAL STATE.

Many cases of mercurial poisoning have been already reported in the *Medical Chronicle*, which are referred to again in this paper. Virchow and Kummel have noticed some peculiar post-mortem appearances after the employment of corrosive sublimate. Diphtheritic exudations were noticed on the mucous membrane of the uterus and vagina, inflammatory lesions in the pelvis, and pus in the pleural cavities and small joints. There were traces of a diphtheritic affection in the colon. Salkowski discovered the presence of mercury in the intestinal wall at the seat of lesion. In a case of abortion injections of 2 grms. (31 grs.) of corrosive sublimate (1:3000) were made during six days, and Steffeck, who reports the case, mentions that there was neither œdema nor an exanthem present on admission. Death occurred in a state of coma, the patient having suffered from diarrhœa, bloody and

fœtid stools, almost complete anuria, inflammation of the gums and ulceration of the mouth. At an autopsy, ulcerations were found in the rectum, sigmoid flexure and colon, the kidneys were in a state of acute parenchymatous inflammation, and the lungs œdematous. The author mentions a case in which he thinks violent peritonitis was set up by the attendant allowing the solution of sublimate to impinge against the fundus of the uterus with too much suddenness and force. In another case syncope came on with a sensation of extreme difficulty of breathing, culminating in an attack of hysteria.

Intra-uterine injections are not alone answerable for such phenomena. Simple vaginal irrigations have produced the same effects. He mentions a case of Mäurer, who noticed redness of the vagina and vulva extending to the inner parts of the thighs and anterior abdominal wall, after a vaginal injection of half a litre of sublimate (1:2000). Next day small vesicles covered the area of erythema, which had spread over the trunk to the face and to the upper parts of the thighs. There was dysenteric diarrhœa, vomiting and great albuminuria. Ulcerations, covered with diphtheritic patches, formed in the vagina. Mäurer, because of the absence of sore throat and the manner in which the eruption had spread, regards mercurial poisoning as the cause of the symptoms. The author is of opinion that these symptoms cannot be regarded as due to septicæmic poisoning. Blanc draws attention to some slight cutaneous eruptions occurring after sublimate injections, and partially reviews the literature of the subject of rashes during the puerperal state. He quotes three cases of an erythematous rash, which in one case resembled nettlerash. In only one case did the urine contain albumen, whilst in all cases the temperature did not exceed 101° F. Are these phenomena to be attributed to mercury, or to a general infection more or less severe? Similar rashes are observed frequently in lying-in cases, in which mercury has never been employed. [It is not necessary to report here the literature upon the question of puerperal scarlatinoid, or surgical scarlet fever, except to mention that such cases are not rare; indeed I had occasion to see a woman only a few months ago who developed a rash exactly like scarlet fever three days after confinement. This was in an isolated country place, and no infection of scarlet fever could be traced to the patient. None

of the inmates of the house became infected.] Next he collects partially the literature on the rashes caused by the administration of mercury, either internally or externally. These, again, are often met with, especially an urticaria on the trunk [a case of which I noticed in the Kaposi's clinic some years ago]. Because of these facts Blanc regards the above three cases as examples of mercurial intoxication. He rightly considers that in discussing the pathogeny of these cutaneous rashes we must consider idiosyncrasy and traumatism. Herpes and urticaria are very prone to be set up by an injury, whilst injuries to the genital system appear to have a special effect in that direction, as shown by cases quoted by Grailly Hewitt and Spencer Wells.

The explanation of poisoning after vaginal injections is because of the retention of some liquid in the vagina, when lying on the back, and the presence of small tears in the mucous membrane. This is *a fortiori* true of the intra-uterine injections. Because of these fatalities he does not consider that one ought to abandon in puerperal cases the use of corrosive sublimate, an agent which has rendered very good service. [From an extensive acquaintance with the literature of the subject I should endorse his views, but only under circumstances where the sanitary arrangements were bad, or the patients crowded in an institution, ought a routine method of injection with this agent be adopted.] As to strength he regards 1:2000, or even 1:3000 or 4000, as quite strong enough. Routh is of opinion that the stronger solutions are less dangerous than the weaker, because clots are formed at the mouths of the small vessels which are protective against absorption. [The cases mentioned in previous reviews do not bear this out, and if any solution is left behind in the uterus or vagina it will be absorbed by the lymphatics irrespective of the clots.] Blanc recommends that each sublimate injection should be followed by one of carbolic acid (1 in 50). This would hardly be necessary if his other recommendations are followed out, providing for a free return of the fluid from the uterus or vagina by using an appropriate tube. [I have usually raised the patient into a sitting posture for a moment to allow any fluid to drain away.] The danger of using it after giving ergot, and producing the hour-glass contraction of the uterus [more talked about than seen], is alluded to.

Above all, one must pay attention to the general state of the patient before adopting this substance. Thus marked anæmia, disordered state of the digestive functions, and especially constipation (for mercury is eliminated by the intestines), contra-indicate its use. Further, in no case of albuminuria or affections of the kidneys, or of a patient known to possess an idiosyncrasy against the drug, should these injections be employed. In conclusion, he refers to packets of the drug which are very portable, consisting of one gramme of sublimate, one gramme of chloride of sodium and one milligramme of methyl violet. One of these packets could be dissolved in 2000 or 3000 grammes of water at the patient's bedside.—*Medical Chronicle*.

DERMATOLOGY AND HYGIENE.

A NEW REDUCING AGENT.

Hydroxylamin is the name of a new reducing agent described by Prof. Binz in Virchow's Archives, and which, it is now claimed, is destined to replace pyrogallol and chrysarobin as a topical remedy in diseases of the skin.

Its chemical formula is NH_2OH , but it is known only in aqueous solution and in the salts, the most important of which is hydrochloric hydroxylamin. It appears in colorless, strongly hygroscopic crystals, very soluble in water, glycerine and alcohol. On account of its strong reductive power, hydroxylamin is an energetic poison to the lower organisms, and for this reason it could not be recommended too highly in dermato-therapeutics. Its property of withdrawing oxygen from other bodies indicates its field of action.

Dr. Erchhoff of Elberfeld has recently made numerous trials of this remedy, and reports favorably on them all. He prefers alcoholic solutions to unguentary preparations, because the former penetrate quicker and deeper into the skin, and consequently act more energetically.

With the following prescription he has treated five cases of lupus vulgaris, five cases of herpes tonsurans capilletii, and one case of sycosis parisitaria faciei :

℞ Hydroxylamin hydrochlorat.....	0.1
Spir. vini.....	
Glycerine.....	aa 50.0

M. et S. Brush on the diseased surfaces from three to five times a day, after washing them thoroughly with potassa soap.

One of the cases of lupus was of the hypertrophic variety, and very disfiguring to the face on which it was located. In eight days after the application of the hydroxylamin the hypertrophic places were reduced to normal size, and in about four weeks the whole spot was covered with a smooth scar. The same application to the other cases of lupus produced swelling of the part and ulcerations of the nodules, and finally a satisfactory cicatrization.

On the cases of ringworm (*tinea tonsurans*), the disease being on the scalp, it caused considerable irritation, with inflammation and suppuration of the scalp, but the ultimate success was very pronounced.

Dr. E. is inclined to think that this remedy would be successful in leprosy, possibly by subcutaneous application, with or without simultaneous use of chlorine, iodine or bromine preparations.

The remedy is very cheap, and this, together with the advantages it has over the other reducing agents, will enable all to give it a fair trial.

COLDS AND CLOTHING.

The teaching of modern science and of ancient custom goes to show that heat production within the body has much to do with tissue changes concerned in muscular activity with healthy digestion. It is conserved by warm and moderate, wasted in evaporation by excessive, clothing. Finally, by a simple nervous reaction it is increased after contact of external cold. It follows from these observations that, if we be so clad with comfortable underclothing that surface perspiration is not formed in excess and is rapidly removed, one great cause of chill—sudden evaporation—is done away with. Outer cold, then, provided it is not too severe, only touches, as it were, the spring of the heat-making metabolism, and, exciting an elastic rebound in the chain of vaso-motor fibres, awakens that oxidative action by which every tissue is made to yield its share of heat to the body. This bracing influence is lost wholly or partly to those who are too heavily clothed, and in its place we may have a dangerous excess of surface heat. It is for this reason that we have before protested, as we do now, against the indiscriminate use of the thick and heavy overcoat. We would

rather see men in fairly robust condition, especially if young, clad warmly next the skin, and wearing either a light top-coat or none at all. There can be no doubt that the habitual use of great coats is indirectly accountable for the chill which they are intended to prevent. Were the overcoat worn continuously it might attain its object. Its intermittent use, even when ample underclothing is worn, affords no solid guarantee of safety, but rather the reverse. The man of sedentary habits has especial need to remember this. He emerges daily from a warm breakfast-room, clothed in his ordinary winter garments, with probably warm underwear, and over all the heavy ulster or top-coat. After a short walk he finds that the sense of warmth he began with is more than maintained. He arrives at his office or place of business, and off goes the overcoat, though the air of the newly opened room is as cold as that without, and draughty in addition. During the day perhaps he travels to and from adjacent business houses wearing only his house clothing. The overcoat is laid aside till closing time reminds him of the journey home. The frequent result is that somehow between the hours of his departure and return he is chilled. No doubt he would run as great a risk, if lightly clad, he were to face the rigour of a winter day. In this case, however, exercise and habit might do much to develop the power of endurance, and there would, at all events, be less danger of sudden cold acting upon a freely perspiring surface. Woolen underclothing represents a state of healthy comfort intermediate between these extremes, and more resistant to chill than either. In commending its use, however, we do not assert that the influence of age and constitution is to be overlooked. Youth can oppose a power of resistance to depressing agencies which does not reside in the worn-out nerve centres of a riper age. Similarly, that elastic reaction which characterizes the nervous and sanguine types is not to be looked for in the lax tissues of the lymphatic. The weaker physique naturally calls for fuller protection than the stronger; and any rule requiring the disuse of the overcoat should allow of reasonable exceptions in favor of the old and constitutionally feeble. Unusual severity of weather, especially if associated with night air and loss of sleep which this implies, is another condition which might well constitute an exception. In such cases we are compelled to add some form of over-

coat to the ordinary amount of clothing. Some parts of the body—for example, the chest, throat and feet—are certainly more susceptible to cold than others. As a usual safeguard, cold or tepid bathing of such parts is in merited favor. The custom so common with many persons, especially women, of walking out in thin-soled boots, often plays an important part in catching cold. The progress of time and of rational thought may be expected to bring in a more comfortable arrangement by clothing the foot in woolen hosiery and a stouter boot.—*Lancet*.

THE IMPORTANCE OF MANURE HEAPS AND POULTRY IN
THE ETIOLOGY OF DIPHThERIA.

It has been recognized that diphtheria is *par excellence* the infectious disease of rural districts, and has given rise to suspicion that domestic animals, perhaps, suffer from an analogous disease, with which the human species can be infected. Poultry are subject to a disease, characterized by false membranes on the mucous surface and by visceral lesions, which present the greatest analogy to diphtheria.

Ferrand (*Thèse de doctorat. Lion, 1885*) has collected the statistics of this disease, and finds that in Scotland 21.6 cases occur in urban and 27 in rural districts amongst every 100,000 inhabitants. The same holds for Prussia and Russia. Whilst about Lyons it is noticed that the country districts suffer most, the suburbs less so and urban districts least of all. This distribution is explained by the accumulation at the entrances of large towns of scavengers' refuse, manure, etc.; and that at the doors of the country houses there are manure heaps, where poultry affected with "pip" (*pépie*) spread the disease. Klebs noticed in 1883 that diphtheria breaks out as a rule the day after sweeping the streets of a town, and principally on the routes followed by the carts removing the refuse.

Birds and poultry are subject to a disease presenting an analogy on one hand with diphtheria and on the other with tuberculosis, which has been called tubercular diphtheria. Megnin and Cornil (*Journal de l'Anatomie, 1885*) have been enabled to separate cases of this disease into two classes according as they have discovered the bacillus of Koch, or that of Klebs and Löffler in the lesions of the malady. The diphtheria of birds—vulgarly called "pip"—is characterized by false membranes covering the larynx,

the mucous membrane of the mouth, nose and pharynx, and filling the air sacs, particularly those of the abdomen. Sometimes it invades the conjunctiva, forms small tumors in the skin and spreads to the mucous membrane of the intestine, as in the pheasant and partridge. They have discovered the bacillus (that of Klebs and Löffler) in the mucous membrane and the skin. The bacillus can reproduce the malady. Colin (*Comptes Rendues de l'Académie des Sciences*, 1885) tried to produce diphtheria in pigeons, fowls, etc., with diphtheritic membranes from human subjects, without any result, and concluded that if the above affection of birds is specific it is not of the same species as human diphtheria. This conclusion is not true, for Roux and Zartin (*Annales de l'Institut Pasteur*, 1888) have been able, with pure cultures of Klebs' bacillus, to produce typical diphtheria in such birds. Barbier has produced the same result. The poultry in the neighborhood of the pavilion for isolation in the children's hospital have often been observed to take a diphtheritic infection and die of it. Birds are hence susceptible of contracting diphtheria, and by their agency the manure heaps are "sown" with the bacillus. The refuse, being carted to other districts, disseminates the infection far and wide.

Teissier has investigated the subject at Lyons, which presents a favorable field, for diphtheria is a new disease there, the fatal cases are few, and each case can be rigorously investigated. He considers that infection occurs through respiratory system by means of atmospheric dust, especially that from manure heaps, rag shops and straw. The cases appear not to be directly contagious. He has only observed 13 cases of infection amongst 180, the others being isolated cases. Hence infection must be from another source. Barbier mentions that in Paris cases of direct contagion are observed frequently in the Children's Hospital. Both Barbier and Teissier admit that the connection between the two diseases is not absolutely proved. The former concludes that medical officers of rural districts where diphtheria is rife should pay attention to these matters rather than fill their reports with the height of the barometer, hygrometric state, etc. Enough has, however, been advanced to justify the removal from inhabited places of all putrescible matters, and the immediate death of all poultry or pigeons found affected with the least false membrane.—*Medical Chronicle*.

PREVALENCE OF LEPROSY.

“Unquestionably leprosy exists in this country to a much larger extent than is generally supposed,” writes Dr. Prince A. Morrow, the editor of the *Journal of Cutaneous and Genito-Urinary Diseases*. “The recent paper of Dr. Blanc in the NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, in which he gives a report in detail of 42 cases in New Orleans, was a surprise and a revelation to many who did not suspect the existence of that number of cases in the entire United States. This report did not include, of course, the cases at St. Martinsville and Bayou Lafourche. I visited the Teche river district on my way from New Orleans to Mexico, but had no opportunity of examining the cases in St. Martinsville parish, since they have already suffered a disagreeable notoriety and secluded themselves from observation. As is well known, leprosy has existed in this little centre since the first settlement of the country by the Acadians, but as favorable conditions for its spread do not exist it has been confined to a few creole families.”

PASTES IN DERMATOLOGY.

Since Lassar introduced into dermatological practice the use of salicylic paste the utility of pastes in irritable conditions of the skin has been abundantly proved. Dr. Gruendler of Hamburg has recently made some experiments in Dr. Unna's laboratory on the relative capacity for the absorption of water inherent in various powders which might be used in the preparation of these pastes. He found that carbonate of magnesia had remarkable qualities in absorbing water, and therefore ought to be an excellent ingredient for the formation of a paste. Unfortunately, however, pastes made of a mixture of fat and carbonate of magnesia do not possess the proper consistence. When, therefore, this highly absorbent quality of carbonate of magnesia is desired, it is advisable to combine it with the other powders commonly used. For example, fifty parts of oxide of zinc or starch may be mixed with ten parts of carbonate of magnesia, and the whole rubbed up with fifty parts of fat to form a paste, or as a simple absorbent powder it may be very conveniently used mixed with oxide of zinc.—*British Medical Journal*, Dec. 15, 1888.

ALOPECIA AREATA.

One of the interesting problems connected with this disease is the question, still *sub-judice*, as to whether it is due to nervous disturbances or to parasitic influence. Both sides have been ably argued and supported by clinical and morphological proofs, and to an unprejudiced looker-on it would almost seem as if both causes might be at work. Dr. L. Duncan Bulkley is inclined to favor the nervous theory (*Medical Record*). He treats the disease by giving internally strychnia with phosphoric acid, together with fats in the dietary. Locally he prefers veratria in ointment in the strength of five to ten or more grains to the ounce. Other stimulating applications, such as croton-oil, strong carbolic applications, acetum cantharidis, capsicum, etc., may also be applied with advantage. He states that he is positive that the best results in the management of this often troublesome affection will be reached when it is looked upon, not as a local affair, but as a manifestation of constitutional derangement, having its basis in lowered vitality of the nervous system.—*St. Louis Med. and Surg. Jour.*

BRONSON'S OINTMENT.

As a valuable remedy in sycosis, acne rosacea and other diseases in which it is desirable to apply mercury for its local effect on tissues, Bronson's ointment has been recommended. It is made as follows:

℞ Hydrarg. ammoniat	ʒi
Hydrarg. chlorid, mitis.	ʒij
Vaseline	ʒi.

The vaseline may be replaced with lanoline with good effect.

TREATMENT OF SCABIES.

Rub a third of this mixture into the whole surface of the body, from the neck downward, at bedtime:

Flowers of sulphur	ʒij
Beta naphthol	ʒi
Balsam of Peru	} aa ʒj.
Vaseline	

—*American Prac. and News.*

CURED BY ERYSIPELAS.

Schurminer has had occasion to note the effect of intercurrent erysipelas upon various lesions of the skin. While general syphilitic infection of the system remains uninfluenced by severe attacks of erysipelas, the local syphilitic products heal very quickly. Localized lupus also remains uninfluenced in complicating outbreaks of erysipelas. 'In a case of severe cicatricial keloid following a burn, resorption and cure of the keloid took place after an attack of erysipelas. In a case of chronic double epididymitis and orchitis cure took place after an erysipelas of ten days' duration.—*Vierteljahr. für Derm. und Syphilis.*

[These are evidently the best results of a disagreeable complication. We had a patient in the Charity Hospital some two months ago suffering from mitral insufficiency, as well as a destructive syphilitic lesion of the nose and soft palate. Erysipelas attacked the face, and in three days the disease and the patient had ceased to be.]

MEDICAL NEWS AND MISCELLANY.

A SEVERE epidemic of yellow fever is raging at Rio de Janiero, 400 cases being reported daily. The disease is of comparatively mild type.

DR. L. B. CREATH, a prominent and successful physician of Kentucky Ridge, left yesterday for New Orleans, to attend a course of lectures at the Polyclinic, and to spend two months in the Charity Hospital. He will return about the 1st of June to resume his practice.—*Ex.*

PROF. DA COSTA prefers the use of the bismuth *test for sugar* in the urine. Take equal parts of urine and liquor potasæ, add a pinch of bismuth subnitrate, boil thoroughly. If sugar is present the powder turns brown or black.—*Coll. and Clin. Record.*

THE Attakapas Pharmaceutical Association was organized April 2, at New Iberia, La. Mr. A. L. Lagarde of Jeanerette was elected president. There were 22 charter members. The next meeting will be held at Opelousas July 2, 1889.

DR. E. L. KEYES of New York has resigned the chair of Genito-Urinary and Skin Diseases at Bellevue Medical College, which he has filled with so much distinction, and has been succeeded by Dr. Samuel Alexander of the class of 1882.

THE Board of Trustees and Faculty of the Medical College of the State of South Carolina, will, on or about the 15th of May, elect a professor of general pathology and practice of medicine. Applicants for the position will as early as possible address R. A. Kenwith, Dean, Charleston, S. C.

THE SALE OF PRACTICES.—The French courts have decided that a physician cannot legally sell his practice, on the ground that a medical practice is not an article of commerce. A contract to abstain from practicing in any given neighborhood is, however, valid, and to be capable of enforcement at law.

THE American Medical Association will hold its fortieth annual meeting in Newport, R. I., commencing Thursday, June 25, 1889, and continuing four days. From the indications on all sides this promises to be one of the most interesting meetings, from a scientific point of view, that the association has held in some years.

IN putrid conditions of the air passages Eichhorst of Zürich recommends *myrtol*, a watery fluid derived from oil of myrtle, having an aromatic odor. It is given in gelatine capsules, each containing one grain, two capsules every two hours. Myrtol is powerless against the tubercle bacillus.—*Wiener Med. Presse. Deutsche Medizinal-Zeitung.*

THE appropriation committee of the Pennsylvania Legislature has recommended a grant of \$20,000 to the Philadelphia Polyclinic for its new hospital building, provided it raises a like amount. Toward meeting this provision subscriptions amounting to about \$10,000 have already been secured.

DETECTION OF PUS IN THE URINE.—Drop into the specimen of urine enough tincture of guaiac to give it a milky appearance, and heat it a few minutes to 100° F. If pus is present a blue tint will develop. Otherwise the urine may be passed through a white filter, on which is then allowed to fall a few drops of tincture of guaiac, producing, if pus is present, a distinct blue coloration.—*Pharm. Era.*

Dr. HUNT, of the medical class of 1889, goes to Shreveport, La., to enter into practice. We rather expected to have the doctor settle in New Orleans. While regretting that we shall lose him, we congratulate Shreveport upon the acquisition of a gentleman who will be an addition in every way, socially and professionally, to the second city of the State.

LATE dispatches contain the sad news of the death of Prof. Samuel W. Gross, at Philadelphia, of pneumonia. In his death the profession has sustained a severe loss. He was well known at home and abroad as a worthy successor of his venerated father, a skilful operator, a prolific and able writer and a most entertaining lecturer.—*Washington Journal.*

AURAL FURUNCLES.—Loewenber recommends the use of saturated alcoholic solution of boracic acid, which is allowed to remain five to ten minutes, and is repeated as often as is deemed necessary. In cases of women who are annoyed by these boils at the menstrual epochs the same solution may be used for a week previously as a prophylactic.

THE Canadian Medical Association meets in Bariff, N. W. T., Aug. 12, 13 and 14, 1889, and will have a glorious time, for, in addition to its regular proceedings, an excursion is proposed to the Pacific coast. The rates to Bariff, from all parts of Canada, are very low, and the excursion rate to Victoria, good for sixty days, and, including meals and berths, is only \$30. Members of the profession from the States are accorded all the privileges granted Canadians, and are cordially invited to attend.

A PRESS dispatch from Mobile, Ala., to the daily papers states that all the condemned articles at the old Quarantine Station on Ship Island, opposite Biloxi, were destroyed by order April 12, and the Yellow Fever Hospital and fixtures and every particle of matter supposed to be capable of carrying infection were burned. There was a great mass of bedding, clothing and refuse left there when quarantine was moved in March to Chandeleur Island, and as the mass was known to be infected with germs and visitors were not prevented from going on the island, there was a call through the press for its burning, with the result just mentioned

BENZOTE OF SODIUM IN ACUTE TONSILITIS is, according to the experience of Dr. I. N. Love of St. Louis, of greater value than the guaiacum treatment. He gives doses of ten to twenty grains with large quantities of water every hour or two, according to age and condition. It acts as a prompt stimulator of the glandular system with a seeming preference for follicular glands, thus antagonizing inflammatory action.—*Practice.*

THE committee appointed to investigate the discovery of M. Pasteur for the extermination of rabbits in Australia has made a report of the result of their inquiries, which states that upon experiment it has been found that rabbits which had been inoculated with the virus of chicken cholera, or which ate food which had been infected with the virus, died, but that the disease was not communicated by one rabbit to another.—*Medical and Surgical Reporter.*

WE had a very pleasant call a few days ago from Dr. Landon B. Edwards, editor of the *Virginia Medical Monthly*. The Doctor came South as a delegate to the Louisiana and Alabama Medical Societies. He was summoned here earlier than he expected, but nevertheless was tempted and fell by the wayside, for he attended and took an active part in the proceedings of the Alabama State Medical Society at Mobile.

DR. P. A. MORROW, editor of the *Journal of Cutaneous and Genito-Urinary Diseases*, who passed through this city last Christmas on his way to investigate the subject of leprosy in Mexico and the Sandwich Islands, has just returned to New York, and will deliver the results of his observations on this subject in a report before the Paris International Congress of Dermatology and Syphilography, which meets in August next.

JOHN C. DALTON, M. D., LL. D., the eminent physiologist, died Feb. 12, at his home in New York, of renal disease. He was 64 years of age and has been engaged in teaching physiology since 1850. He occupied the chair of physiology successively in the Medical Department of the University of Buffalo, University of Vermont, Long Island Hospital Medical College and College of Physicians and Surgeons of New York. His text-book is known to every student.

IN more than 1000 operations for hæmorrhoids by the ligature Dr. Mathews of Louisville, Ky., has never had to operate a second time upon the same patient for the operation; has never had an unnatural contraction around the anus as a result of the operation, nor had any ulceration or stricture; has never had a single death and but few untoward symptoms.

ECZEMA OF CHILDREN, (*Delapert*).—

℞ Acidi boracici ʒiiss.
 Vaselini..... ʒj.
 Balsam Peru gr. viij.
 M. et ft. unguentum. Sig. Spread upon the affected surface after thorough cleaning.—*Archiv. Ital. di Pediatria*.

A GOOD DIURETIC.—The following combination, recommended by Dr. Fothergill, will be found a useful diuretic:

℞ Pot. citrat. ʒiiss.
 Spt. juniper co ʒi.
 Tr. digitalis ʒiiss.
 Inf. buchu ad. ʒviii.
 M. Sig.—One to two tablespoonfuls three or four times a day.

IN the case of a woman who had passed *gall stones* Prof. Bartholow directed $\frac{1}{20}$ gr. arseniate of sodium *ter die*, and—

℞ Sodii phosphat.,
 Sodii sulph. aa ʒss. M.
 Sig.—*Ter die* in hot water.—*Coll. and Clin. Record*.

PROF. BALL'S PURGATIVE PILLS.—The *Répert de Phar.*, Feb. 10, gives, by permission, the formula of a pill which appears to have become popular with Parisian prescribers. It is as follows:

℞. Aloes (soc.)..... 1 gm.
 Res. scammony and jalap, of each. 50 cgm.
 Calomel 50 cgm.
 Ext. belladonna and hyoscyamus, of each. 25 cgm.
 Medicinal soap q. s. (about 2 gm.)
 Make 50 pills. Dose, 3 to 5 daily.

A MIXTURE for troublesome cough of a violent paroxysmal nature, often met with after influenza, is given by Dr. H. O'B. Deck in *Therapeutic Gazette*:

℞. Cocain hydrochlorat..... gr. ij.
 Morphinae sulph., gr. iss.
 Extract. glycyrrhiz. liquid.,
 Glycerini, aa ℥ xx.
 Aquæ, q. s ad fʒ iv. M.

Sig.—One dessertspoonful every two hours, till the cough is relieved; then less frequently. To be swallowed slowly.

For a case of *diabetes insipidus* Prof. Da Costa ordered an easily digested diet, liquor, pepsin. f5ss, at meals, and—

℞ Extract. ergotæ fluid..... f5ss.
Sig.—t. i. d.

DR. I. N. LOVE of St. Louis, suggests the following as a pleasant and convenient form of administering antifebrin :

℞. Antifebrin..... ℥ij.
Alcohol..... f5ij.
Glycerini..... f5ij.
Aquæ cinnamoni..... f5j.
Syrup..... f5ij.

M. Sig.—A half-teaspoonful every two to four hours, according to age, etc., as required; the alcohol preventing the disposition to depression on the part of the drug.

DR. Q. A. SHUFORD of Tyler, Tex. is in the city attending the Polyclinic. The doctor is especially interested in rectal diseases, for the examination of which he has invented a speculum that is well spoken of. In the case of hemorrhoids the speculum is inserted, a tumor selected, and three to eight drops, according to size, injected of the following solution :

℞—Glycerole of borax..... ʒiv.
Glycerole of salicylic acid. ʒiv.
Carbolic acid (pure)..... ʒij.

Mix, rub in mortar and let stand till clear. Prof. Wyeth of New York speaks highly of this formula.

THAT there is need for examinations to test the merit of diplomas—even from some excellent colleges—we may summarize the last reports of the Virginia, North Carolina and Alabama boards :

	No. Examined.	No. Graduates Examined.	No. Graduates Passed.	No. Graduates Rejected.	
North Carolina—					
Annual 1888 examination,	91	90	69	21—	about 23.3 per cent.
Alabama—					
1 year ending April, 1888,	53	47	35	12—	“ 25.5 “
Virginia—					
4 years ending Dec., 1888,	243	232	181	48—	“ 20.7 “
	287	369	285	81—	“ 23.2 “

Total number non-graduates, 18; of these 1 was examined by Alabama board and rejected; 6 by North Carolina board—1 passed and 5 rejected; 11 by Virginia board—5 passed and 6 were rejected. Total passed, 6, or 33 1/3 per cent; 12 rejected, or 66 2/3 per cent.—*Virginia Medical Monthly*.

MORTUARY REPORT OF NEW ORLEANS

FOR MARCH, 1889.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial.....	1	3	3	1	2	2	4
“ Congestive.....		2	1	1	1	1	2
“ Continued.....		1		1	1		1
“ Intermittent.....							
“ Remittent.....							
“ Catarrhal.....							
“ Typhoid.....	4		2	2	3	1	4
“ Puerperal.....	3			3	3		3
Typho-Malarial.....		1		1		1	1
Scarlatina.....	1		1			1	1
Measles.....	1	1	1	1		2	2
Diphtheria.....	7		3	4		7	7
Whooping-cough.....		2	1	1		2	2
Meningitis.....	3	4	5	2	3	4	7
Pneumonia.....	27	17	26	18	35	9	44
Bronchitis.....	3	6	5	4	1	8	9
Consumption.....	51	31	45	37	80	2	82
Congestion of brain.....	9	2	6	5	6	5	11
Diarrhœa.....	5	3	5	3	7	1	8
Cholera infantum.....	2		1	1		2	2
Dysentery.....		1	1			1	1
Debility, General.....	4		2	2	4		4
“ Senile.....	17	10	9	18	27		27
“ Infantile.....							
All other causes.....	181	98	156	123	211	68	279
Total.....	319	182	273	228	384	117	501

Stillborn children—White, 21; colored, 21; total, 42.

Population of city—White, 184,500; colored, 69,500; total, 254,000.

Death rate per 1000 per annum for month—White, 20.75; colored, 31.42; total, 23.67.

DIPHTHERIA RECORD FOR MARCH, 1889.

Dist.	CASES.			DEATHS.		
	White.	Colored.	Total.	White.	Colored.	Total.
1	10	1	11	.....	.....	.....
2	4	1	5	3	.....	3
3	5	2	7	1	.....	1
4	11	.....	11	3	.....	3
5	1	.....	1	.....	.....	.....
6	4	1	5	.....	.....	.....
7	.....	.....	.....	.....	.....	.....
	35	5	40	7	.....	7

HENRY WM. BLANC, M. D.,
Chief Sanitary Inspector.

METEOROLOGICAL SUMMARY—MARCH.

STATION—NEW ORLEANS.

DATE	TEMP'RE.			Precip. in inches and hundredths.	GENERAL ITEMS.			
	Mean	Max	Min					
1	63.0	69.0	58.0	.73	Mean barometer, 30.01.			
2	64.0	68.0	62.0	.20	Highest barometer, 30.33, 10th.			
3	54.0	57.0	54.0	.65	Lowest barometer, 29.55, 18th.			
4	53.0	65.0	47.0	.....	Monthly range of barometer, 0.78.			
5	54.0	62.0	50.0	.....	Mean temperature, 58.			
6	50.0	59.0	45.0	.....	Highest temperature, 79.0, 31st.			
7	55.0	69.0	47.0	.....	Lowest temperature, 44.0, 10th, 11th, 12th.			
8	58.0	74.0	50.0	.....	Monthly range of temperature, 35.0.			
9	57.0	68.0	51.0	.....	Greatest daily range of temp., 24.0.			
10	50.0	58.0	44.0	.....	Least daily range of temp., 3.0.			
11	48.0	53.0	44.0	.....	Prevailing direction of wind, S. W. and N. W.			
12	52.0	62.0	44.0	.....	Highest velocity of wind and direction, 35 miles on 18th, S. W.			
13	58.0	69.0	52.0	.....	Total movement of wind, 6788 miles.			
14	60.0	73.0	51.0	.....	Total precipitation, 3.86 inches.			
15	60.0	76.0	52.0	.....	Number of days on which .01 inch or more of precipitation fell, 5.			
16	64.0	78.0	59.0	.....	No. of cloudless days, 16. No. of partly cloudy days, 8. No. of cloudy days, 7.			
17	64.0	77.0	54.0	.....			
18	65.0	78.0	62.0	.89				
19	58.0	67.0	54.0	.....	MEAN TEMPERATURE FOR THIS MONTH IN			
20	62.0	73.0	55.0	.....	1874..... 66.0	1879..... 64.0	1884..... 65.0	
21	60.0	74.0	56.0	.....	1875..... 56.0	1880..... 66.0	1885..... 58.0	
22	59.0	72.0	52.0	T	1876..... 60.0	1881..... 60.0	1886..... 59.0	
23	62.0	64.0	57.0	1.36	1877..... 61.0	1882..... 68.0	1887..... 62.0	
24	56.0	64.0	55.0	.03	1878..... 66.0	1883..... 62.0	1888..... 60.0	
25	56.0	62.0	51.0	.....	TOTAL PRECIPITATION (IN INCHES AND HUNDREDTHS) FOR THIS MONTH IN			
26	60.0	72.0	51.0	.....	1874..... 5.57	1879..... 1.36	1884..... 8.24	
27	60.0	75.0	55.0	.....	1875..... 13.85	1880..... 6.66	1885..... 6.99	
28	64.0	77.0	54.0	.....	1876..... 11.32	1881..... 2.75	1886..... 8.41	
29	59.0	73.0	53.0	.....	1877..... 4.94	1882..... 0.92	1887..... 3.37	
30	63.0	78.0	58.0	.....	1878..... 4.63	1883..... 5.01	1888..... 6.45	
31	66.0	79.0	60.0	.....			
Sums	.....	.....	.....	3.86	Dates of frosts: None.			
Means	58	69.0	53.0	.....	Thunder storm on 18th.			

NOTE.—Barometer reduced to sea level and standard gravity. The T indicates precipitation inappreciable.

R. E. KERKAM, *Signal Corps Director.*

THE NEW ANTISEPTIC,

Katharmon

NON-IRRITANT.

NON-ESCHAROTIC.

FORMULA: THE ACTIVE PRINCIPLES OF PHYTOLACCA
DECANDRA, GAULTHERIA PROCUMBENS. HAM-
AMELIS VIRGINICA, HYDRASTIS CAN-
ADENSIS, MENTHA ARVENSIS,
THYMUS VULGARIS.

Prepared by Distillation and Lixivation with two grains of C. P.
BORACIC ACID to each fluid drachm.

INDICATIONS:

CATARRHAL STATES OF NOSE, EYE, EAR, THROAT, STOMACH AND BOWELS.

IT IS UNSURPASSED AS VAGINAL WASH, AND VALUABLE IN THE PUER-
PERAL STATE, SEPTICÆMIA, PYÆMIA AND SURGICAL FEVER.

DOSE:—From one-half to one fluid drachm.

In Acute Cystitis, when the urine is painful, scalding and irritating, use internally from one-half to a teaspoonful every three or four hours, or a little later on when the inflammation becomes **Chronic**, as an injection into the bladder in the proportion of from one to two drachms to two ounces of tepid water.

In Leucorrhœa use one ounce to eight ounces of water as an injection once or twice a day.

In all Catarrhal states of nose and throat, locally, half and half, or by atomization or inhalation in the proportion of one drachm to two ounces of water.

In Stomatitis, ulcerative or gangrenous, use either as a gargle (four drachms to two ounces), or internally thrice daily in the usual dose.

In Pharyngitis and Laryngitis use through inhalation in proportion of one drachm to two ounces of water.

In Gonorrhœa, as an injection, four drachms to two ounces of water once or twice a day as indicated.

In Obstetric Practice, both as a prophylactic measure and cleansing agent, it is most excellent. It should be applied to hands in full strength in making vaginal examinations or used per enema in the proportion of one part to eight of water.

In Vaginitis, specific or non-specific, as an injection from one to four ounces of water.

In Dermatitis locally applied in full strength every two or three hours.

In Scorbutic or Hemorrhagic condition of the gums, it will be found efficient in the proportion of one drachm to one ounce of water.

KATHARMON CHEMICAL COMPANY,

WRITE FOR SAMPLE.

SAINT LOUIS

FELLOWS' HYPO-PHOS-PHITES.

(SYR: HYPOPHOS: COMP: FELLOWS)

Contains **The Essential Elements** to the Animal Organization—
Potash and Lime.

The **Oxydizing Agents**—Iron and Manganese;

The **Tonics**—Quinine and Strychnine;

And the **Vitalizing Constituent**—Phosphorus,
Combined in the form of a Syrup, with *slight alkaline reaction*.

It **Differs in Effect from all Others**, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

It has **Sustained a High Reputation** in America and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organ and is employed also in various nervous and debilitating diseases with success.

Its **Curative Properties** are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

In **Cases** where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

Its **Action is Prompt**; stimulating the appetite, and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

The **Prescribed Dose** produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of **MENTAL AND NERVOUS AFFECTIONS**.

From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

—PREPARED BY—

JAMES I. FELLOWS, Chemist,

48 Vesey Street, - - NEW YORK.

CIRCULARS SENT TO PHYSICIANS ON APPLICATION.

FOR SALE BY ALL DRUGGISTS.

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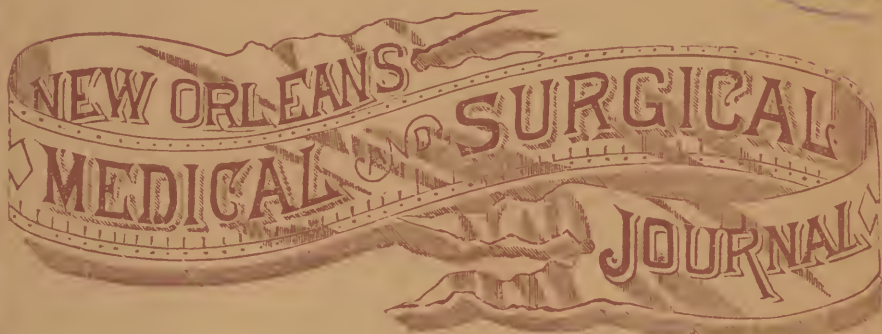
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*Paullum sepultæ distat inertia
Celata virtus.*—HORACE

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JUNE, 1889.

ORIGINAL ARTICLES.

No paper published or to be published in any other medical journal will be accepted for this Department. All papers must be in the hands of the Editors on the first day of the month preceding that in which they are expected to appear. A complimentary edition of twenty-five reprints of his article will be furnished each contributor, should he so desire. Any number of reprints may be had at reasonable rates if a *written* order for the same accompanies the paper.

Fifteen Cases of Hydrothorax.

By F. PEYRE PORCHER, M. D., Professor of Materia Medica and Therapeutics, Medical College State of South Carolina, and one of the Physicians to the City Hospital, Charleston, S. C.

The preceding series were restricted to the consideration of cases in which paracentesis of the pleural cavity, the lungs or the pericardial sac was employed.

As I do not desire to record or describe the surgical procedures only, which are unimportant in comparison with the diagnosis and detection of the presence of fluid, I will include in this series every case where fluid was discovered, ante or post-mortem, during a service, it will be observed, of but a few months, and in only one division of a hospital of very limited capacity. This will demonstrate the unsuspected frequency of pleurisies with effusion in this country. A few cases treated at the same period by one or two of my colleagues are added.

From a consideration of the entire series (numbering 69 cases) I am again compelled to say that the conclusion is forced upon us that throughout the country a vast number of cases escape detection and treatment, either medical or surgical. If this be true, the question arises whether such a conclusion is flattering to the profession as a body.

CASE I.—Serous fluid degenerating into pus; paracentesis; introduction of drainage tube.

I. Morrison, colored, aet. 33, difficulty of breathing upon exercise, with dropsy of feet, legs and abdomen. The dullness extended above the nipple of right breast, and posteriorly to the same level; slight roughness of first sound at base of heart, but could not detect prolonged first sound over mitral, as reported by others who had examined him.

Diagnosis.—Fluid in right thoracic cavity.

The hypodermic needle having been introduced an inch below the point of the scapula, the presence of fluid was established.

It is stated as follows in hospital book: “June 1, patient aspirated, and two quarts of fluid of a vermilion color removed by Dr. Porcher. Patient has been feeling better since the aspiration, and the act of respiration is much more easily performed.”

After a time, as there was immobility of the unsound side, with no reverberation of voice and hectic symptoms, and an evening temperature of 102 degrees occurred, it was determined to repeat the aspiration. The needle was inserted at the ninth intercostal space at the back, four inches below the spine of the scapula, and about one quart of purulent or sero-purulent fluid was removed.

July 16—Patient better, but the movement of fluid could be detected upon changing the position of his body.

A trocar and canula was inserted, and two and a half quarts of purulent fluid withdrawn. The opening having been widened with a bistoury, a drainage tube was introduced and allowed to remain.

To show how successful may be the treatment of empyæmia I insert the following from a recent journal:

“The question of the after treatment of empyæmia is one of great practical interest, and the experience of Prof. Hoelsti (*Rundschau*, 5 H. 1889) is well worth attention. Of the 27 cases operated on only one died, and that from pulmonary and cardiac complications; three left the hospital

with fistula, and the rest were cured. In all the cases operated on the pleural cavity was not washed out once. The main point to emphasize in every case was free drainage, which was best accomplished by the resection of a rib, preferably the sixth, and to avoid the mistake of removing drainage tubes too soon.

CASE 2.—S. Camoens, colored, female, æt. 50; entered June 19, 1888. Extremities dropsical, absence of respiration and dullness at base of right lung, corresponding dullness at base posteriorly and also in front of left lung.

There was no decided pain in the chest, or abnormal sounds upon auscultation.

She had been ill for months before admission, and died June 21.

Autopsy.—Cheesy matter under sternum; pericardial sac adherent to heart, and degenerated, with a purulent abscess; tubercular deposits upon ensiform cartilage; heart extremely fatty; fluid in right pleural sac compressing the right lung upon the spinal column; fluid also in left cavity.

Cause.—Former pleurisy and pericarditis, followed by inflammatory exudation. This woman must have suffered from the presence of intrathoracic fluid long before her admission, and doubtless it should have been detected and removed.

CASE 3—Illustrating unusual difficulty in diagnosis of intrathoracic fluid.

Cæsar Brown, colored, æt 59, admitted July, 1888. There was no fever, slight swelling of the feet, but no albumen in the urine. He was tapped with the hypodermic needle on the right and left side to test the fluid, because, although there was some vocal resonance and no fever, there was impaired respiration, and partial dullness at base of lungs, anteriorly, posteriorly and laterally.

His liver was greatly enlarged, and the spleen also—or at least the left lobe of the liver gave dullness over the splenic region.

He was carefully examined July 18, with a diagnosis of cirrhosis of liver, and fibroid phthisis with intrathoracic fluid. No satisfactory respiratory murmur was found in any part of his chest—only sub-dullness; so that the exploratory tapping was justifiable. Prof. Guitéras agrees as to the cirrhosis, and, notwithstanding negative results, is of the opinion also that fluid does exist in the thorax.

CASE 4—M. Townsend, æt. 40, colored, admitted July, 8, with the diagnosis: “Fluid in pericardium and dilatation of the heart; the dullness over this organ being 5 to 6 inches in area.”

Death occurred a week after admission, without treatment. It was intended to use hot baths and hypodermic injections of pilocarpin whilst in the baths, which had proved very efficient in our hands in other cases. The post-mortem revealed the correctness of the above diagnosis; some fluid also being found in the right thoracic cavity.

CASE 5.—Leonora Bell, colored, æt 45. Fluid in chest and ectopia cordis; heart displaced to the right, two inches beyond the sternum.

Sick four months before admission; œdema and pain of left breast; both hands swollen; slight general anasarca; no signs of valvular disease.

Diagnosis.—“Left chest up to clavicle filled with fluid.” Several friends, Drs. Ogier, M. Michel, E. Ravenel, Legaré and the house physicians being present, paracentesis was practiced in the left sub-axillary region, between the sixth and seventh spaces, and a quart of light serous fluid was removed.

Patient died during my absence, Aug. 17. At the autopsy, fluid was found in all the cavities; left lung atrophied to half a finger’s width, and as usual pressed back upon the spinal column; costal pleura tuberculous. [Note. Fluid should have been removed oftener and more thoroughly.]

CASE 6.—Saw case with Dr. Guitéras, 1888, with fluid in thoracic cavity; not aspirated.

CASE 7.—Treated by Dr. P. G. De Saussure, 1888; also with fluid in cavity of chest.

CASE 8.—Miss S., white, seen with Dr. Grimpé, æt. 30; complete dullness over left thorax. Used hypodermic needle without success, as the tube was too fine to admit the exit of pus, which subsequently escaped in large quantity from rupture through bronchial tube.

CASE 9.—B. Collins, colored, æt. 40, admitted July 20. From notes by house physician as follows: “Complained of pain in right side with difficulty of breathing. Said she had had an attack of pleurisy three weeks before. On percussion dullness was found over right lung up to one inch of clavicle. Auscultation showed absence of respiration on the same side, and a friction sound discernible; some bulging out of chest.

Diagnosis.—Pleuritic effusion. July 22 the needle of the aspirator was introduced three inches to the right of the right nipple, between the fifth and sixth ribs, and fully $3\frac{1}{2}$ pints of a pale-straw-colored fluid withdrawn. Patient showed signs of faintness at the termination of the operation, and an ounce of whiskey was given. As the operation proceeded there was gradual relief from the dyspnœa.

July 23.—On percussion found resonance to one inch below the nipple; there was no vocal resonance upon auscultation. A blister was applied to the back below the right scapula. Patient rested well last night for the first time in three weeks.

July 24.—Ordered syr. ferri iodidi, t. i. d., and spirits ζ iii daily.

Aug. 1.—Right lung above nipple has partially resumed its functions; the pains from which she had suffered were greatly relieved by blisters.

CASE 10.—I. B., æt. 30, 1888; pleuritic effusion; had spitting of blood; much emaciated; loud complementary respiration under clavicles, explained by the subsequent discovery of fluid. The dullness exists above the line of

the liver and extends as high as the nipple in front of the right lung; so conclude there is pleuritic effusion—the result of a pleuro-pneumonia.

CASE 11.—J. Smalls, colored, æt. 40; admitted Feb. 5; died a few days after admission, which the autopsy will explain, as follows: “Extensive lesions of the thoracic organs; cavity filled with fluid, and plastic lymph coagulated; lungs compressed against the spinal column and atrophied; pericardial sac also filled with light, serous fluid. There was an abscess of the liver and the spleen was engorged.” [Note—This case should have been earlier detected and treated, either medically or surgically.]

CASE 12.—C. Davis, colored, æt. 30; admitted February, 1889, during a partial service by the writer of a few weeks.

Full plethoric habit, dropsical, with difficulty of breathing; *no albumen in urine*; feet infiltrated with fluid, forming blebs and serum exuding. A friend who was invited to examine him gave the opinion that the chief trouble was from disease of the heart. My own diagnosis was infiltration of the lungs and dilatation of the heart, with fluid in the thoracic cavity. Death occurred in a few days.

Autopsy, March 2, 1889.—Pericardial sac contained fluid; left pleura so strongly adherent that lung cannot be removed without tearing. Lung dark, infiltrated with serous fluid, which pours from it upon pressure. Fluid in right cavity also. Right lung more spongy and resonant, but with some engorgement of middle and lower lobes, resembling hepatization, but with much serous juice exuding. Lungs in a desperate condition. Heart dilated; liver very large; kidneys somewhat large; capsules adherent, but with no material lesion or change; spleen adherent to diaphragm.

Cause of death.—Result of acute pneumonia and pluri-sy, with inflammation extending to the organs under the

diaphragm, which had also passed through stages of severe acute inflammation.

CASE 13.—P. Drake, colored, æt. 21; admitted under Dr. Guitéras, Oct. 21, 1888, with tubercular peritonitis and hydrothorax. Was treated for three months with no improvement. Died in January.

CASE 14.—J. Leonard, white marine, æt. 30; admitted Jan. 28, 1889, under Dr. Guitéras, with right pleural cavity completely filled with serum up to within two inches of the clavicle; was treated with potash iodide and syrup of the iodide of iron, and chest painted with tincture of iodine. Patient left on way to good recovery; fluid diminishing.

CASE 15.—S. Selby, white, male, æt. 40; was treated in hospital for some time. Upon a post mortem examination the left pleural cavity was found full of a sero-fibrinous fluid. The three last cases were reported to me by Dr. Folk, one of the house physicians.

CASE 16.—This case is reported on account of its puzzling nature, there being complete dullness on percussion, yet an entire absence of fluid.

John Elmore, æt. 28, had had pneumonia and typhoid fever a year ago, in Columbia, under Dr. Pope. There was complete dullness over left chest, without cough or respiratory sounds, and no expansion upon breathing, but complementary active expansion of the right.

Diagnosis.—Absence of fluid; cause of dullness tuberculosis, or fibroid phthisis, with contraction of chest walls, which were flattened. Patient does not complain of chest or heart, but came in with an injured foot, and the condition of the lungs was discovered by us only upon careful examination; found also a prolonged, aortic, obstructive first sound at base of heart, swallowing up the second sound; can hear both first and second sounds at the apex, to the right of the nipple and below it. He did not complain of his chest.

Correction of the Whole Error of Refraction, as Determined by the Mydriatic.*

By R. O. COTTER, M. D., Macon, Ga., formerly Assistant to the Chair of Eye, Ear and Throat Diseases in the Atlanta Medical College.

In the June, 1888, number of the *American Journal of Ophthalmology* there appeared an article by Dr. Henry Dickson Bruns of New Orleans, which the writer of this regards as one of the most valuable contributions to this most difficult subject which he has read for a long time. Dr. Bruns advocates the absolute necessity of using a mydriatic, and also insists upon correcting the total error of refraction thus found. His reasoning so thoroughly corresponded with much of my own experience in practice that I wrote to him congratulating him upon the force and clearness with which he had presented the matter, and so endorsed his views that, in this short paper, which your society has done me the honor to request of me, I have decided to report a few cases of refraction fitted upon the before-mentioned plan. While in one or two minor points I may, at the present, differ slightly with Dr. Bruns, I wish to say that I agree with him *almost entirely*. So far I have not found it necessary to use a stronger solution of atropia than four grains to the ounce, nor have I found it necessary to dilate the pupils of patients older than 45.

In this report I will only include some cases of hypermetropia and of hypermetropic astigmatism. As I have always been rather chary of prescribing glasses for young myopes, or have not yet fitted under atropia a sufficient number of them, I prefer to not include any in this report. It seems hardly necessary, surely, to enter into any discussion as to whether it is generally possible to get at the true condition of the refraction of an eye of a patient, whose ever-acting ciliary muscle is not made passive by a mydriatic. There are some teachers of ophthalmology in our country who are reputed to be able

*Read before Louisiana State Medical Society.

to diagnose (or measure, I should say) refraction by means of the ophthalmoscope without a mydriatic, but the fact is they *do not*, so far as I have been able to discover, and I am quite sure some of the grossest errors in fitting among patients who have come into my hands from oculists of high standing (in some respects) are those in which atropia was not used.

It is utterly surprising to find, from day to day, in what a haphazard way some oculists, men of considerable reputation, pretend to do this most important, delicate and difficult work. Frequently such patients have expressed surprise when I insisted upon the use of atropia and perhaps required two or three sittings of an hour or more; they would tell me that their former oculist would do the work in 5 or 10 minutes, and would tell them to go to a spectacle dealer and try several pairs of "weak" glasses, and keep the ones which suited them best.

CASE 1—Is somewhat on this order: Mr. W., book-keeper, age 23, health good, came to me with both eyes in a high state of irritation, intense ciliary neuralgia, lachrymation, suffused conjunctivæ; utterly unable to work or hold his eyes open. I found that one medical man had supplied him at haphazard with a + 1-60, and another eye specialist had prescribed a + 1-28. He had been trying to use both glasses, so I hardly know which did the most harm. I found it necessary to use a 2-grain solution of atropia in his eyes for ten days, which had the proper soothing effect and got him in shape for adjusting glasses for him. I am positive that in his case the 2-grain solution did not paralyze his accommodation either. I had to use a 4-grain solution. I found his total hypermetropia was + 1-40, and fitted him accordingly. He went about his work with the glasses I prescribed, and has continued to get perfect comfort from their use for close work. I am quite sure that if this patient, as well as the next one (case 2), had been treated by some oculists they would have been treated for "congestion of the retina," of which I will say more further on.

Mr. W.'s vision now (April 1) with his glasses is R. and L. 20-10.

CASE 2.—Miss E., age 16, in good health and a close student, applied to me with almost the same list of symptoms as case 1, except to a considerably less degree. Her retinae *were considerably congested*—not as a disease, but simply from the strain caused by her error of refraction. Her vision was R. = 20-40, L. = 20-30. Both eyes accepted cyl. glass at 180°.

Under atropia R. = 20-70, L. = 20-50, R. and L. w. + 1-60 \subset cyl. + 1-72 = 20-20 +. With these glasses for close work she is now pursuing with perfect comfort, she writes me, quite an extensive course of study in a northern seminary.

CASE 3.—Miss M., æt. 25. Health rather delicate from lack of outdoor exercise evidently. Had been for three or four years under the care of a reputable eye surgeon, who had treated her for chronic inflammation of the lids, but more especially for “congestion of the retina.” He had forbidden her to study music especially. She stated that he had not tested her for glasses, but had simply told her to “try a weak glass, a No. 60 convex.” It is hardly necessary to say they did her no good. In my examination I could find no congested retinae, but I found this: Vision, R. and L., 20-30. Under atropia, R. and L., 20-100. With + 1-60 \subset cyl. + 1-48 ax 90° R. and L. 20-20 +. With these glasses she is able to read and write and to practise at the piano with comfort. In regard to this idea of congestion of the retina being as common as some seem to think, *I at least* do not find it, and I think of it as Josh Billings did of contentment: “It is like a gost, a dredful eezy thing to talk about, but a dredful hard thing tew sea.”

CASE 3.—Mr. S., bookkeeper, aged 26. Health good. His eyelids, he says, have always been more or less inflamed, but now they are *very severely* inflamed (blepharitis marginalis), and he fears he will have to give up his sit-

uation. Objects greatly to wearing glasses, but finally allows me to test his refraction. Vision R. = 20-30, L. = 20-30. Under atropia R. and L., 20-70. R. w. + 1-30 \subset cyl. + 1-60 = 20-20. L. w. + 1-24 \subset cyl. + 1-70 = 20-20.

He had considerable trouble in getting used to these glasses. Complained much of their making him giddy, made his head ache, etc. If he had been an out-of-town patient I have no idea I could have made him persist in the use of the glasses. I made him wear them for several weeks constantly, and finally he got accustomed to them, and now to-day, March 20, he is perfectly happy because of his glasses. But for them, he says, he would certainly have lost his position.

His vision now, with the glasses, is R. and L. 20-15, easily. I am thoroughly convinced that if those who may not believe in fitting the total error could keep up closely with their patients and make them persist in wearing their glasses, they would change their minds.

CASE 4.—Miss W., æt. 18, splendid health and physique. Has severe pains in eyes, frontal headache and suffused conjunctivæ when she engages in her favorite employment—drawing. Vision R. and L. 20-20; with atropia R. = 20-100; L. = 20-70; R. w. + 1-24 = 20-20 +; L. w. + 1-30 = 20-20 ÷. She wrote me recently that with these glasses, the use of which never gave her the least discomfort, even at the first; she uses her eyes with perfect comfort.

CASE 5.—Miss McK., æt. 18, music teacher, came to me “to be treated for granulated lids (?), of which she was nearly cured by an oculist last year.” She is near-sighted, she knows, and does not wish to wear glasses. I find no evidence of present or preëxisting granulated eyes, and I also find that she accepts a minus glass. Her eyes ache terribly, she says, when she uses her eyes for close work. It took me two months to convince her of the importance of testing her refraction, but finally I did it. Her vision

was R. and L. 20-30; with atropia R. = 20-50, L. = 20-70; R. and L. w. + 1-48 = 20-15. With these glasses she was soon able to do all her close work in great comfort, and, as she expressed herself a day or so ago, her glasses are her best friends.

CASE 6.—Miss R., æt. 14 years, had double internal squint of over 3". In October, 1886, I operated, cutting both internal recti; the operation was perfectly successful. She had not been able to use her eyes at study sufficiently to amount to anything. Her vision was R. = 20-200, L. 20-40; under atropia R. w. + 1-18 = 20-50; under atropia L. w. + 1-24 = 20-20. March 14, 1889, I saw her and found her vision, with her + 1-18 and + 1-24 glasses, was the same as in October, 1886, and in spite of the amblyopia in the right eye she gets along very comfortably with a moderate course of study.

But there is no use in consuming time and space with a long array of cases. The above are perfectly fair samples of many cases of the kind, and fitted precisely in the same manner as my case-book shows. I think my own case will sufficiently establish the correctness of the plan advocated. I am now 34 years old and was for 10 years a sufferer with my eyes. I had nearly always more or less conjunctival trouble; eyes easily irritated, and ached severely on any protracted use of them. Often had terrible frontal headaches in consequence. As I had been a very close student, and my health was rather below par, I hoped the trouble with my eyes was not due to ametropia, but rather to my delicate general health, and to excessive use of the ophthalmoscope. As my vision was 20-15 easily I suppose I was partly to blame for leading the two able oculists who examined my eyes into error. One of them told me I was perfectly emetropic, while the other told me I was slightly hypermetropic, and should wear a +1-60 or a + 1-48 glass for close work. After trying faithfully each glass I threw them away in disgust long ago. Finally my eyes worried me so I was really almost unable

to use them. I gave up reading at night altogether. At last I determined that I would test my own eyes. As I said, my vision was R. and L. = 20-15. I atropinized one eye one week, and the other the next, so as to be able to work. With atropia R. V.=20-100, with atropia L. V. = 20-100, w. + 1-48, R. and L. = 20-50, R. and L. w. + 1-48 \subset cyl. + 1-48 ax 90° = 20-15. I had a pair made as above (+ 1-48 \subset cyl. + 1-48 ax 90°) for close work, and also a pair cyl. + 1-48 ax 90° for occasional use at a distance, such as at the theatre, etc. I am exceedingly fond of an afternoon's shooting occasionally and I found to my great satisfaction that with my cylindrical glasses I could bring down a bird with much more certainty than I could before I had my glasses.

As to my fully correcting glasses: At first I had great trouble with them. They seemed entirely too strong; they made me dizzy—made my eyes and temples ache severely; yet by persevering I became used to them for close work. I was actually surprised, almost uneasy, to find how much night use of my eyes I could undergo. And at the present moment, when I think of the discomfort I experienced formerly, and of the comfort my glasses now give me, I am quite sure that the possessors of emetropic eyes are not able to appreciate my enthusiasm. With my fully correcting glasses my vision now is R. and L., nearly all of 20-10.

I am sorry that I have not time in this report to give the history of three or four unusually anomalous cases which I have just fitted within the last four or five days. But I do not want to report any case until sufficient time has elapsed to produce undisputed evidence of the correctness of any plan I advocate. While my experience in ophthalmology does not extend over nine years I hope and believe those years of painstaking work have not proven altogether fruitless; and until I shall have been thoroughly convinced that the plan herein advocated is unsafe or incorrect I shall continue to follow it.

Some Cases of Injury to the Eye.*



By O. R. LANNG, M. D., New Orleans, La.




It is not exactly an easy thing to find something in ophthalmology that will interest the general practitioner. Injuries of the ball of the eye occur, however, so often and in so many ways, that I hope by reporting some cases which have passed through my hands lately to have the good will of the association.




Penetrating or perforating wounds of the wall of the eye are always dangerous. When we intentionally inflict a wound to the eye for the purpose of extracting a cataract, for instance, or producing an artificial pupil, we do so calculating as well as we can our field, trying to avoid, not to come into collision with, regions and parts of the eye that will tolerate no insult or nonsense, if I may say so. Not so in injuries, where the eye is exposed to be damaged in the most reckless and brutal manner, with no regard to anatomy. It is astonishing to see how an eye under such circumstances succeeds in getting out of a bad condition, and it is in illustrating this that I to-day shall make free to report some few cases.

In January, last year, a little girl, 8 years of age, was brought to me, having had her left eye injured the day previous by a little boy, who had flung a knife at her. About $\frac{1}{4}$ " inside of the cornea was seen a vertical cut of the sclera, out of which vitreous body was protruding. The aqueous humor was mixed with blood. No vision. In the course of a week the wound in the sclera was closed by agglutination and the blood in the anterior chamber absorbed, leaving the eye to all appearances normal. Sight was, however, recovered only to the extent of counting fingers at a short distance, caused by a detachment of the retina. As bad luck would have it, this same eye was some months later struck by a ball, causing an increase of the detachment of the retina and loss of what little sight she had, but still the external appearance of the eye remains normal.

*Read before Louisiana State Medical Society.


Another instance of a penetrating wound of the sclera is the following case: A young boy, 16 years of age, working in a drugstore, where ginger ale was being charged with carbonic acid, was struck in the month of May by a piece of glass from an exploding bottle. The boy presented a triangular opening in the sclera, just over the cornea,  out of which vitreous body was oozing. A suture applied through the conjunctiva brought the lips of the wound together, and in less than  two weeks the eye was all right, leaving a vision of 20-50; the diminution in sight being caused by floating opacities in the vitreous body.

Another instance of injury to the eye caused by an explosion of a bottle of soda-water is the following: A driver of a beer-wagon was on the 4th of April, last year, hauling some bottles containing soda-water, when one exploded, and a fragment struck his right eye, so that the cornea was lacerated in this way,  and iris prolapsed through the wound. As  much as could be reached of the prolapsed iris  was snipped off, but it took some time for the corneal wound to close, and when it was nearly closed the patient received a blow in this eye from his child's head, opening the wound, but on the 20th of April the anterior chamber was reestablished and the eye was left with normal appearance and tolerably good sight.

As an instance of how an eye is lost in spite of all endeavors to save it I may report the following case: In the latter part of November last a blacksmith, 45 years of age, while working, accidentally received a blow from a hammer on his right eye. I saw him three or four days after the accident and found a flap of the cornea hanging loose. This flap was snipped off.  The surface was suppurating and the anterior  chamber contained a hypopion of large extent.  Scraping of the suppurating surface and application of iodoform not

improving the condition, the galvano-cautery was applied the next day, but the hypopion continued to increase in size. The cornea was then split for the purpose of evacuating the hypopion. This proved to be quite difficult, as the pus had partially become organized and had to be extracted by forceps, retaining the shape of the place where it was imbedded. The following day general inflammation of the eye, panophthalmitis set in and the eye was lost, leaving a stump only good for an artificial eye.

An instance of an unusually good result after a severe lesion is the following case: A little girl, 5 years of age, one day in December last, just as we had had a frost, put herself to the trouble of pounding some glass with a hatchet, believing it to be ice. The result was that at the first blow a piece of glass struck the left eye in such a way that when she was seen the same day in the evening there existed a large perforating wound of the cornea of this shape.

 No iris, however, protruded. Atropin was applied for the purpose of bringing the pupil out of reach, and a roller bandage. Cam. ant. was of course extinguished. The following day the anterior chamber was still open, and the pupil presented a grayish appearance, as if the lens had been injured, and prospects looked rather blue. The next day, however, the same treatment with atropin and compression having been continued, the anterior chamber had been formed, the pupil was detached and the only evidence of the injury, besides the scar in the cornea, is a snip of the pupillary margin being caught in the cicatrix, which will no doubt remain forever, and remind her in later days of an accident that might have cost her her eye, but will otherwise not give her any trouble.

As the sequel of the promiscuous use of gunpowder during the holidays I may mention that I have seen two boys, aged, one, 7, the other 9 years, who, both by playing with a toy cannon and coming too near, received some exploding powder in one of their eyes, and in both cases some

of it penetrated the cornea, the evidence of which is that in both boys a traumatic cataract has formed. The lenticular substance is being absorbed, but may require some further treatment in the way of needling.

It is natural to ask what has become of the penetrating grain or grains of powder—whether it is being absorbed or incapsulated. As a general rule the interior of the eye is very little tolerant towards any foreign body, but gunpowder seems to be an exception; at any rate I have already seen cases where powder had penetrated the cornea and was imbedded in the tissue of the iris without causing any irritation.

I am afraid I am tiring the Association somewhat by reporting too many cases. I shall therefore close by relating one case more as an illustration of a narrow escape from a very serious accident. A few weeks ago a young man, who had been out hunting, called on me at night, stating that he had been shot in the left eye. Examination showed about 2 " from the external edge of the cornea, an opening in the conjunctiva and about one-half " further was seen a duck shot, lying on the sclera covered by the conjunctiva, from whence it was extracted by a snip through the conjunctiva. The shot that struck him had been fired at some distance, at some flying birds, by a friend of his. The distance accounts for the shot only penetrating the conjunctiva, undermining it, the sclera offering sufficient resistance. With a little more force the sclera would have been perforated and the thing would have had a quite different aspect.

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**Multiple Subperiosteal Sarcoma of the Skull, Associated with
Necrosis of Vertical Plate of Frontal. Extirpation of
Necrotic Vertical Plate and Tumors. Recovery.**

By RUDOLPH MATAS, M. D., Visiting Surgeon, Charity Hospital, New Orleans.

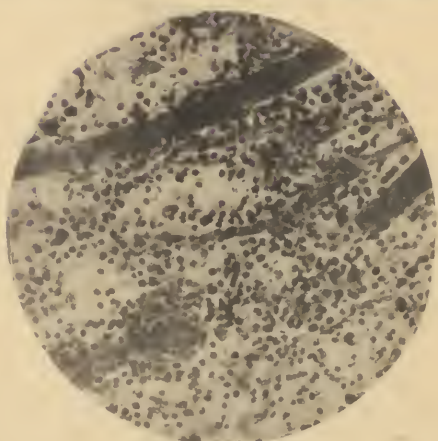
The peculiar features presented by this case—viz.: the unusual extent of the necrosis, involving the whole vertical portion of the frontal; its association with sarcomatous for-

mations in other parts of the skull; the doubtful cause of the necrotic process, and, finally, the operation required for the removal of the diseased areas—justify, I believe, a report of this case and its presentation to you.

Observation.—Ephraim B. Hicks, colored, laborer, æt. 35 years, was admitted in Ward 2, Charity Hospital, March 3, 1888. His parents are both dead and he has no recollection of any hereditary disease in his family, especially no history pointing to tuberculosis, syphilis or cancer. He himself denied having acquired the syphilitic taint, and on questioning gave no evidence that positively indicated the existence of the disease prior to the present trouble.

History.—He stated that on June 1, 1882, seven years ago, he noticed a small “knot” on the right side of the forehead, close to the temple, at the site of a scar, which had resulted from a recent blow. This remained indolent until last year in July, eight months before admission, when the tumor began to swell rapidly. It became painful, was poulticed for a long time, because it was so hard, and was finally opened by some medical man who saw him. After the cutting, the lump “festered,” ulcerated and finally “eat away” the soft parts of the forehead, leaving him in the pitiable condition which he presented on the day of admission. During his illness, prior to this time, he had been seen by several physicians in the country, who regarded his disease as a syphilitic manifestation and treated him accordingly. About a week before seeking admission into the Charity Hospital, he noticed two other swellings similar to the first, both about the size of pigeons’ eggs and appearing over the parietal regions.

Condition on Admission.—The right side of the forehead presented a large oval surface, measuring over three inches and a half in longest diameter and slightly less in the opposite, over which all the soft parts had been completely ulcerated away. The edges of this area were hard, inverted and of a dark bluish cicatricial appearance. They



sharply defined externally an area of *denuded* bone, plainly necrosed, which was rough, riddled with small foramina and irregular crevices, from which an exceedingly foul and offensive greyish pus continually oozed. The discharge of pus was most plentiful in the lower or most dependent portion of the ulcerated surface, the pus here trickling continually downwards by large drops upon the face. A probe was passed readily in all directions under the thickened integument which formed the edges of the ulcer, and detected rough and denuded bone all over the area of the frontal, the necrosis being limited laterally by the frontal portion of the temporal ridge on the left side and encroaching considerably into the temporal fossa on the right.*

At the time the patient presented himself for advice in my service the right parietal tumor was longer than the left; it felt slightly larger than a pigeon's egg, was soft, and on close examination gave a deceptive feeling of semi-fluctuation. It was evidently fixed and immovable, and gave the impression of being fixed to the periosteum or skull. This tumor was situated on the vertex, at a point one and a half inch from the bregma and two inches to the right of the median line.

Another tumor, smaller than the above and like it completely invested by the scalp tissues, was situated at a point two and a half inches back of the bregma and two inches to the left of the median line.

As to the general condition of the patient we may say that he was evidently very anæmic; that he was emaciated, and rapidly becoming more so, and would soon sink into complete marasmus if not relieved, as the drain on his resources from suppuration, pain, lack of rest and unhappiness from the increasing misery and repulsiveness

*Figure I, copied from a photograph, illustrates the exceeding abundance of the secretion by the whitish streak which is seen running from the ulcer to the right eyebrow, and which could not be kept dry even for ordinary photographing. The drainage tube inserted under the upper margin of the ulcer indicates its undermined character, and the prominence of the head over the right parietal eminence indicates the site of the right parietal sarcoma.

of his condition was constantly telling upon him. His pulse was full, easily excited, but not febrile; his temperature normal, but he complained of constant and considerable pain under the forehead, where the disease was situated, and lately he staggered occasionally with a dizziness amounting almost to vertigo.

These last symptoms gave us much apprehension as to the future possibility of meningeal involvement and secondary brain troubles, and they especially urged interference, though it was possible that they might be due to the general anæmic condition.

Diagnosis.—A most important consideration that now presented itself before proceeding further with the management of the case was the diagnosis. What was the cause of the necrosis? and what was the nature of the two parietal growths which the patient stated were in every way analogous to the primary and much larger necrotic disease of the forehead?

The possible causes that immediately suggested themselves were: 1, syphilitic osteo-periostitis, with tertiary gummata of the cranium; 2, tubercular osteo-periostitis of frontal, with tubercular deposits over the parietals; 3, primary neoplastic (sarcomatous) deposits of cranial vault.

Notwithstanding the absolutely negative history and the failure of the anti-syphilitic treatment applied by other practitioners, I decided to give the patient the benefit of any doubt in this direction, and to notice the effect on the growing parietal tumors of a positive anti-syphilitic medication. He was therefore put at once on the following: R̄ Hydrarg. biniodidi, gr. i; potass. iodidi, ℥ss; syr. ferri iodidi, ℥iii; syr. zingiber., q. s. ad ℥viii M. et S.: Tablespoonful four times daily. At the same time a tonic pill of strychn. sulph., acid arsenios., quin. sulph., was administered *ter in die*. Local sublimate dressings 1:2000, with carbolic acid 2½ per cent., were kept constantly applied over the denuded and necrotic surface.

The patient took the anti-syphilitic mixture well, but his headache and dizziness gradually increased, and the ulcerated forehead was as purulent and offensive as ever. This was a case which appeared to defy all antiseptis. Even iodoform applied plentifully, in addition to frequent bichloride and carbolic irrigation and thorough drainage failed to neutralize the fetor. This difficulty, in controlling the discharge and bad odor, was due to the fact that owing to the extensive undermining of the scalp the antiseptic dressings could not be made to act effectually.

Shortly after placing the patient on the preceding specific treatment I explored the doubtful semi-solid tumors of the parietal regions with an exploring syringe. Nothing but a little blood was drawn through the needle, which was large and pierced the whole thickness of the mass. This exploration appeared to indicate the solid character of the swellings, and reduced the diagnosis to either (1) a syphilitic gumma, or (2) neoplastic deposit. In the meantime the anti-syphilitic treatment was unsparingly continued, and as there were no signs of iodism this appeared also *to confirm the syphilitic diagnosis.**

*The tolerance of the potassium iodide in this case has some bearing on the discussion which has recently arisen between Drs. H. C. Wood and J. William White on the value of the iodides in establishing the differential diagnosis of syphilis in obscure cases. Dr. H. C. Wood stated some time ago that "in all cases of doubtful diagnosis of cerebral syphilis the so-called therapeutic test should be employed, and if 60 grains of the iodide of potassium per day fail to produce iodism, for all practical purposes the person may be considered to be syphilitic."

The subsequent histological examination of the tumor and history of the case proved that this patient was not syphilitic, and still he tolerated the iodides admirably, since he took for over 4 weeks exactly 60 grains a day. Another patient, a tailor, suffering with a well-marked and most distressing aneurism of the ascending arch of the aorta has taken 40 grains three times daily during the last two years; he is not a syphilitic subject, but was once a very hard drinker, and he has never shown a sign of iodism, no coryza, epiphora or even the acnoid eruption. To this tolerance for the iodides I would ascribe much of the decided benefit to, and almost cure of, his aneurism. These two cases would, therefore, tend to support Dr. White's position, who dissents from Dr. Wood's views, and has recently secured the opinions of a number of eminent syphilographers and general practitioners, who in their letters coincide with Dr. White and express themselves decidedly against the position taken by Dr. Wood. [See *Therapeutic Gazette* of March, 1889, and editorial in *N. Y. Medical Record* of May 4, 1889.] While some admit that in tertiary syphilis patients as a rule stand large doses of iodide very well, the exceptions to this rule are too numerous to make it of any diagnostic value. The general opinion seems to be that tolerance of iodides is a matter of personal idiosyncrasy, and is not modified by syphilis.

"In commenting upon the letters Dr. Wood modifies somewhat the statement we have first quoted, and says that in advanced syphilis iodide of potassium is usually tolerated much more freely than in health, and that this rule or coincidence is of sufficiently wide application to be of value in prognostication and treatment."

Since the first appearance of Dr. Wood's opinion I have always believed it true, and notwithstanding contradictory cases that I have noted, I am still convinced that there is much that is true in it; though I would lay less stress upon the diagnostic importance of the "therapeutic test" than formerly. It is a question which is to be decided not by mere opinion only, but recorded observation.

On the other hand, the fact that no improvement, no favorable impression was being made upon the patient's condition, either locally or generally, but, on the contrary, that the patient was progressing unfavorably, led me to test the secretions of the ulcer for bacilli tuberculosis. The pus and débris from the forehead were very carefully and repeatedly examined, but outside of the existence of the usual cocci and microorganisms of suppuration, no *bacilli tuberculosis* were found,

The absence of tubercular bacilli did not, of course, exclude the diagnosis of tuberculosis, since almost all observers have proved that the typical bacilli may be absent from pus and still exist in demonstrable quantities in the granulation tissue (Kœnig, Volkman, Schuchardt and Krause, Roswell Park and others.) Only the inoculation test would have been decisive, but this was impracticable at the time, and the diagnosis consequently remained doubtful, both as to the syphilitic or tubercular origin of the disease.*

Again, though the history appeared distinctly favorable to the theory of sarcomatous diseases, still it did seem probable, that if the bone disease (frontal) had been of cancerous or sarcomatous origin it should have given rise to an osteophytic growth, which would have infiltrated

*The last possibility—i. e., that the two parietal tumors were neoplastic deposits and the necrosis of the frontal also of malignant origin—I could not decide except by histological examination of the tissues, and this could not be done until after extirpation.

In connection with the inoculation test for tubercular lesions, it is instructive to note the work of Cavel of Berne, which is referred to by Prof. N. Senn in both of his recent and admirable books, viz.: "Four Months Among the Surgeons of Europe," 1887, Chicago, pp. 154; and his later, "Surgical Bacteriology," Philadelphia, Lea Bros. & Co., 1889, pp. 191. Cavel has been studying in a systematic manner the diagnostic value of implantation of tubercular material in animals, mainly Guinea pigs. Granulation tissue from tubercular joints in his experiments on Guinea pigs invariably produces acute, diffuse tuberculosis, and death in from five to six weeks. The course of the disease in the animal is typical. At the point of inoculation a hard nodule appears first, the result of a traumatic inflammation of the tissues around the graft. Next a lymphatic gland becomes enlarged in the immediate vicinity of the primary seat of infection, which is always done in the flank, consequently the inguinal glands enlarge first; glandular infection increases rapidly. After the whole chain of lymphatic glands in the groin are involved, the axillary glands become affected.

At the post mortem examination it was always found that of the internal organs the spleen becomes affected first, then the liver and lungs, but usually the disease is so diffuse that scarcely an organ remains exempt. When the diagnosis between syphilis and tuberculosis cannot be made, either clinically or by use of the microscope, inoculation experiments always give positive and reliable information. When it is syphilitic the inoculation is harmless, and the animal remains well. If tubercular, it dies in the time noted, five or six weeks at the furthest, and very exceptionally five months. The tubercle bacillus is invariably found in the contents of abscesses or in the diseased tissues. Kocher of Berne, in whose laboratory these experiments have been conducted, has learned to depend upon the test as the only decisive one in doubtful cases.

and incorporated itself in the cranial vault instead of limiting its invasion to the periosteum, and leaving a large and well-defined denuded surface. Anyway, the satisfaction of a positive or definite diagnosis, outside of the simple fact of the necrosis, was reluctantly abandoned, and it was decided to make an exploratory operation, which would expose the diseased area as completely as possible and then if practicable allow the removal of the whole by a radical operation.

Accordingly, on April 4, 1888, after shaving the scalp and subjecting the parts to a thorough antiseptic preparation, the patient was placed under chloroform. A transverse incision towards the left temple, as shown in figure 2, was carried to the left temporal fossa through all the scalp tissues, to the bone. This incision, after a little dissection allowed the writer to recognize the fact that the necrosis extended to about half an inch of the coronal suture above, and that a well-marked line of demarcation existed. Encouraged by this fact, the whole skin of the forehead was completely and readily detached, owing to the thickness of the periosteum, due to chronic periostitis. The whole soft forehead was then reflected downwards over the eyes; a vertical incision was then added, which allowed a lateral flap to be detached, and permitted the whole necrotic area to be completely and thoroughly exposed. It was then seen that the highest point reached by the dead bone was about one inch from the bregma, and the lowest about one-quarter inch from the superciliary ridges; laterally it reached the temporal fossæ.

An attempt was now made to elevate the large and well defined sequestrum, by introducing an elevator between the healthy right parietal and the dead bone, but it proved ineffectual. The crown of a large Galt's trephine was applied over the line of demarcation, so that the disc that was to be removed would include both a segment of the sequestrum and of the healthy bone. The trephine was carried to the vitreous plate, almost to the dura mater; and then after the

removal of the trephined disc another attempt was made to elevate the sequestrum by using the healthy bone as a fulcrum; but again the attempt failed, because of the strength of the attachment between the sequestrum and its bed. Several (three) approximated discs of bone were removed at different spots along the line of demarcation not with the Galt, but with a larger cylindrical trephine. But the attempts at elevation still failed; and seeing this I decided to loosen the peripheral attachments of the sequestrum by means of the chisel. With the help of this instrument the line of demarcation was enlarged at its most distinct portion above, and the chisel (a large carpenter's instrument with a long handle) was finally insinuated below the dead bone, and with the help of the healthy bone as a fulcrum, it was not long before the sequestrum yielded with a very distinct report, indicating the firmness of the connections of the necrosed fragment. As the sequestrum was detached it was observed that the area of skull occupied by it was filled with a large crop of granulations, which were bathed in some places with pus, and were studded here and there with new osteophytic islands. It was furthermore discovered that the sequestrum involved the whole thickness of the skull only in its middle portion in the centre of the forehead, over the longitudinal sinus, where the dura mater visibly pulsed. In the peripheral parts the necrotic plate extended only to the vitreous. It involved, throughout, the external table and the diploë, and in size represented the major portion of the whole vertical plate.

Volkman's curette was than liberally applied over the whole granular *sub-necrotic* territory, taking care not to scrape too vigorously over the soft pulsating dura mater, which was largely exposed in the median line. The flaps of the scalp and forehead were then pared at the edges, which were much thickened, and replaced in their original positions.

An incision was now carried from the forehead to the

right parietal tumor. The tumor was thereby exposed and found to be a solid tumor of a slightly fibromatous consistence: it seemed to be softened in spots. This tumor was removed with the periosteum to which it was attached, and the bone under it scraped with a chisel.

The left parietal was likewise thoroughly removed by a separate incision.

The wound was irrigated during the operation with a stream of acid bichloride solution (Laplace's) 1:2000, and after its termination, when the flaps were readjusted a dressing of alternate layers of bichloride and iodoform gauze were applied to the head.

The patient was greatly prostrated by the operation, which lasted over one hour, but he rallied promptly, so that in four days he was able to sit up out of bed. The removal of the large sequestrum and the almost complete arrest of all the wasting suppurative drain immediately told, and most beneficially, on the patient's condition. His weight increased; he slept perfectly; all the head symptoms disappeared, and by April 14, 1889, ten days after the operation, the patient was discharged by his own request. The wound had not yet healed completely, but was practically on the eve of complete cicatrization, excepting over the large exposed oval, uncovered by skin, which had to heal by granulation.

It was noticed that as the process of healing advanced, islands of calcareous material were formed in little spots over the whole field, and even the places where the dura had been felt distinctly pulsating gradually became hard and finally ceased to pulsate altogether.

As the granulation cicatrized the new skin (cicatrical) became studded with these osseous nodules, which were quite prominent and could be easily felt. In fact, when the patient returned, three months after the operation, when we had his photograph taken (fig. 2) these osseous islands could be seen as well as felt, and they evidently assisted very materially in protecting the otherwise purely membranous covering which the brain had at this point.

Returning now to the nature of the trouble, we will state that both the parietal tumors and slices of the edge of the frontal ulcer were submitted to the pathologist of the hospital, Dr. Schmidt, who, after a careful examination, pronounced all the specimens sarcomatous, round and spindle-celled. Some time afterwards a section of one of the parietal tumors was sent to Dr. Gray, microscopist of the medical museum at Washington, who photographed the slide, which is here appended. This negative illustrates a portion of the tumor which had undergone myxomatous degeneration. The section was a little thick, but it was admirably managed by Dr. Gray, who has certainly reproduced this portion of the field with great fidelity.

The diagnosis in this case was therefore neither syphilis nor tuberculosis of the cranium, but sarcoma. I must confess that though this diagnosis cannot be questioned in regard to the two small tumors removed over the parietals, it is still a matter of grave doubt in my mind if the extensive necrosis of the frontal was the result of neoplastic ulceration, or was the consequence of an osteo-periostitis of simple traumatic origin, or one resulting from specific infection, such as tubercle, etc. The limitation of the neoplastic infiltration, if such existed, to the periosteum, and the non-incorporation of the bone by the neoplasm, is something truly exceptional and cannot be explained unless it be in the light of a very rapid desintegration of the soft supra-periosteal parts—a sloughing of these parts before the neoplasm had an opportunity to infiltrate the underlying bone.

Anyway, whether this case exemplifies a mixed type of cranial disease or a pure one, it teaches the difficulties attending the establishment of a clear and definite diagnosis in some cases, and the propriety of giving the patients the benefit of the doubt, and treating them, as if they were malignant by thorough exploration and eradication.

HOSPITAL REPORTS AND CLINICAL NOTES.

REMOVAL OF CALCULI THROUGH THE URETHRA BY DILATATION.*

By ERNEST LAPLACE, M. D.

On the 1st of October, 1888, there entered Ward 10 of the Charity Hospital, Jas. H., aged 56, in a weak and reduced condition. He complained of having extreme difficulty in urinating, the stream being full at first, but suddenly stopping before the bladder had been entirely evacuated; also described a burning pain during micturition, which he referred to the neck of the bladder. On examination his urine contained about 3 per cent. of albumen, some pus and a large amount of mucus, indicating an inflamed and irritated condition of the bladder. His temperature was always slightly above 99 degrees Fahrenheit. On exploring the bladder the presence of calculi was detected, the size of which was diagnosed as not larger than a chestnut. The removal of the stones being determined upon we thought proper to attempt Prof. Küster's modification of Delbeau's operation, which consists of a para-prostatic section of the urethra, and subsequent dilatation of the prostatic urethra and neck of the bladder to a size sufficient for the removal of the stone.

This operation suggested itself to us from the most encouraging results claimed for it by Küster, who last year reported twenty cases upon which he had operated with success for calculi, varying in size from a pea to a hen egg.

The operation is conducted as follows: Being chloroformed the patient is placed in the lithotomy position, and the legs held flex upon the thighs by two assistants, so as to expose fully the region of the perineum. During the three or four days preceding the operation the urethra has been dilated by the introduction of sounds. The operation begins by introducing a grooved sound as a guide into the bladder. The handle of the sound is fixed steady by

*Read before State Medical Society.

being entrusted to an assistant. The operator introduced the index finger of the left hand into the rectum of the patient, so as to feel the anterior edge of the prostatic urethra, and cuts on the median line through the perineum directly upon the guide in the urethra, and having reached the guide prolongs his incision to within a quarter inch of the anterior portion of the prostate, in which he is guided by the finger in the rectum. The whole incision should be about one and one-half inches in length. This being completed the guide is withdrawn from the urethra and the operation of dilating the prostatic urethra and neck of the bladder is begun.

Delbeau did it by a rapid method with an instrument devised for the purpose. It may be safely said that this was the cause of the failure of the operation in the hands of this surgeon, as most of his cases died of septicemia and sloughing of the prostatic urethra and neck of the bladder.

Küster in Berlin submitted the method of gradual dilatation, and this he achieved by means of Simon's dilators, better known in gynecological practice for dilating the female urethra.

Therefore the grooved guide being removed from the patient's urethra, No. 1 of Simon's dilators is introduced directly into the prostatic urethra and pushed as far into the bladder as possible. This will be found quite easy to accomplish, for this No. 1 of Simon's dilators is somewhat smaller in size than No. 20 of Tieman's sounds, to which size the patient's urethra has already been dilated in preparing for the operation. The No. 1 dilator is left about five minutes in position; it is then removed and No. 2 immediately substituted. This is left the same length of time, and the increasing sizes in turn substituted until No. 8 is used, which is large enough for the easy introduction of two fingers at a time in the bladder, enabling the operator to explore it thoroughly.

In our case the above proceedings having been done, we could almost remove the two calculi with our fingers.

However, to expedite matters, an ordinary forceps was introduced, and the two calculi removed with the utmost facility. By introducing the fingers we could explore the bladder and assure ourselves that not the least vestige of a fragment was left behind. The nozzle of the carbolic solution irrigator was introduced and the bladder thoroughly washed out. Two sutures were applied at the extremities of the incision in the perineum, and the case was treated subsequently as one of simple external urethrotomy. For about ten days the urine was evacuated through the wound in the perineum. Gradually some was passed through the urethra at the meatus, and on the 26th day after the operation the wound in the perineum had completely healed and all the urine was voided through the urethra. During the first days after the operation the wound in the perineum allowed the introduction of the syringe for a better cleansing of the bladder. The patient showed but very little reaction, his highest temperature being 100° F. on the fourth day after the operation.

When the perineal wound had entirely healed we resorted to the daily introduction of sounds to insure a permanent open condition of the urethra. On the 1st of December he left the hospital cured and suffering not the least pain from his former affliction, and perfect control of his bladder.

The history of this case, taken in connection with the comparatively unknown operation resorted to for its cure, certainly impresses itself upon us as an important step in the surgery of the urinary bladder. The points that present themselves for our careful consideration are the following:

1. The simplicity of the operation—really but little more than an easy external urethrotomy.

2. The impunity and facility with which the prostatic urethra may be dilated to an enormous size; and now that from experience we know it is feasible, may we not have reasoned out this result *a priori* by remembering that em-

bryology teaches us the fact that the prostate in man corresponds to the uterus in the female, composed of the same variety of muscular fibres, and therefore in a measure capable of some of the dilatation of the uterus of the female, with an easy involution or return to its former normal condition.

3. Such being the case, I see no reason why the number of lithotrities, litholapaxies, and the various lithotomies, or rather cystotomies, both supra-pubic and perineal to-day resorted to, should not be greatly restricted, since we possess a safe means of access to the bladder without inflicting any direct injury to the organ itself. As for lithotripsy and litholapaxy we all know that aside from the difficulty of the operation it is working in the dark, and that besides the mutilation to which the bladder is exposed, the chances of leaving some fragments of stone in the organ are enormous, and therefore a nucleus for a future calculus.

By the method we have described, should the stone be larger than the reasonably dilated orifice of the bladder it would be a most easy method to introduce the lithotrite directly through the dilated prostate into the bladder, crushing the stone effectually and insuring a thorough evacuation and cleansing of the bladder by the introduction of the finger, which easily detects fragments as small as a pin's head, and which could certainly not be detected by any instrument through the urethra. It is also suggested as being an effective, easy and safe method for the removal of foreign bodies of all sorts from the urethra and bladder.

A NEW OPERATION FOR FRACTURED PATELLA.*

By ERNEST LAPLACE, M. D.

About seven weeks ago J. L., aged 35, entered the Hospital with a transverse fracture of the left patella. The injury had occurred six weeks before in one of the country parishes, and was caused by a fall upon the knee. The

*Read before State Medical Society.

patient had received the attention of a physician, my friend, Dr. Allain, who sent him to the Hospital for further treatment, should it be deemed necessary. On admission a clear transverse fracture was diagnosed, with a distance of at least $1\frac{1}{4}$ inches existing between the superior and inferior fragments of the patella. On carefully feeling the interspace it was judged to be filled with organized fibrin. The patient had not the least control of the quadriceps extensor muscle, and therefore little or no use of the leg. We immediately determined to operate by wiring the fractured fragments, bringing them in close apposition, so as to obtain direct union between the fragments; in fine, perform Lister's typical operation, the brilliant success of which was among the first triumphs of antiseptic surgery. The 2d of February was the day set upon for the operation. This required a full application of the strictest aseptic and antiseptic conditions. Hence, for two days previous, all the instruments destined to be used at the operation were placed in a 5 per cent. carbolic acid solution, and the dressings specially sterilized for the occasion. The floor and table of the amphitheatre were also specially cleansed. In fine, everything had been thought of, and the danger of sepsis reduced to a minimum.

The patient being chloroformed, the fracture was cut down upon, and a large amount of fibrin and semi-organized blood-clots were found between the fragments. This was carefully removed, the parts were cleansed with a carbolic acid solution, and the fractured surfaces scraped by means of the curette. We then proceeded to drill holes in the fragments so as to pass the silver wires through them for bringing the fragments in apposition. We had no sooner drilled the first hole into the patella than the drill broke in situ, leaving a piece fully $1\frac{1}{2}$ inches in length in the patella, and leaving us without an instrument to continue the operation.

It was then that, rather than leave the operation undone, we performed the following, which, not having as yet to

our knowledge been described in any work or monograph, we think is original. The ligamentous fibres of the accessory band of the vastus internus and the capsular ligament were cut through both to the inside and outside of the limb, and the fragments of the patella, both above and below, were lifted from their position; a curved needle, armed with stout silver wire, was passed above and behind the superior fragment of the patella, and then passed inside and under the lower fragment of the patella. Three such sutures were used—an external, a middle and an internal one. The ends of each suture were then twisted, bringing the fragments in close apposition. The ends of the twisted threads were turned down, and the skin carefully sutured. Union of the skin was obtained by first intention. There was little or no reaction following such a severe handling of the knee joint. During the first week following the operation the patient developed two distinct and clear attacks of malarial intermittent fever, similar, he said, to those he had just previous to his admission into the Hospital. A very insignificant subcutaneous abscess formed subcutaneously, which did not in the least influence the rapid progress of the case to recovery. To-day the patient is up and walks on crutches about the ward; has already acquired considerable motion in the limb and can rest upon it. Finally, the indications are that we will here have as favorable a result as is obtained in Lister's operation of wiring by perforating the patella itself. The main advantage of our operation is that it can be expedited in a few seconds, doing away entirely with the drilling of holes in the patella, all that is required being to pass the needle and wire behind the fragments of the patella in the tendon of the quadriceps extensor above, and in the ligamentum patella beneath. If success has attended our hazardous efforts, I think the credit is mostly due to a rigid and rational application of those principles of antisepsis, which have opened untold fields to the domain of surgery.

A CASE OF SUBINVOLUTION TREATED IN CHARITY HOSPITAL—QUICK RECOVERY.

Service of Dr. GEO. B. LAWRASON. Reported by H. C. BLACK, Resident Student.

Mrs. Edna B., æt. 19; admitted in ward 43, Charity Hospital, April 5, 1889. Gave following history: Had a miscarriage one month before, being her first pregnancy; had previously enjoyed good health. Upon admission patient was very pale and weak, and evidently suffering great pain. Said she sat up two or three days after miscarriage, but was compelled to go back to bed on account of pain and weakness. She gave a history of having used a great deal of laudanum to relieve pain, which she said was severe at night, patient being unable to sleep on account of it; took laudanum in large doses.

Upon physical examination found uterus much enlarged, very tender and boggy to touch; also considerable retroversion. She was immediately placed in bed and hot water douches used three times daily. She was given bromide instead of opium at night. Her bowels being constipated, magnesia sulphate was used. This treatment was continued for a few days with some benefit, but she still suffered. On April 12 the patient was anæsthetized and divulsion of anal sphincter was made; she was then put back to bed and an artificial diarrhœa was kept up with epsom salts. Hot water vaginal douches were also given night and morning. No other treatment given. The history book shows following report: Bowels moved during first 30 hours eight times, during second 24 hours eight times, during third 24 hours four times and during fourth 24 hours five times. No purgatives were given after this and bowels resumed normal action. The patient being entirely free of pain on April 17, five days after divulsion, examination was made and parts found normal, except there was some retroversion. A pessary was placed and patient discharged, feeling well and remarkably improved as to local and general condition. Patient returned to have pessary removed in ten days, and said she was feeling splendidly and felt no pain.

This treatment was based upon the following considerations: Here we had a patient who had a miscarriage a short while before. She was suffering great pain, there was great congestion, the parts were boggy and tender. To have given opium would have locked up the secretions and the congestion would have gone on probably to an active inflammation. Hot water alone would have relieved the congestion temporarily, but the course of the disease would not have been aborted and the morbid products would not have been eliminated. The sphincter ani was abnormally contracted, thus interfering with the circulation, and was therefore dilated.

Active depletion and absorption was produced by hydrogogue cathartics, and hot water vaginal douches given to stimulate arterial contraction. The results were certainly satisfactory. The treatment removed the pain much more quickly and thoroughly than the opium she had previously taken before her admission.

CORRESPONDENCE.

THE EIGHTEENTH CONGRESS OF GERMAN SURGEONS IN BERLIN,

*Commencing Wednesday, April 24, and ending Saturday,
April 27, 1889.*

The Congress just ended has been a highly successful one. The best known and most active surgeons of Germany took part in the Congress and were present at every sitting. Such men as Esmarch and Petersen of Kiel, Schede and Lauenstein of Hamburg, König of Göttingen, Thiersch of Leipsig, Roth of Dresden, Mikulicz of Königsberg, Bardenheuer of Cologne, Helferich and Mosler of Greifswald, Wagner of Königshütte, Sandler of Magdeburg, Krause of Halle (and representing also Volkmann), Angerer of Munich, and Bardeleben, Bergmann, Bramann,

Küsler, Hahn, Haidenhain, Schlange, Langenbuch from Berlin, and many other celebrities too numerous to mention, all coming to the Congress with the earnest intention to contribute in some way to the success of the sessions, made up a meeting of men which could not be surpassed in any land. Every meeting was well attended, often, indeed, so crowded that barely room to stand could be found by many. The interest as manifested in the close attention paid to the various papers read, was remarkable as viewed from an American standpoint. Indeed, in theatres, in concerts, in all assemblies of people to hear anything, the universal order maintained is striking to a stranger. Any talking is promptly stopped by hissing the disturbers into silence—not, it is true, a very refined method, but certainly a very effectual one, and one, too, giving rise itself to a minimum amount of disturbance. So, in this Congress the order maintained was so good that only very rarely was it necessary for the presiding officer to ask for silence, and then only when some clinical case or some specimen of the previous speaker had attracted about it a group of interested members.

There was no dearth of papers; really a superabundance for the four days' session of the Congress. The president had frequently to make the request that readers of papers hold themselves as much as possible within the time limit. Often was it necessary for a speaker to cut his very instructive and entertaining remarks short, in order to permit all the papers to be heard. In this way discussion of important topics was very much interfered with. This might be mentioned as the most important objection to the management of the Congress. The men attending this Congress *know* their subjects and as a rule speak with facility in impromptu discussion, and very often many a point could have had much light thrown upon it did the time permit a fuller and less restrained discussion. As it was, with the large number of interesting papers, the management of the presiding officer, Von Bergmann, was

admirable. He presided with dignity, doing very little talking himself and allowing all possible liberty consistent with the preservation of order and the expedition of the work of the meeting.

Promptly at 12:15 P. M., on Wednesday, 24, the Congress was opened by Prof. Von Bergmann in a short address.

Thereupon Esmarch of Kiel read a very valuable paper, entitled "The Etiology and the Diagnosis of Carcinoma, with Especial Reference to that of the Tongue and Lip." We see from time to time, in all parts of the body, but most frequently in the tongue and lips, ulcerating tumors, which, although not of cancerous nature, it is impossible, from clinical appearance and course, to distinguish from these malignant tumors. These tumors demand a different treatment from that proper for cancers. Whilst the latter as early as possible should be extirpated with the knife, the former are frequently amenable to internal medication and very limited operative interference. For these reasons in all cases where large, mutilating operations would be required for the thorough extirpation with the knife, a microscopical examination of the tumor should first be made in order to establish the diagnosis. One should not hesitate removing pieces from the substance of the tumor, and as many times as necessary, even when to do so an important surgical procedure would be demanded. The syphilitic tumors are the most frequent occasions for mistaken diagnosis. Tumors of the muscular tissue of tongue and lips are frequently syphilitic in origin. Syphilomata may appear many years after the infection, without any intermediate signs of the disease, and these syphilomas may exist as tumors for years without ulcerating. Even inherited syphilis may late in life make its first appearance.

If the anatomical (microscopic) examination of a suspicious tumor give no demonstration of the existence of cancer, tuberculosis or actinomykosis (strahlenpizen), then must syphilis be regarded as at hand. Should such syphi-

litic tumors be extirpated in most cases rapid recurrence and other signs of the infection manifest themselves. For the origin of malignant new-formations there can be discovered in many cases distinct stimuli, such as injuries, penetrating foreign bodies, tobacco, soot, paraffin, etc.

In cicatrices after burns, bed-sores (*durchliegen*), amputation and the like, or long-existing, essentially non-malignant, tumors may, in consequence of repeated irritations, or arising from age, take on malignant growth. Even warts, skin-excrecencies, mother's marks, papillomas, condylomas, atheromas, syphilomas, may be transformed into such malignant forms; likewise may chronic (persistent) conditions of irritations of the external skin or of the mucous membrane be the startling cause of malignant formations. That cancer is an infectious disease, caused by microorganisms, is at yet unproved, moreover it is very improbable; likewise are the hypotheses of Thiersch, Waldeger, Boll, not susceptible of proof, and the view of Cohnheim, that these tumors arise from left-over embryonal germs (cells), had been also demonstrated to be untenable. All investigations of the ultimate causes of malignant tumors rest at last upon the acceptation of a predisposition of a diminished (capacity for) resistance of a weakness of the tissue; indeed, the question would seem to be concerning the inheritance of this peculiarity, even in the frequent cases where no such hereditary foundation is demonstrable.

The origin of the sarcomata upon a venereal basis affords support for the theory of such origin of malignant tumors in general. Apparently eradicated syphilis leaves behind a tendency to proliferation (overgrowth) of the tissues of the connective-tissue group, which occasionally gives rise to corresponding tumors. Such tumors, after operative removal, generally obstinately recur, and can, like the malignant cancer, lead to general metastatic formation. The hereditary foundation for the development of syphilomas may skip generations and date from earlier

ancestors—a view which becomes the less improbable when we consider that luës was formerly a widespread disease of the people, and it cannot be supposed that all families at that time saturated with its poison have died out. Whether also the disposition to cancerous proliferation can be similarly explained must be left for further investigation.

Prof. Victor Horsley of London, an honorary member of the Society, followed with a brief paper entitled “The Methods for the Recognition of Injuries of the Motor Area of the Cortex.” He drew rapidly on the blackboard a diagram of the hemisphere, marked off the Rolandic fissure and indicated the location of the various centres: 1. Centres for each separate finger, wrist, forearm, elbow, arm, and also for toes, ankle, leg, knee, thigh, etc. Investigators had been able to show that irritation of these particular areas of the cortex was followed promptly by movement of definite, corresponding members. From this discovery, continued the speaker, a number of methods had been derived for gaining some knowledge of the condition of brain areas by studying movements of particular muscles and groups of muscles.

The speaker apologized for bringing such a brief paper before such a distinguished body of surgeons, by saying that he came to Berlin under the impression that he was expected to take part in a discussion on the subject rather than to present a formal paper. However, that no apology was needed, was distinctly manifested by hearty applause, which is so rarely bestowed by such a scientific body of Germans. Mr. Horsley spoke in German, and, though, by no means master of this language, succeeded in making his point clear to his very attentive and extremely considerate audience. Mr. Horsley was the only English delegate to the Congress, and not a single American delegate was present. England and America, can, however, well feel satisfied in having in Mr. Horsley such an able and highly esteemed, though very modest, representative.

Germans always honor true merit and respect the painstaking, honest investigator, whether he be foreigner or German-born and educated. Any foreigner, who really has something to tell, can always find attentive and encouraging listeners in Germany.

Heidenhain of Berlin, a remarkably clear speaker, easily held the attention of the Congress with a paper entitled the "Causes of the Local Recurrence of Cancer after Amputation of the Mamma." He thought he had been able to show by his microscopical examination that this local recurrence is constantly due to the leaving behind of cancerous parts. The parts left behind might be in many cases extremely small, too small to be recognized during an operation, yet large enough to account for the recurrence. The cancerous tissues left behind might involve a minute part of muscle, or a shred of fascia, or even the wall of a blood vessel. The glands might be thoroughly removed and yet cancerous foci be left behind. He had assisted in operations where, to all appearance, the removal seemed as complete as it was justifiable to make it, yet recurrence had been observed. The practical deductions from his microscopical observations might be summed up as follows: Even when the cancerous lump is still movable over the pectoral muscle, must the fascia pectoralis be looked upon as "suspected" and be removed. In order to do this thoroughly, it is not safe simply to peel the fascia off from the muscle but a connected layer of the pectoral muscle must be removed with it. Further, if the tumor has already involved (grown together with) the muscle, or *even if it is only adherent* to the same, then, judging from his microscopical findings, must the *whole muscle* be regarded as suspicious and *the safety of the patient demands the complete removal of the pectoral muscle*, and *in some cases also of the underlying periosteum*.

This might seem to magnify the immediate danger of the operation, but it is really not bloodier than the customary operation; it offers the advantage that the nearly

always suspicious Mohsenheim fossa is by this plan laid bare; the vessels can be more safely and thoroughly "hunted around" for affected glands and doubtful lymphatics, and the disturbance of function will not be found to be essentially greater than results from the usual milder operations. In conclusion, the speaker expressed the view that it is necessary to follow up accurately the migrations of the cancer cells in the various cancerous diseases, in order to determine how far one must go in the extirpation.

[On Thursday morning the reader of the paper showed to the Congress, by means of the large electrical Projections-Mikroskop, his microscopic slides, throwing the magnified picture on to a screen in a darkened room. The exhibition was entirely satisfactory and demonstrated from actual specimens how easy it was to overlook a small cancerous mass, lying along a blood vessel, or in the sheath of a muscle, or in the fascia proper.]

These observations of Haidenhain's certainly deserve consideration, and other microscopical workers should repeat his investigations. If the specific causes of recurrence can once be determined, then the surgeon who is willing to operate in cancer, but unwilling to perform what he might consider a too heroic operation, would be largely blamable for the recurrence *in loco*. Either not operate at all or take out as well all tissue which these investigations of Haidenhain have shown may lodge *unseen* disease.

Schuchardt, of Stettin, read on the "Nature of Ozæna." This disease arises, according to his investigations, carried out at the suggestion of Von Volkmann, from a transformation of the ciliated epithelium of the Schneiderian membrane into pavement epithelium with subsequent purulent (jauchigem) breaking down of the latter.

Lauderer of Leipsic discussed his method of dry operation. The antiseptic treatment of wounds could now be considered as settled. One hardly thinks now of hunting up new antiseptics, but strives rather to limit their use

to the minimum necessity (?). Going over from anti to asepsis is now the order of the day. But asepsis cannot, under all circumstances, be relied on, especially in country and consultation practice. He uses no fluid in such wounds, but simply dries them out or stuffs them with sublimate gauze. The bleeding is slight, the operation more rapid and the healing quick and sure.

Petersen of Kiel spoke of a case of "Neurosis of the Knee Joint," which, after a long observation, was regarded as joint inflammation, requiring operation. The joint proved, however, quite healthy. The case (Prof. Esmarch spoke of a similar one he had had) furnishes an example of those very curious cases, in which the local disturbances in no way explain the severe nervous affections, and we must rather suppose that these form merely the peripheral manifestations of a more central nervous trouble.

Thursday, 10 A. M. In the operating room of the Royal Klinik, a number of interesting cases of fortunately-healed carcinomas were presented; among them one of complete extirpation of the tongue. The man was able to speak so as to make himself understood. Another showed excision of one-half the tongue. Hahn showed his case of total excision of larynx of several years ago. Several cases of high carcinomas of rectum from Volkmann's klinik, happily healed; and Schmidt of Stettin showed his remarkable case of larynx extirpation, which will be found described further on.

Mosler of Greifswald presented a well-marked case, a woman, and made some exhaustive remarks on the disease. Mr. Horsley made some remarks on the subject of the paper, and passed around some photographs and a specimen removed *post mortem* from the neck of a patient who had died of this disease.

Bramann presented three brothers, the youngest 7 and the oldest 13 years of age, who were under treatment for symmetrical gangrene. The ends of the fingers and toes had been lost through the gangrenous process. As no other

cause was apparent and the boys were brothers, he felt obliged to ascribe the disease to inheritance of some nervous disposition, perhaps disease of the spinal cord. The parents and three sisters of the boys are apparently healthy. The sickly, anæmic appearance of the boys is striking. The affection is in every one perfectly symmetrical, attacking at the same time corresponding parts of the two halves of the body.

Schinzinger of Freiberg caused a sensation by the proposal of ovarian extirpation in cases where carcinoma mammæ appears sometime before the climacteric. Experience taught him that breast-cancer was the more malignant the younger the patient. He thought, therefore, when cancer had made its appearance in a young woman it was indicated to bring on age artificially; that a rapid withering of the gland might take place and thereby recurrence after operation obviated.

Sendler of Magdeburg presented a tumor removed from the mamilla, a case of angioma cavernosa pendulum; and Helferich of Greifswald made some very instructive remarks regarding the partial resection of the symphysis pubis, with presentation of a case.

König of Göttingen presented some renal calculi, produced artificially in dogs by feeding with oxamid; the stones give a manifest picture of the origin of the like calculi. Dogs and rabbits will eat with their food this oxamid, which is a combination of ammonium and oxalic acid (*sic*). The formation of renal and bladder stones results from first a secretion into the urinary canals and the gathering of this into klumps and hardening; in and on these klumps is deposited the uric acid, phosphate or oxalate (the last arising from the oxamid); the firm ball becomes now covered with one shell after another. By means of appropriate chemical treatment the original blubber-like (quallenartig) albuminous nucleus can be obtained from the formed stone. The experiments are due to Ebstein of Göttingen.

Krause of Halle reported concerning the usual treatment of hip-joint resections. From former reports it is to be remembered that they try to preserve the mobility of the joint. Great weight is laid upon the prolonged after-treatment.

Krause of Halle presented the following statistics:

In the klinik of Volkmann, in Halle, have been done in the last 14 years 91 (ninety-one) extirpations of the tongue; 35 of these with lateral sawing through the lower jaw, according to Langenbeck. Of the 91 cases only two have died in the klinik. Seven cases have remained well.

Rectum extirpations: Three cases were presented before the congress, operated on 6, 8 and 9 years, all with free opening of the peritoneal cavity. There was a greater number of permanently healed cases.

Hip resection: 307; of these 270 on account of caries had been done. The plaster of Paris bandage is discarded; instead of this strong weighting by means of an extension bandage employed. The strips of adhesive plaster must reach to Poupert's ligament; weight of from 12 to 25 pounds, according to age and the gravity of the case. Counter-extension only in bad cases required. The extension must be continued some years after the healing and rectification of the abnormal positions; of course, only by means of the Volkmann gaiter at night.

The open section of the adductors gives in cases of severe adductor-contracture excellent results. Early passive motions and standing of the patients last even as early as after three or four weeks. The high sole is completely discarded on the contrary, in very severe cases, a splint is employed, which keeps the leg in *abduction* at the hip-joint. The splint was shown, applied on a boy of 14 years of age, who had suffered a hip-joint resection. The shortening was 16 centimeters. The mobility is almost normal.

Thiersch of Leipsig, "Extraction of Nerves." Numerous cases of neuralgia have surgeons attempted to cure by

excision of a portion of the affected nerve. Great difficulty has, however, often been experienced in getting at the nerve high enough up, as in the case of the trigeminus, near the base of the brain.

To the end of diminishing this difficulty he had had made a whole series of forceps, which had proved themselves to be worthless, with exception of one fairly satisfactory (pair), in which one convex blade of the instrument works in the other grooved blade, the grasping surface being at first channeled out and further on smoothed off.

He described the operation and results in several cases, and made mention of the practice of a blacksmith living at Leipsig, who was frequently sought by people suffering of toothache. The man removed the pain by means of a puncture in a certain point on the face. By this thrust the nervus auriculo-temporalis was met. Should one wish to change this empirical proceeding into a rational one he should take care not to injure the facial nerve lying close by. The destruction of so important a nerve is not without its disagreeable sequelæ, inasmuch as the play of the muscles moved through this nerve ceases and the expression thereby becomes somewhat staring,

Angerer, Munich, on "Diagnosis and Relief of Pyloric Stenosis." The examination was preceded by the distension of the stomach by means of carbonic acid gas, evolved in the stomach by means of bicarbonate of soda and tartaric acid in the usual way, and by pumping air in from without. In this way is shown, first, inasmuch as the stomach outlines become visible, whether a suspected tumor is connected with it. Next, the mobility of the tumor is examined to determine whether it has formed adhesions with surrounding organs.

If non-adherent, the typical resection can be undertaken; if, adherent there is no operative course left but a gastroduodenostomy, which at least effects some amelioration of the patient's condition. The results of the procedure

would be much more favorable did the patients come soon enough for operation; as it is they come generally when at the worst. Kocher's method of narcosis is earnestly to be recommended, by which at the beginning chloroform is given and afterwards substituted by ether. Lauenstein of Hamburg in discussing the question, mentioned, that often in consequence of the preliminary washing out of the stomach an increasing diuresis takes place. Up to 1600 cc. were discharged on the day after such an irrigation. The diuresis he would ascribe to nervous irritation.

The fourth sitting of the Congress was opened with a further contribution to the question of the nature of cancer from Wehr of Lemburg. A report of experiments had been received at the last Congress with grave doubts. He now presented preparations and dogs inoculated from one to another. Schmidt of Stettin showed a man from whom 2½ years ago he had been compelled to remove the whole larynx. The man, who breathed through a canula, was quite healthy, and was able to make himself understood in speaking, although he possessed no artificial larynx, and although the windpipe was completely cut off from the oral cavity. It is presumed that the tones are called forth by means of powerful movements of the tongue in the cavity of the former larynx, which may be partially closed for longer tones.

Oppenheim of Berlin presented five workmen suffering from very curious traumatic neuroses. These cases all followed severe injuries, either from crushing between forces or from falls. The cases showed, first, swelling of the injured part, but this subsided in course of time; then followed increasing nervous disturbances, paralysis, loss of sensibility, marked involvement of the organs of sense and speech and of the gait. The whole musculature in the worse cases quivered violently, as it were, especially when the pitiable patients attempted to walk. The pulse was constantly frequent, rarely as low as 90. Hypochondriacal

melancholy was a feature of these cases. Formerly we would not have been able to understand the disease and would have been inclined to consider it feigned, because we would think that nervous symptoms of this kind must be based upon some *demonstrable* injury of the nervous material, especially of the spinal cord. Now we have come to learn that this is a mistake.

Krause next spoke of two cases of so-called catarrhal suppuration of simultaneous congenital dislocation of the hip; streptococci were constantly present, other micrococci never found.

Petersen of Kiel spoke of "Arthrodesis," and presented a boy on whom he had performed excision of both knee-joints. The boy walked with one crutch and a stick. The operation was intended to accomplish ankylosis in wobbling, unsteady joints, and dispense with the wearing of troublesome apparatus.

Lauenstein of Hamburg, an extremely tall (over 6½ feet), but well-proportioned and magnificent specimen of humanity, next made some very interesting remarks regarding the complete extirpation of the diseased capsular ligament, with preservation, when possible, of the *ligamenta cruciata*, in order to preserve the mobility of the joint. König of Gottingen replied that he thought these ligaments possessed a simply limiting function, and they might be freely cut through, in view of the fact that they would readily unite again. Krause showed a man in whom he had removed several years ago (two?) the upper end of the tibia for sarcoma. The man was now quite well, without signs of recurrence, and walked very well, indeed, there being a quite perceptible amount of knee-flexion possible.

Rydygier of Krakau presented two cases of Rhino-scleroma, brought with him from Poland to show the Congress, such cases occurring rarely in Germany. The disease is a suppuration of the nasal cavities, with spreading towards the gums, depending upon a "Kapselbacillus."

Trendelenburg of Bonn made an entertaining communication concerning the treatment of flat-foot, presenting a case; and also upon the straightening of crooked noses, where not simply the septum, but the whole nasal arch participates in the deformity. Considerable amusement was created by his display of two immense photographs, showing "before operating" and "after operating." Fischer of Breslau reported upon a case of Trepannation for Brain-tumor; Höftemann of Königsberg on a Rare Case of Trepannation; Gerstein of Dortfenund on closure of solutions of continuity on the skull; Küster of Berlin spoke also of the possibility, under aseptic treatment, of healing in loose pieces of the fractured bone, the closure being thereby much firmer. Mr. Horsley remarked that the failure to obtain success in these cases was frequently due to the fact that patients were seen too late as a general rule.

In the fifth sitting of the Congress the election of president was held by ballot, Bergmann being reelected by a vote of 110 to 160. It was quite evident during the sessions of the Congress that Bergmann still commanded the respect of the foremost German surgeons.

After the election Mikulicz of Königsberg read a report of further experience in the operative treatment of perforative peritonitis, dividing the cases into the acutely running, diffuse septic cases and the progressive suppurating fibrinous cases, the first being aggravated by operative interference, the latter permitting it. König spoke on the same subject, remarking that his transatlantic cousins, owing to the abundant use of the revolver, had acquired an immense experience in cases of gunshot wounds of the abdomen. The view that a bullet or knife would seek its way between, instead of through the coil, he considered a pious error.

Leser of Halle then read a long paper on a case of Actinomycosis, and was followed by a surgeon, who gave a considerable list of cases, showing that the disease was

not as infrequent as the reader of the paper thought; moreover in the neighborhood of Graz it was not seldom for reapers who wounded themselves to develop it.

Pietrzikowsky closed the sitting by reading an exhaustive paper on the "Relations of Pneumonia to Incarcerated Hernia."

The sixth sitting of the Congress began at 9:45 Saturday, in the Royal Surgical Klinik. The room was fairly packed, so that late comers were not able even to get into the door. Hoffa of Würzburg led off with a paper on a newly discovered *Taxine* in so-called blood poisoning. In the group of balcillary wound diseases it had not hitherto been possible to show in the diseased body itself those chemical substances which, by analogy with the septic (putrid) intoxications, as products of the stuff-change, set up the bacteria, call forth the peculiar manifestations and account for the course of the disease. From the body of the rabbits which had died of Koch's septicæmia he had obtained a substance of the composition of methylgñanidin ($C_2 H_7 N_3$), by which the death was likely caused, since it gives rise to, when injected into the lymphatics of rabbits, exactly the same manifestations of septicæmia. He had likewise, according to Brieger's method, obtained from bodies, dead of milzbraud, a chemical substance of the composition $C_3 H_6 N_2$; thus is a step forward in our recognition of infectious diseases accomplished.

The interesting experiments of Kitasato, a Japanese, working in the Hygienic Institute, were also brought before the meeting. These experiments were made to display in pure cultures the tetanus microbe of Nicolaier. This is a bristle-form bacillus occurring in the upper strata of the earth; it causes tetanic convulsion when inoculated into animals. It had been demonstrated by Rosenbach in the mouth of men who had been seized with tetanus. Attempts to cultivate in *pure* cultures had failed, however; it was found in constant association with numerous other schizomycetes (spaltpilzen), so that it could not be proved that

the form of disease caused by injection of these cultures could with certainty be ascribed to this particular germ. Kitasato had struck upon the following plan: He first subjected the culture to a temperature of 36 to 38 degrees C. in the incubator and thus obtained active growth; he then exposed this to a temperature of 80 degrees C. Under this treatment remained only the spores of the "bristle-bacillus" living, when the temperature was not too long maintained. By germination, in proper media, these spores gave rise to the bacillus in pure culture. This culture caused in mice the phenomena of tetanus. The tetanus-bacillus is tolerably resisting to heat and chemical action; at 100 degrees C. steaming, it is destroyed within five minutes; in 5 per cent. carbolic acid solution only after five hours. Its poisonous properties are not destroyed by re-inoculation, but prevented by remaining in diluted hydrochloric acid (salzsäure).

Höftmann of Königsberg presented a girl with congenital absence of lower limbs, who was able to move about, though with some difficulty, on artificial limbs which had been adjusted.

A discussion next took place concerning the Surgery of the Gall-Bladder. This discussion, introduced by Credé of Dresden, was carried on by Thiem of Cottbus, Körte of Berlin, Rehn of Frankfort-on-the-Oder, Küster of Berlin and others. From a report of the discussion your correspondent translates the following: It has been noticed that dogs which had been subjected to excision of the gall-bladder manifested a ravenous appetite, but nevertheless for some time lost in weight, afterwards, however, again taking on flesh. Quite similar manifestations have developed in two of Credé's cases in man. These interesting phenomena were explained by supposing that at first no proper digestion of the food-fat can take place, because the bile, which is needed for emulsifying the fat, is not furnished in proper quantity to the intestine at the time the food is there present; for the bile-receptacle, which stores

up bile until needed and lets it into the intestine when the chyme has come down, is absent, and the bile therefore flows constantly, and cannot of course be used for its legitimate purpose. Nature, however, remedies the difficulty by gradually forming a sac, by dilating the hepatic duct, which assumes the storehouse function of the old gall-bladder, and thus makes again possible the proper digestion of fat and the increase of weight. This formation of a new bile-receptacle has been shown in animals, and found also in men who have died some time after the operation.

Then followed a discussion of abdominal injuries and gunshot wounds. Bramann of Berlin presented a young man in whom a pistol ball had passed quite through the body and lodged in the sacrum, where it yet remains. In this case a natural closure of the wound of the intestine had followed by means of firmly superimposed mucous membrane, which was demonstrated to his observation after abdominal section made later on necessary by hemorrhage into the abdominal cavity. The range was short, as the man did the shooting himself, but the pistol was of small calibre.

Here Socin of Basel drew attention to the experiments of a French investigator, which indicated that the nature and healing of an intestinal wound depended essentially upon the condition of the bowel at the time of the injury. In fasting days such wounds healed constantly of themselves by means of (mucous) membranous occlusion.

Esmarch recommended the method used by American surgeons for finding wounds of the bowel. This consists in the use of hydrogen gas, so clearly explained by Senn of Milwaukee. Esmarch mentioned a case which he saw in Chicago. Eight gunshot wounds had been found and sutured; no other could be found. Everything appeared completed; but the bowel being filled with the gas, another opening was found, which could not without the gas have been discovered.

The afternoon session closed the meeting. Only a few of the large number of papers still unheard could be read.

Waitz of Hamburg showed a child born with elephantiasis. The child, $1\frac{1}{4}$ years old, was well formed, except that the legs unusually increased in length and thickness, and the right more than the left. The history was of no value.

Carnet of Reichenhall presented preparations from Guinea pigs, and also living animals, on which he had attempted, by inoculation of tubercle bacilli, to follow the routes which the bacillus takes in his extension through the body. The Society adjourned.

On Friday morning, in the physiological institute, Horsley of London had performed his experiments on living monkeys, to show his discoveries in the localization in the motor area of the cortex. These experiments made quite an impression on the members present.

In this meeting of the Congress there was a remarkable absence of discussion of ethical matters, the hours of the session being spent in earnest attention to matters of scientific and practical utility.

Another marked feature was the number of patients brought by members from quite distant places to illustrate their remarks. For instance, Mosler brought a case of myxœdema, a woman, from Greifswald; some came from Halle, Würzburg; several from Kiel and Königsberg, and quite a number from Berlin. American medical sessions might be materially improved by adopting this feature. The most commendable feature, however, was the regularity of attendance and the interest manifested by the individual members.

Though American surgery was not represented in the meeting, still it was plain to see, from the remarks of some of the best informed, that the transatlantic surgery had made itself felt in Germany, and that the work of American men had contributed much of practical value, for which the Germans were thankful.

LEADING ARTICLES.

THE GROWING MULTIPLICITY OF PLASTIC OPERATIONS FOR THE VAGINA.

Scarce a journal goes through our hands without some new operation for the vagina, or some new explanation of the cause of its *celes* and displacements of the uterus. It is an old rule in medicine that diseases least understood have and have had the greatest number of specifics. Should this rule be applied to the vagina what a dense veil of ignorance dims our mental vision as to the treatment of its diseases.

The fact is, too much ingenuity and too little common (?) sense have been employed in these researches, and it speaks well for the female recuperative powers that they have so far withstood the onslaught of knives and scissors without many disastrous results.

The reasoning employed, deprived of verbal redundancy, is generally as follows: We know that the floor of the pelvis is composed of certain muscles and fascia; we know their position, insertion, distribution, yes, even to the physiological function of each muscle. When we operate we look for and always find the exact fibres we know absolutely have lost their moorings (one operator takes special delight in bringing together the ends of an extremely thin layer of fibres to be found between the circular fibre of the vagina and rectum, and which, unless brought together purposely by an operation suggested by him, or accidentally by some other operator, is fraught with most disastrous consequences to the unlucky female); and, lastly, each writer, though sometimes granting that some few operators have come near the truth, implies that the difficulties and intricacies of the problem have never been completely mastered before.

After what has been said we hate to offer anything of

our own; we will merely hint at a method much more likely to bring about fruitful results.

Let us see what operation nature has suggested for the cure of cystocele.

Has any doctor ever seen a cystocele complicated with a vesico-vaginal fistula of any standing? Dr. Bozeman of New York says that he never fails to close a vesico-vaginal fistula the first time, and the reason he gives is, that he never operates without thoroughly preparing his patient. What is that preparation? He thoroughly dilates the vagina by gradual dilatation. Now, does any one suppose that an operator with the vast experience of Dr. Bozeman would lay stress upon dilatation as the keynote of his treatment, if it was not his experience to find the vagina unusually contracted when there was a fistula of long standing? Then why not make a fistula when nature tells us to do so in such unequivocal terms? It is easy to do, and if you will whip the mucous membranes of the vagina and bladder together with catgut you will save a world of trouble, both to your patient and yourself.

FATHER DAMIEN.

The good old priest is dead, and he died in the service of humanity. For sixteen years he was a prisoner at Kalawao, the leper asylum on Molokai. For nearly sixteen years he administered unto the poor outcast wretches, giving them medicines, dressing their sores, burying their dead, until finally he himself succumbed to the foul disease.

Father Damien went to the Islands in 1864, when he was only 24 years of age. In 1873 he went voluntarily to the asylum and remained with the lepers until his death, April 10, 1889.

The exact year of the appearance of the disease upon the good man we do not know, but it was within the last five years. In the course of a letter to the writer, dated

Kalawao, Sept. 2, 1879, he writes: "My own health continues to be the same as before; perhaps I have the germs of leprosy in my system—I am not sure."

The world does not show many such instances of devotion to principle, but every such instance makes us think better of human nature, and every such man as Father Damien makes the world better for his having lived in it.

THE NEW ORLEANS POLYCLINIC.

The New Orleans Polyclinic has just closed its second session, and from all that can be gathered from both students and instructors it has been a very successful one.

But the watchword of the faculty is *progress*; they feel proud of what has been accomplished, but they aspire to better things still.

The first, the greatest obstacle to advancement thus far met with is the fact that custom has made the out-clinic at the Hospital available for only some three hours (9 to 12) in the forenoon. The result is that many of the afternoon hours are unoccupied, and moreover it is difficult to divide so few hours among so many instructors.

Again, though the faculty of Tulane University Medical Department have most generously afforded rooms for demonstrations, laboratory work, etc., nevertheless the Polyclinic is more or less hampered by the lack of permanent and thoroughly appointed rooms for such purposes. Now the first step out of this difficulty is the obtaining of a suitable building near the Hospital.

The Polyclinic is not itself strong enough as yet to take this step, but we see no reason why by candid appeals to the proper sources such facilities could not be furnished, and these sources are public-spirited citizens and the legislature. In New York large sums of money have been given by private citizens to medical schools, both under and post-graduate, and the legislature of Pennsylvania has just appropriated \$20,000 to the Philadelphia Post-Graduate School.

Why cannot the faculty of the New Orleans Polyclinic lay these matters before the public-spirited citizens of New Orleans. The Polyclinic is not a private affair; it is something necessary, something demanded by this whole Southern country, and we do not think anything can be more philanthropic, of more wide-spread or humane value, than the furnishing of means by which physicians can make use of the great Charity Hospital and the enormous out-clinic which it furnishes to review their studies, to post themselves on the advances of medicine and surgery and make themselves able to save life or relieve suffering.

And, finally, if the Polyclinic had a suitable building it could make a proposition to the Board of Administrators of the Hospital in a line with the strong representations of House Surgeon, Dr. Miles. It will be remembered that Dr. Miles has advised that the present Hospital building be relieved of this out-clinic; in other words, that another building be furnished for the reception and examination of patients who do not wish to remain, or are not sick enough to be admitted. The Polyclinic, were it possessed of a building, could assume this service under such rules and regulations as might be approved by the Board, and at the same time emphasize the fact that the clinic was strictly part of the hospital service.

We would then urgently advise the Polyclinic faculty to present these facts to some of the moneyed men of this city, and also when the legislature meets next spring to endeavor to enlist the services of that body in aid of an institution which is so necessary to this city and the South.

A MERITED TRIBUTE.

Dr. Wolfred Nelson, now of New York City, places us under obligations to him for a copy of a very able and, to us, particularly interesting pamphlet entitled, "Yellow Fever—Absolute Protection Secured by Scientific Quarantine." The pamphlet contains several articles by him, taken from the tenth biennial report of the State Board

of Health of California, 1888. Dr. Nelson is fully qualified, by long residence in the tropics, to speak knowingly on yellow fever. He first discusses Cuba and its relation to the United States, and its danger as a producer and distributor of epidemic disease. The unsanitary condition of Havana, as observed by Dr. Nelson and everybody else who has been there, is well calculated to render that city a hotbed wherein yellow fever might be produced *ad libitum*, and from which it could be transported, at any season, to localities offering proper conditions for its propagation. The whole of Dr. Nelson's monograph is a plain, unvarnished statement of some very unsavory facts; but such a statement must precede any measures looking to a radical cure of the evil.

Dr. Nelson shatters an old idol. He says: "A word in regard to an old-time myth (acclimation). It has been the custom of people to talk about the protecting influence of acclimation. There is no acclimation that protects against yellow fever—none. The only protection against yellow fever is to have experienced it. In the city of Sancti Espiritu, during an epidemic, twenty-four native born children were carried off by yellow fever in one day."

As a student of yellow fever Dr. Nelson holds very strong views in regard to the thorough and proper handling of the disease. To use his own words again: "If people wish to suicide they should have their own way; but that they should be allowed to sell their products and ship their disease to other countries is manifestly a gross injustice to their fellowmen, *and an insult to sanitary science.* * *"

* A time may come when international law will grasp this huge problem and say to calloused Spain: If you are willing to have your subjects swept away by yellow fever as a dire result of your gross and criminal carelessness, well and good; but you shall not trade with me and expose me and mine to epidemics of yellow fever, as you are doing, as you have done, as you will do to the end of all time, if left to your own devices."

It will doubtless be a long time before nations are aroused to the propriety of making sanitation an international affair. Something pertaining to the present, and touching us most closely, is the means that Dr. Nelson praises as providing absolute protection against yellow fever. This boon is none other than Dr. Jos. Holt's system of maritime sanitation now in force on the lower Mississippi. To us the success of the system is an established fact; it is now a part of our existence.

It is hardly necessary for us to show how this "Ideal Quarantine," as Dr. Nelson calls it, has protected us from invasion of the dread visitor. The history of last year will suffice to show how safe we may consider ourselves when vigilant health officers are on duty. Yellow fever existed in a number of localities not very far from New Orleans, and yet this city, regarded with fear and shuddering by people in the north and west, entirely escaped the plague. A more satisfactory demonstration of our ability to protect ourselves against invasion could scarcely be demanded.

Dr. Nelson describes the method of applying Dr. Holt's system, and speaks of the benefit already felt and likely to accrue from its employment. On these points it is unnecessary to dwell, as our readers are already very familiar with both. It will be pleasant news to our readers to know that Dr. Holt's system is being appreciated in the tropics, and that it is about to be introduced at the Port of Spain, Trinidad, one of the British West Indies.

ABSTRACTS, EXTRACTS AND ANNOTATIONS.

MEDICINE.

PROF. SÉE ON HEART DISEASES.

In resuming his winter course of lectures on clinical medicine M. Germain Sée commenced a general review of the diseases of the heart. Diseases of the heart, said the professor, are not distinct from one another. It is the

same affection presenting itself under different aspects, and offering different types. Whether the case be one of subacute or acute endocarditis, ulcerative or vegetating, the disease is always parasitic, and this view leads to a no less revolutionary deduction, that of the negation of their inflammatory nature. Under the latent and sometimes the remote influence of a specific disease, especially of articular or choreic rheumatism, the endocardium is exposed to the action of the microbe, easily defined in this part, although not so readily recognized in the joints. At other times the cause is typhoid fever, or an attack of diphtheria long forgotten, scarlatina, infectious pneumonia, or even syphilis. There is no exception to this rule of the parasite origin of valvular or myocardial mischief, except in chronic affections of the aortic orifice of old people, which coincide and result from the fatty, atheromatous, sclerous changes of the arteries. Like all other cardiac diseases those of the aortic orifice in the young are parasitic. It is degeneration without a trace of inflammation that is found in all heart lesions, whether acute or chronic, and to this condition Prof. Sée would give the name of "endocardie." The same parts, the same elements and the same spots are invaded, the permanent lesion consisting of a hyperplasia of the conjunctive tissue. The disease is a continuation of the morbid process, which began in an acute or subacute form, perhaps unperceived by the patient or medical attendant. There is consequently but one cardiac disease presenting two types—the endocardial and the valvular types. A third type is due to sclerous, atheromatous and other changes in arteries, comprised under the general term "arteritis," due to age, alcoholism, gout, diabetes, etc. The fourth type, and to which M. Sée assigns the most important place, is that condition of the heart which is caused by sclerosis of the coronary arteries, leading to degeneration and narrowing of the vessels, and ultimately to sclerosis of the myocardium—the fifth type. In the sixth class Prof. Sée places the hypertrophies and dilatations consequent upon primary valvular disease. The seventh class comprises the nervous troubles. Prof. Sée does not think, however, that palpitation and acceleration of the heart's action ever leads to hypertrophy. A pulse of 140 may exist without producing this effect. Nor does exophthalmic goitre lead to

the slightest lesion or fatigue. The eighth type is the pericardiac, the cause being always parasitic. In the ninth and last category come dilation and aneurism of the aorta. — *Lancet*.

PREVENTIVE TREATMENT OF DIABETIC COMA.

Stadelmann, regarding diabetic coma as an intoxication of the blood by acids, commends intravenous injections of a solution of chloride of sodium in physiological proportion (7 per cent.), to which 3 or 4 per cent. of soda is added. It is of paramount importance that the injection be made at an opportune time, and that the amount of liquid injected be not less than two litres. It is preferable to prevent the occurrence of coma, and for this purpose Stadelmann recommends the administration of saturated solutions of the alkalies in large doses. For example:

- | | | |
|------|--|-------------------|
| I. | Citric acid..... | 8 grams. |
| | Carbonate of soda..... | 18 grams. |
| | Saccharine..... | 0.1 gram. |
| | Distilled or carbonated water..... | 150 grams. |
| | Essence of peppermint..... | .3 drops. |
| ℥ | To be repeated three times a day. | |
| II. | Tartrate of soda..... | 10 grams. |
| | Water saturated with carbonic acid..... | 20 grams. |
| | Saccharine..... | 0.1 gram. |
| | Essence of lemon..... | 2.5 grams. |
| ℥ | To be repeated three or four times a day. | |
| III. | Tartrate of soda..... | 30 grams. |
| | Carbonated water..... | 200 to 300 grams. |
| | Saccharine..... | 0.3 gram. |
| | Essence of lemon..... | 5 grams. |
| ℥ | To be taken from one to three times a day. | |

All of these saturated solutions may be diluted with ordinary water or seltzer water.—*El Siglo Medico*.

SURGERY.

At the meeting of the Academy of Medicine of Paris, held April 16, 1889, Dr. J. A. Fort read a paper in response to a criticism on the treatment of strictures of the urethra by linear electrolysis. His conclusions were as follows:

1. His electrolyser is a new instrument.
2. Relapses are not as frequent after his method of treatment as when other methods are employed.
3. His two patients, publicly operated on in the clinic of

Prof. Richet at the Hotel Dieu, one year ago, are still in good health, without any sign of relapse, although dilatation was not resorted to after the operation.

4. Electrolysis should be preferred to urethrotomy, dilatation or divulsion, even if it were shown that relapse is the rule instead of the exception.

5. In the treatment of strictures we have now in linear electrolysis a rapid, painless and absolutely harmless method, which substitutes for an incision a linear, bloodless destruction of tissue.

TREATMENT OF CONFIRMED "CATHETER LIFE," BY A
PERMANENT PERINEAL OPENING.

[A Paper, by MR. WHITEHEAD of Manchester, read before Medical Society of London.]

His plan he had found to be very effectual, and he believed it to be novel as applied to the advanced stages of prostatic obstruction. After briefly reviewing the more recent methods of surgical procedure in these cases he stated that the operative part of his plan of treatment differed in no material respect from that of an ordinary median urethrotomy. The originality commenced with the after-treatment, when, through the opening made into the membranous urethra, he retained an india rubber tube until a sufficient time had elapsed for the fistulous communication with the bladder to become cicatrized. After this the tube was no longer worn continuously, but the patient or his attendant was instructed regularly to withdraw, for an indefinite time, the urine through the fistula by means of a catheter. When cystitis coexisted with enlarged prostate he recommended that advantage should be taken of each extraction of urine to give the bladder suitable medical irrigation before withdrawing the catheter. Mr. Whitehead mentioned cases illustrating the success of this treatment, and amongst them that of a gentleman, now 70 years of age, upon whom he operated in 1884, when there had been symptoms of enlarged prostate, accompanied with cystitis, for ten years previously. The operation was perfectly successful, and the patient, who was incapacitated from business before the operation, had been able to attend regularly ever since, although he continued to withdraw his urine (now quite normal) through the perineal opening. The advantages claimed for this plan of treatment were that the bladder could at pleasure be completely relieved

of its contents. It proved a permanent channel through which a perfect could be substituted for an imperfect system of washing out the bladder, and caused six inches of the most sensitive part of the urethra to escape the irritation produced by the passing of a catheter in the ordinary manner. He further contended that, by the maintenance of the permanent perineal opening, the relapses, which almost invariably took place when the aperture was allowed to close, were entirely avoided; and, further, that by this means all the inconveniences attending enlarged prostate were permanently arrested without the risks being incurred of a really serious operation.—*Lancet*.

FURUNCULUS OF THE EAR.

According to the Paris correspondent of the *Lancet*, April 6, 1889, in an interesting work by Dr. Loewenberg, a well-known aurist, entitled "Therapeutical and Bacteriological Studies on Furunculus of the Ear," the author gives, as the results of his investigations, the following summary of his conclusions: 1. Furunculus is caused by a microbic infection proceeding from external media, the invasion taking place by the excretory ducts of the cutaneous follicles. 2. The successive appearance of furunculi in the same individual proceeds from auto-contagion, which is effected by the transportation of cocci to the level of the cutaneous surface. 3. The same process may propagate the affection from one person to another, or to several persons; furunculus is, therefore, contagious. 4. The entrance of microbes into the blood produces internal complications (metastatic abscesses) in certain cases of carbuncle, and even of furunculi, and often terminates in death. The author affirms that the microorganism most frequently present in this affection was the staphylococcus albus, which was absent in one case only. The staphylococcus aureus and citreus were found equally often. In only one case were all three forms of staphylococci present together, and they were found in a certain number of unopened furunculi. Taking his stand on these researches Dr. Loewenberg completely rejects the emollient treatment of this affection, which has hitherto been the classical one. He proposed, as long ago as 1881, to replace this treatment by another method, which is antiseptic or antibacteric, destined not only to abort the affection at its

commencement, but also to prevent its recurrence. This he effects by the use of saturated solutions of boric acid and alcohol, which he drops into the ear in cases of otorrhœa, and in cases of unbroken furunculi he employs a supersaturated solution of boric acid in alcohol, from which the author has never experienced any bad effects. Milder solutions, he says, are of little or no use in these cases.—*Therapeutic Gazette*.

GYNÆCOLOGY.

MISTLETOE AS AN OXYTOXIC.

At a meeting of the Ogeechee Medical Association, Dr. Daniel E. Gray reported a number of cases in which favorable results had been obtained by the use of a saturated tincture of the green leaves of the mistletoe as an oxytoxic. His attention was first drawn to its use by seeing a stock-raiser administer it to relieve a cow of the secundines.

From the large number of cases reported we will cite the following two :

Case A.—Mrs. P., mother of five children, of the last of which she had been delivered by a midwife ten hours before I saw her. I found Mrs. P. very much excited, as the midwife, in her attempt to deliver the placenta, had torn off the cord from the placenta while it remained yet in the uterus and held there by hour-glass contraction. I deemed this a good case to try my tincture of mistletoe. Accordingly I gave the patient 15 gtts. of the tincture every ten minutes and watched the effect. After the second dose the volume of the pulse seemed increased; after the third dose the spiral or hour-glass contraction changed to natural, and soon after the fourth dose she had a sharp expulsive pain and the placenta was expelled.

Case B.—My next case was that of a lady who had a tedious labor, though otherwise natural. Shortly after being put to bed she was attacked with a severe hemorrhage. I treated it in the usual way, giving ergot, applying wet cold cloths to the abdomen, etc., and nothing I did seemed to control it. After everything else I could think of had failed I gave one-half drachm doses of the tincture of mistletoe, and in fifteen or twenty minutes the uterus contracted, expelling clots, etc., and the hemorrhage ceased.

The activity of the mistletoe depends much on the tree upon which it grows. That which grows on the persimmon tree acts much more quickly when given in the same doses.

ELECTRICITY IN GYNÆCOLOGY

was the title of a paper, read at the recent meeting of the Alabama Medical Association, by Dr. W. E. B. Davis of Birmingham. He believes that ultra-enthusiasm has led to frequent failure in the use of this remedy, but says there should be no question as to its importance as a therapeutic agent in gynæcological practice when such men as Apostoli, the Keiths, Engelmann and other competent observers, who have had experience in its application, report most satisfactory results. His apparatus consists of a Gaiffe faradic battery, the bi-polar uterine and vaginal excitor of Apostoli a fifty cell galvanic battery, constructed by Woodruff & Harris, of Birmingham, under his supervision, the cells of which are of the Law telephone pattern; a portable Waite & Bartlett galvanic battery, Gaiffe's galvanometer, Massey's current controller, the abdominal electrodes of Apostoli, and of Martin, platinum sounds, steel needles, and metal electrodes to be used with absorbent cotton.

He advises the use of the current of the Edison circuit, direct from the dynamo when it can be had, and thereby avoid the annoyances and inconveniences of a battery. Portable batteries have proved very disappointing for the administration of high intensities, and his work has been confined principally to office practice. Great stress is laid on the importance of the application of the faradic current in subinvolution of the uterus, and every woman who has had an abortion or is confined at full term is placed on ergot, and should there be incomplete involution at the expiration of six weeks he begins at once the use of the faradic current, with the bi-polar, intrauterine excitor of Apostoli, and repeats the application every second or third day until the organ has returned to its normal size, "which can always be counted on with mathematical certainty." He does not recommend the use of the current immediately after every abortion or delivery, as practiced by Apostoli, since this treatment could not or would not be afforded, except by a very small class, unless it were certain that the uterus would not return to its proper size.

For this reason ergot is prescribed in every case as stated, since it acts very much as faradization on the smooth, non-striated muscular fibre of the uterus, although not by any means so prompt, energetic and reliable. All cases are examined at the expiration of six weeks to ascertain whether involution has been complete.

Cases are reported to show the value of the faradic current in subinvolution of the uterus, and to illustrate its efficacy in displacements due to the enlarged, hyperæmic condition of the uterus following parturition. The current of tension—the current from the long, fine wires—has proven a valuable agent for the relief of pain, and cases showing permanent relief were quoted.

To illustrate the power of the faradic current on the perineum, vagina and uterine ligaments in relieving prolapsus of the uterus, and also the effects of the current in pain, the following cases were reported:

Mrs. H., aged 35 years; had last child four years ago, since which time she had suffered almost all the time from pelvic pains, insomnia and very marked nervous symptoms. The pain was so severe at her menstrual periods that she had been advised by her physician to have her ovaries removed, and it was for this purpose that he was consulted. Her uterus was normal in size and prolapsed to a marked degree, which was due to its relaxed supports. The bi-polar vaginal excitor, with strong current, was used every second or third day for two weeks, and at the next period she did not know when the flow appeared. In eight weeks her uterus remained in proper position, she was relieved of insomnia and her nervous symptoms improved.

Two months after the treatment was stopped she became pregnant.

Both the currents of quantity and tension were used at each consultation in this case—the former for the relaxed muscle, the latter for pain. The patient always felt better after each séance.

The currents of quantity and tension have been used with very satisfactory results as indicated by Apostoli, but he has begun to use the current of tension not only for pain, but to stimulate relaxed and enfeebled muscle fibre. The current of tension is borne better by the patient, and he has been unable to recognize the superior results of the

current of quantity on muscle over the current of tension. In displacements of the uterus he supports the organ with wool tampons, and does not object to any form of pessary, properly fitted, in connection with the treatment by electricity. He believes that proper support of the organ, combined with the proper application of electricity, to be the most rational treatment for this condition.

When the uterus is enlarged not from subinvolution, but *hyperplasia*, the continuous current is indicated. All cases of chronic endometritis are amenable to galvanism—the positive current when there is much leucorrhœa or profuse menstruation and the negative in other cases. From 75 to 150 milliamperes are used twice weekly, for five minutes at a time. The sound is usually introduced through a bi-valve speculum, and the handle allowed to rest on a large wad of absorbent cotton, which prevents injury to the endometrium. This is preferred because it permits of more thorough antiseptis, and allows the physician to rest his hand during the operation. He does not say that electricity will do away entirely with such surgical procedures as shortening the round ligaments—Alexander's operation—or attaching the cornua of the organ to the abdominal wall or the narrowing of the vagina by the many methods at present in vogue, but he insists that many cases can be relieved by this method of treatment which would otherwise be condemned to the knife.

Chronic inflammatory exudations in the pelvis should be punctured from once to twice a week and from 100 to 150 milliamperes of the negative current used. The faradic current is an admirable remedy for the so-called chronic pelvic inflammations—thickening of one or both broad ligaments from the collection of blood in the distended veins when the uterus is displaced. Of course, the lacerated cervix which usually causes this condition should be repaired before the administration of electricity is begun.

The local application of the faradic current is capable of relieving many cases of amenorrhœa due to atrophy of the uterus. In menorrhagia, due to relaxation of muscle, to engorgement, when patient menstruates from eight to nine days; after a few applications the menstrual periods would only last from four to five days. The positive galvanic current is the remedy indicated for hemorrhage due to a disease of the endometrium, and is the current usually in-

icated for hemorrhage. Women often become pregnant soon after being treated by electricity, and it is unquestionably a valuable remedy for sterility due to nervous causes, so ably described by Dr. Campbell.

Neuralgic dysmenorrhœa and dysmenorrhœa in women of a hysterical temperament—whom the slightest excitement or worry will cause to suffer greatly—those cases where there is no apparent pathological lesion—he has succeeded, as with no other remedy, by the application of the current of tension or by the mild positive galvanic current. The negative current is indicated when the pain is due to mechanical causes in the cervical canal, and when there are inflammatory deposits around the ovaries, etc.

He reports a case in which he had removed the ovaries and tubes when there were inflammatory deposits around the tubes and ovaries, and regretted that he had not used galvanism, as the operation had not benefitted the patient. He does not think that galvanism can take the place of the removal of the ovaries and tubes, but says each has its special field, and should electricity fail there is no harm done, and the operation can still be resorted to.

While he has had no experience with electricity in extra-uterine pregnancy, from a study of the actions of the agent and the results in the hands of others, thinks there can be no doubt but what it should be used in the early stages of this condition, and should there be a mistake in diagnosis there could be no harm done, as this is the remedy for the pathological processes which are liable to be mistaken for extra-uterine gestation. When the pregnancy has lasted for more than three months, and when it can be positively diagnosed, it is a question in his mind whether laparotomy should not be resorted to at once.

He said the subject which had concerned the profession most in connection with the use of electricity was the treatment of fibroid tumors, and that the results of the treatment in the hands of Apostoli, the Keiths, Engelmann, Laphorn Smith and others had demonstrated that this is the treatment for fibroid tumors which "offers probabilities of healthy retrograde metamorphosis."—*Engelmann*.

He had followed Apostoli's instructions in this class of neoplasms and believed that the majority of cases should be symptomatically cured. Certainly Apostoli's treatment should be tried before resorting to hysterectomy.

DERMATOLOGY.

SULFONAL ERUPTION.

Dr. Englemann has observed an eruption following the use of thirty grains of sulfonal in a patient suffering from insomnia. The sleeplessness was due to recurrent attacks of dysmenorrhœa. The woman took the sulfonal at 7 in the evening, without hypnotic effect whatever. The following morning a bright scarlet exanthem appeared on the chest. There was moderate itching, but no other symptom of the disease. The rash spread over the arms and abdomen, and then after two days disappeared, the itching meanwhile having become more troublesome. The writer attributes the appearance of the drug-eruption to vasomotor disturbance.—*Münchener Medicinische Wochenschrift*.

CONCLUSIONS ABOUT LEPROSY.

A very interesting paper on "Leprosy in Hawaii" appears in the *Occidental Medical Times*. The author, Dr. Sutliff, has spent four years in the Sandwich Islands, and after ample opportunity to observe the disease declares in favor of its contagiousness. His observations are formulated in the following conclusions:

1. The history of the disease in Hawaii proves it to be contagious to the majority exposed; a few cases standing out against its influence, just as we find in other diseases where contagion is not questioned.

2. The leper may or may not have syphilis, but the diseases are distinct; he who has never had a sore may be far gone with leprosy contracted late in life; treatment that does so much for the syphilitic is powerless in the case of the leper.

3. Personal contact is not safe, as the disease may be transmitted thereby, Hawaii showing many examples where heredity cannot account for its presence. It follows that sexual contact is still more likely to infect.

4. Inoculation has been successfully performed, the convict Keanu being a leper.

[Keanu's case has already been noticed in this JOURNAL. He was a native Hawaiian condemned to suffer death, but had his sentence commuted to penal servitude for life on his agreeing to be inoculated with leprosy virus. The inoculation was performed in September, 1884, and his

condition is now so marked "that even a careless observer would pronounce him a leper at sight."—ED.]

5. The germs show great resistance to putrefaction and retain their power for ill for long periods, rendering inhumation unsafe.

6. Treatment of any kind has so far proved useless. Improvement which has been noted in many cases is only temporary.

7. The only remedy is the early and absolute isolation of all cases.

8. Segregation has been but a partial check in Hawaii, for the reason that only a part of those affected have been taken from their homes.

9. The doctrine of non-contagion has done a deal of harm, and should be met with a prompt and earnest protest from those who know the facts as they are to-day. Free discussion will do much to dissipate this erroneous belief.

TO REMOVE TATOO MARKS.

The *Medical World* says that tatoo marks may be entirely obliterated by pricking each spot with a needle until it bleeds, then injecting a solution of tannin, and finally cauterizing with nitrate of silver. The mark is effaced in about four weeks after passing through many shades of color, like the slow disappearance of a "black eye."

TREATMENT OF ACNE.

A synopsis of the views expressed by Dr. George H. Fox of New York on the subject of "the treatment of acne without arsenic, sulphur, ointments or lotions," is given in the *New York Medical Record*, and as they are somewhat original we will quote the leading points:

Some cases of acne could be cured by local treatment alone, but the majority of cases demanded general treatment—that was, the treatment of the patient, and not merely of the patient's skin. In the general treatment the administration of medicines might sometimes play an important part, but the profession had yet to learn that diet and hygienic rules were worth more than all the drugs of the pharmacopœia. From the standpoint of the therapist the best division of acne was into the irritable and the indolent forms of the disease. The practical value of such a division had long been appreciated in the treatment of

ulcers. The irritable form was largely reflex in origin, and was greatly affected by disturbances in the alimentary tract and of menstruation. The skin was usually fine and soft, quickly inflamed by stimulating applications, and the use of the watch-key, with which to press out the comedones, was apt to cause raised red spots.

Local treatment in these cases, except of the most soothing character, was contraindicated: general treatment was most efficacious. In the indolent form the vascular excitability just mentioned was comparatively slight, while the glandular obstruction was the most important feature. The skin was likely to be coarse and doughy, often greasy. The accumulation of the foreign bodies in the skin led to formation of the papules and pustules, and, in strumous patients, to abscesses. In these cases the glands should be evacuated—the skin, in other words, thoroughly cleansed. Soap and water and ointments did not answer.

Bearing in mind that the irritable form required general treatment it would be found that in the former physicians relied more upon arsenic than upon any other remedy; but he thought that if arsenic were banished from the globe the average physician would be more successful in the treatment of acneous affections. Sulphide of calcium had been recommended by some authorities, but he thought it was liable to lead one using it to neglect more important measures. Ergot possessed value which was not generally recognized. Its chief benefit was seen in indolent acne, and he had come to regard Dr. Denbow's explanation of its action as nearer correct than that which he had formerly offered. In local treatment of irritable acne he had tried many remedies, but would simply say that at present he seldom found occasion for their use. The treatment of acne in general, which he had found of greatest benefit, was neither new nor original; it consisted in diet and local massage. Diet struck at the root of the disease. Local massage could be made with the fingers or instruments adapted to the purpose. Its object was twofold to empty the glands and to cause the disappearance of the inflamed lesion. It required to be persisted in. Trice had proved the value of the curette, and the redness which it left would disappear in due time. No fixed plan of treatment of acne would apply to all patients.

BOOK NOTICES.

The Year-Book of Treatment for 1889.—Being a critical review of the practice of medicine and surgery during 1888. Philadelphia: Lea Brothers & Co., 1889. New Orleans: Armand Hawkins, 194 Canal street. Price \$1.75.

This "Year-Book" is of uniform style with its predecessors, which it resembles in being very good. Although published by an American house the work is entirely English. Its collaborators comprise twenty-two of the prominent medical men of the United Kingdom. In its compilation the medical literature of all countries has been laid under contribution. It is needless to give an idea of the nature of its contents, for all departments of the practice of medicine and surgery are embraced in its scope. It is impossible for a busy practitioner to gather from a few journals the advances being made in all the branches of medicine. A work like the one before us gives the physician a well-digested mass of information on all progress pertaining to the practical part of his art made during a year. This renders the "Year-Book" well nigh indispensable to the conscientious practitioner, who endeavors to do justice to his clients by availing himself of all the resources which a year's advance places at his disposal.

A. McS.

Text-Book of Medical Jurisprudence and Toxicology.

By John J. Reese, M.D., Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania; late President of the Medical Jurisprudence Society of Philadelphia; Member of the College of Physicians of Philadelphia; Corresponding Member of the New York Medico-Legal Society, etc. Second edition; revised and enlarged. Philadelphia: P. Blakiston, Son & Co. 1889. New Orleans: Armand Hawkins. Price \$3.

A book by one who is familiar with the needs of the average medical and law student. The subject is presented concisely and in a popular style. It is good reading, interesting, and reliable. Out of 638 pages some 262 are devoted to the consideration of toxicology. Forensic medicine is increasing in importance, and should be fam-

iliar to all medical men. Dr. Reese's work is up with the times, and we are pleased to have it for study and reference.

H. W. B.

Transactions of the American Surgical Association, volume vi. Edited by J. W. Ewing Mears, M. D., Recorder of the Association. Philadelphia: Printed for the Association and for sale by P. Blakiston, Son & Co. 1888.

This book is composed of a number of papers by some of our most renowned surgeons, and is a work which any body of men, however eminent, might feel proud to father. The address of the president, Dr. D. Hayes Agnew, on "The Relation of Social Life to Surgical Disease," deals with certain unwise and vicious features of our social life, and shows how they become prolific causes of disease.

"A Contribution to the Study of Excisions of the Larger Joints," by Dr. John Ashhurst, Jr., is based upon the records of 120 cases of joint disease, embracing disease of the shoulder, elbow, hip, knee and ankle. In regard to this able paper we may quote the sentiments of Dr. Lewis A. Sayre, brought out in the discussion: There has been nothing left by Dr. Ashhurst for us to discuss. Dr. Ashhurst has fully and so completely covered this whole subject, and in such a masterly manner that his paper meets my entire approval."

The next paper is a monograph by Dr. N. Senn of Milwaukee, Wis., on "The Relation of Microorganisms to Injuries and Surgical Diseases." This covers 248 pages and is finely illustrated by twelve accurate lithographic plates. This paper is a book in itself. Since the publication of the "Transactions" Senn's work has been issued as a book by the Messrs. Lea of Philadelphia. The literature of the relations of bacteria to surgery is already enormous and is constantly increasing. The every-day surgeon cannot possibly read all of the contributions on this subject, published in different countries and in different languages. A work that will give a good digest of present knowledge on the subject will assuredly be welcomed by all professional men desirous of keeping abreast of the times, and in this monograph of Senn's they will find the work that they desire.

Dr. W. W. Keen's paper on "Three Successful Cases of Cerebral Surgery," emphasizes in a forcible manner the

vast progress made in surgery in recent years, brought about by cerebral localization and antiseptis.

Dr. Hunter McGuire, in his paper on "The Formation of an Artificial Urethra in Prostatic Obstruction," deals with a matter that has caused a great deal of annoyance and perplexity to surgeons. He performs a suprapubic cystotomy and makes an artificial urethra of the wound, or, more strictly speaking, establishes a permanent suprapubic fistula, through which the patient is able to empty the bladder at will, projecting a stream two or three feet from the body.

Other papers read were: "On the Operation of Suprapubic Cystotomy," by Dr. John H. Packard; "The Surgical Management of Typhlitis and Perityphlitis," by Dr. Wm. T. Bull; "The Propriety of Surgical Interference in Perforating Typhoid Ulcer," by J. Ewing Mears, M. D.; "Report of a Case of Innominate Aneurism, in which Ligation of the Right Common Carotid and Subclavian Arteries was Performed," by Dr. Jno. H. Packard; "Comparative Merits of Tracheotomy and Intubation in the Treatment of Croup," by Geo. W. Gay, M. D.; "Pregnancy and Operative Surgery," by Louis McLane Tiffany, M. D.; "Nerve Stretching," by Dr. N. P. Dandridge; "Nephrectomies for Gunshot Wound and for Tuberculous Kidney," by DeForrest Willard, M. D.; "Shock," by David W. Cheever, M. D.; "Experiments with the Pyogenic Bacteria, and Report of a Peculiar Abscess Containing the Micrococcus Tetragenus," by Dr. Roswell Park; "Cyst of the Pancreas Successfully Removed," by W. S. Tremaine, M. D.; "Pelvic and Abdominal Drainage," by David Prince, M. D. A. McS.

Therapeutics—Its Principles and Practice.—By H. C. Wood, M. D., LL.D., Professor of Materia Medica and Therapeutics, and Clinical Professor of Diseases of the Nervous System in the University of Pennsylvania. A work on medical agencies, drugs and poisons, with especial reference to the relations between physiology and clinical medicine. The seventh edition of a treatise on therapeutics, rearranged, rewritten and enlarged. Philadelphia: J. B. Lippincott & Co. 1888. Pages 16-17 to 908. Price \$6.

We greet with pleasure the appearance of this new edition of Wood's great work. A work that has gone through

seven editions in the short period of thirteen years must be popular with the profession. The book is larger than the former editions and contains an amount of information that cannot be obtained from other sources without a great deal of trouble. Some change in the classification of remedies is made, which, in our opinion, adds greatly to the value of the work. Six hundred memoirs were carefully studied in the preparation of this edition. The physiological action of remedies receives full attention. We have conscientiously read the book through from beginning to end, and consider this reading the best and most thorough review of general practice of medicine that one could make. We recommend it especially to the southern practitioner, as the practice taught appears to us more applicable to this section of our country than that contained in any book with which we are familiar. We would call particular attention to part first, chapters 1 to 4, on Remedies, Remedial Measures and Remedial Methods, which are not drugs. This includes massage, metallotherapy and electricity. It will be found of great value to the busy practitioner, as the matter is very important, and the chapters are so divided that reference thereto is very convenient.

Essentials of Physics and Chemistry.—Written especially for use of students in medicine. By Condict W. Cutler, M. S., M. D. Third edition, enlarged and revised. New York and London: G. P. Putnam's Sons, The Knickerbocker Press, 1889. New Orleans: Armand Hawkins, 194 Canal street. Price \$2.

The author says that his book is not intended to take the place of standard text-books like those of Gariot and Townes, but is simply put forth as an aid to students in preparing for examinations. Of course, in a work of this sort, originality is out of the question; the book is merely intended as an aid to memory, and as such it can be recommended. The appearance of a third edition seems to indicate that those for whom the book is intended have found some use for it.

A. McS.

PUBLICATIONS RECEIVED.

What is the Normal Posture of a Parturient Woman? By A. F. A. King, M. D. Reprint.

Twenty-eighth Annual Report of Cincinnati Hospital.

The Etiology Diagnosis and Therapy of Tuberculosis. Prof. Von-Ziemssen. Physician's Leisure Library Series. Geo. Davis, Detroit, 1889.
Intubation of Larynx in Diphtheritic Croup. By Dillon Brown, M. D. Reprint.

Water Supply of Illinois and the Pollution of Its Streams. Report to Board of Health. By John H. Rauch, M. D.

Biniodide of Mercury—Its Antiseptic Use. By E. P. Bernardy, M. D. Reprint.

Ninth Annual Report of Illinois State Board of Health. With Appendix.

Suggestive Therapeutics. By H. Bernheim, M. D. Translated by C. A. Herter, M. D. New York: G. P. Putnam's Sons.

The Insane in Foreign Countries. By Wm. P. Letchworth, M. D. New York: G. P. Putnam's Sons.

Medicine of the Middle Ages. Extracts from "Le Moyen Age Medical" of Dr. Edmond Dupouy. Translated by T. C. Minor, M. D.

Murrall on Massage. Philadelphia: P. Blakiston, Son & Co., 1889.

Essentials of Physics and Chemistry. By C. W. Cutler, M. D. New York: G. P. Putnam's Sons, 1889.

The Physician as Naturalist. By W. T. Gardiner, M. D. Glasgow: James Morehouse & Sons, 1889.

Surgical Bacteriology. By N. Senn, M. D. Philadelphia: Lea Brothers & Co., 1889.

Errors of Refraction. By F. Valk, M. D. New York: G. P. Putnam's Sons, 1889.

Transactions of the American Association of Obstetricians and Gynecologists, vol. 1, 1888. Philadelphia: W. J. Dorman.

The Student's Text-Book of the Practice of Medicine. By Angel Money, M. D., London.

The Radical Cure of Hernia. By H. O. Marcy, M. D. Physician's Leisure Library Series. Detroit: Geo. S. Davis.

The Ear. By C. A. Burnett, A. M., M. D. Philadelphia: J. B. Lippincott & Co., 1889.

Electricity in Facial Blemishes. By Plym S. Hays, A. M., M. D. Chicago: W. P. Keener.

Surgical Operations. By W. H. A. Jacobson, F. R. C. S. Philadelphia: P. Blakiston, Son & Co., 1889.

Exploration of the Chest in Health and Disease. By S. S. Burt, M. D. New York: D. Appleton & Co., 1889.

The Year Book of Treatment. Philadelphia: Lea Brothers & Co., 1889.

Medical Jurisprudence and Toxicology. By J. J. Reese, M. D. Philadelphia: P. Blakiston, Son & Co., 1889.

Handbook of Skin Diseases. By A. Von Harlingen, M. D. Philadelphia: P. Blakiston, Son & Co., 1889.

Mediastinal Disease. By H. A. Hare, M. D. Philadelphia: P. Blakiston, Son & Co., 1889.

The Science of Successful Surgery. By John B. Roberts, M. D. Reprint.

The Question of Interfering with Abscesses of Hip Disease. By A. B. Judson, M. D. Reprint.

MEDICAL NEWS AND MISCELLANY.

BARDELEBEN is 70 years old, and has performed, it is said, 30,000 operations.

WE will be glad to purchase one or more copies of the following numbers of the JOURNAL: June, 1888, November, 1888, January, 1889.

DR. F. W. PARHAM, who publishes a valuable letter in this issue, is in Berlin. His address is care Frau C. Gnädig, Albrechtstrasse 17, Hof III Etage.

DR. RICHARDSON having resigned, Dr. S. Logan, Emeritus Professor of Anatomy, has been elected to fill the chair of Surgery in Tulane University, Medical Department.

DURING the week ending March 10, 1889, there were registered in Rio de Janeiro, Brazil, 824 deaths, of which 126 were from yellow fever. They also had there "*accesso pernicioso*," a new disease, from which, from the 6th to the 10th of March, inclusive, there were 186 deaths.

DR. CHAS. H. FRANKLIN of Union Springs, Ala., was elected president of the Alabama State Medical Association. Dr. Shirley Bragg of Lowndesboro was elected vice-president of the second division.

A VOTE of approval was given by the Alabama Association to Dr. Cochran for his labors at Decatur last fall, and he was reelected state health officer. A most worthy act all round.

IN their report the Board of Censors of the Alabama Convention say on the subject of hibernation of yellow fever that "it was not possible for the fever to live through the winter, but it is kept alive by cases."

THE members of the Alabama Association during the regular session wear badges, which also indicate their rank in the Association. Thus, the Board of Censors wear a distinctive badge; the Senior and Junior Councilors wear another badge, while the members, composed of annually-elected representatives from each of the county societies, delegates from other societies and visitors, wear still another badge during the sessions of the Association.

PATÉ DE FOIE GRAS.—According to M. Moulé domestic fowls are frequently the subjects of tuberculosis, the disease often involving the abdominal organs. *Paté de foie gras* is sometimes almost a pure culture of tubercle bacilli.

VOMITING OF PREGNANCY.—In the treatment (medicinal) of the vomiting of pregnancy Prof. Parvin prefers three to five drops of tinct. nucis vomicæ given *ter die*.—*Coll. and Clin. Record*.

FOR chronic catarrhal rhinitis this combination is highly recommended: Salicylate of zinc, tannate of bismuth, of each sixty grains; powdered borax, thirty grains; salol, twenty grains; powdered talc, two drams. Mix and use as a snuff.—*Kansas City Medical Index*.

PROPRIETARY MEDICINES.—In several States the question of the advisability of prohibiting the manufacture and sale of proprietary medicines is being much discussed. A bill is now before the Ohio Legislature, which, if passed, imposes a heavy fine upon all persons engaged in their manufacture and sale.

A CASE of sciatica following exposure, and nine weeks' duration, was treated by Prof. Da Costa in the following manner: Apply a strip of blistering plaster in the course of the nerve, and administer:

℞ Tinct. colchici seminis.....gtt. xv.
 Potassii iodidi gr. x.
 Tinct. zingiberisgtt. x.
 Syrup
 Aquæaa q. s. ad. f ʒ ij M.
 Sig.—Take with water three times a day, between meals.

CHLOROFORM IN DYSPEPSIA.—Chloroform is administered in various forms of dyspepsia, fermentation and flatulence, and has been found especially useful in the treatment of the painful dyspepsias which occur in dilatation of the stomach. Drs. Regnault and Laseque suggest the following formulæ:

℞ Chloroform water150 parts.
 Orange-flower water. 50 "
 Water.100 "
 M. S. One dessertspoonful to be taken, at intervals of fifteen minutes, until the pain ceases. Or,
 ℞ Chloroform water150 parts.
 Tincture of anise..... 5 "
 Water145 "

M. S. As above.

—*Revue Gen. de Clin. et de Therap.*

RINGWORM.—The use of salicylic acid, as a local application in the treatment of ringworm, has been very efficient, but attended by severe pain in some instances. This can be avoided by the addition of cocaine if there is an abrasion of the skin, or oleate of morphia.

THE TREATMENT OF CORNS.—Dr. C. McDermott writes to the *British Medical Journal* that a saturated solution of salicylic acid in flexible collodion is an excellent remedy for corns. The corns should be painted twice a day. It takes about twelve days for their complete removal.

ABORTIVE TREATMENT OF GONORRHŒA.—Dr. Rively treats recent cases of gonorrhœa by direct application of balsam copaiba to the urethra. He puts it on a bougie and passes it in the urethra. After the first application of the bougie, which should be left in situ for six to eight minutes, the discharge disappears. But to be sure the treatment should be continued for some days. There is very little pain under this treatment.—*Wicner Medizinische Presse.*

DOSES OF SULPHONAL.—In a long study of sulphonal, *Bull. gén. de Thérap.*, March 15, M. Egasse gives the doses as follows: For children, 15 to 25 gm., two hours before bedtime; for women, 1 to 2 gm., and for men, 2 to 5 gm., daily, either fractionally or, as seems preferable, in massive doses, given during a meal or two hours before the hour for sleep. It is best given finely pulverized in capsules, but may be held for some time in suspension in dense mucilaginous mixtures. It may also be given in wine or milk.—*Journal of Pharmacy.*

THE custom of wearing the pantaloons buttoned tightly at the top, and sustained by the hips, produced so much disease even among the hardy soldiers of the Russian army that a law was enacted making the wearing of suspenders compulsory. If strong men suffer thus how much greater must be the injury to frail, delicate women! The constant pressure and unnatural heat to which the lower part of the back is subjected is one of the chief causes of the frequency of kidney diseases among women. Here is found the source of "weak back," lumbago, pain in the side, and several other diseases of the trunk which affect so many thousands of American women.—*Good Health.*

POMADE IN PRURITUS ANI.—

℞ Cocaine..... grms. 0, centigrs. 30.
Vaseline..... grms. 30.

Mix.—In case of pruritus ani produced by eczema frequent lotions of warm water and poultices of meal of any kind are used till the inflammation has subsided; then meches, endowed with the above pomade, are introduced into the rectum at bed time. A rigid diet, from which are excluded highly seasoned foods.

THE following is recommended (*Canada Lancet*, March, 1889) to anæmic and poorly nourished patients suffering from rheumatism:

℞ Sodii salicylat..... ℥iv
Glycerini..... f℥ij
Olei gaultheriæ..... ℥xx
Tinct. ferri chloridi..... f℥iv
Acidi citrici..... grx
Liquor, ammonii citratis..... q. s. ad f℥iv. M.

Sig.—A teaspoonful several times daily.

INJECTION BROU.—The *Journal de Pharmacie* gives a formula for this popular injection from which the following is adapted:

Opium in powder..... 0.50 gram. or 15 grs.
Catechu in powder..... 0.50 gram. or 15 grs.
Saffron..... 1 gram. or 30 grs.
Acetate of lead..... 1.50 gram. or 45 grs.
Sulphate of zinc..... 3 gram. or 90 grs.
Boiling water..... 200 grams or 17 fl. oz.

Pour the boiling water upon the opium, catechu and saffron, and infuse for half-an-hour, then filter the liquid, add the acetate of lead and sulphate of zinc, and dissolve.

TREATMENT OF SCABIES.—In treatment of scabies three active agents (a scattering shot) combined seem to act better than when used separately. The following prescription is the one most commonly used:

℞ Sulph. flor..... ℥ii
B-naphthol..... ℥i
Bals. Peru.....
Vaseline..... aa ℥i

℥.

One-third of this ointment is to be rubbed thoroughly into the skin for three consecutive nights, and washed off the following morning in soap and water. On the first night of the treatment all the clothes worn next to the skin must be thoroughly boiled before using again.—*The College and Clinical Record*, April, 1889.

MORTUARY REPORT OF NEW ORLEANS

FOR APRIL, 1889.

CAUSE.	White.	Col.	Male.	Female.	Adults.	Child'n.	Total.
Fever, Yellow.....							
“ Malarial.....		4	1	3	2	2	4
“ Congestive.....	3		3		1	2	3
“ Continued.....							
“ Intermittent.....							
“ Remittent.....	1	3	4		3	1	4
“ Catarrhal.....							
“ Typhoid.....		1	1		1		1
“ Puerperal.....							
Typho-Malarial.....	1	2	2	1	1	2	2
Scarlatina.....	2		1	1		2	2
Measles.....	1		1			1	1
Diphtheria.....	12	7	11	8	2	17	19
Whooping-cough.....							
Meningitis.....	15	1	13	3	2	14	16
Pneumonia.....	22	17	27	12	27	12	39
Bronchitis.....	8	5	5	8	6	7	13
Consumption.....	48	29	39	38	74	3	77
Congestion of brain.....	4	6	6	4	9	1	10
Diarrhœa.....	1	1		2	1	1	2
Cholera infantum.....	4		2	2		4	4
Dysentery.....		3	1	2	2	1	3
Debility, General.....	1		1		1		1
“ Senile.....	14	11	11	14	25		25
“ Infantile.....	4	2	3	3		6	6
All other causes.....	162	79	144	97	172	69	241
Total.....	303	171	276	198	329	145	474

Stillborn children—White, 20; colored, 18; total, 38.

Population of city—White, 184,500; colored, 69,500; total, 254,000.

Death rate per 1000 per annum for month—White, 19.71; colored, 29.53; total, 22.39.

DIPHTHERIA RECORD FOR APRIL, 1889.

Dist.	CASES.			DEATHS.		
	White.	Colored.	Total.	White.	Colored.	Total.
1	2	1	3	2	1	3
2	13	10	23	9	6	15
3	2	1	3			
4	6		6	1		1
5	1		1			
6	1		1			
7						
	25	12	37	12	7	19

HENRY WM. BLANC, M. D.,
Chief Sanitary Inspector.

METEOROLOGICAL SUMMARY--APRIL.

STATION--NEW ORLEANS.

DATE	Mean Barometer.	TEMP'R.		Precip. in inches and hundredths.	GENERAL ITEMS.
		Max	Min		
1	29.90	78.0	65.0	.23	Mean barometer, 29.972.
2	30.04	72.0	55.0	.....	Highest barometer, 30.21, 7th and 8th
3	30.02	74.0	56.0	.....	Lowest barometer, 29.52, 14th.
4	29.98	76.0	62.0	.01	Monthly range of barometer, 0.69.
5	29.98	81.0	56.0	.....	Mean temperature, 70.2.
6	29.99	86.0	62.0	.....	Highest temperature, 88.0, 23d.
7	30.20	66.0	55.0	.....	Lowest temperature, 54.0, 8th,
8	30.16	73.0	54.0	.....	Monthly range of temperature, 34.0.
9	30.06	79.0	58.0	.....	Greatest daily range of temp., 25.0, 5th.
10	29.98	80.0	58.0	.....	Least daily range of temp., 11.0, 7th, 14th, 15th
11	29.94	80.0	58.0	.....	Prevailing direction of wind, N.
12	29.90	82.0	62.0	.....	Highest velocity of wind and direction, 30 miles on 13th, S.
13	29.68	82.0	65.0	1.00	Total movement of wind, 5858 miles.
14	29.58	75.0	64.0	.79	Total precipitation, 2.28 inches.
15	29.88	71.0	60.0	.....	Number of days on which .01 inch or more of precipitation fell, 5.
16	30.01	72.0	57.0	.....	No. of clear days, 19. No. of fair days, 11.
17	29.94	72.0	57.0	.....	No. of cloudy days, none.
18	29.96	78.0	58.0	.....
19	30.02	78.0	63.0	.....	MEAN TEMPERATURE FOR THIS MONTH IN
20	30.11	81.0	63.0	.....	1874..... 66.0 | 1879..... 68.0 | 1884..... 68.0
21	30.08	85.0	65.0	.....	1875..... 65.0 | 1880..... 71.0 | 1885..... 70.0
22	30.08	85.0	69.0	.....	1876..... 69.0 | 1881..... 67.0 | 1886..... 66.0
23	30.08	88.0	68.0	.15	1877..... 68.0 | 1882..... 72.0 | 1887..... 68.0
24	30.08	86.0	66.0	.10	1878..... 72.0 | 1883..... 71.0 | 1888..... 70.0
25	30.03	80.0	68.0	.....	TOTAL PRECIPITATION (IN INCHES AND HUNDREDTHS) FOR THIS MONTH IN
26	29.88	84.0	63.0	.....	1874..... 13.62 | 1879. ... 9.17 | 1884..... 6.48
27	29.86	82.0	63.0	.....	1875..... 8.05 | 1880..... 6.88 | 1885..... 3.67
28	29.96	82.0	65.0	.....	1876..... 6.41 | 1881..... 3.92 | 1886..... 5.60
29	29.93	83.0	62.0	.....	1877..... 4.79 | 1882..... 4.83 | 1887..... 1.87
30	29.88	83.0	66.0	T	1878..... 1.51 | 1883..... 14.20 | 1888..... 1.89
31	.....	.....	.....	.....	Dates of frosts: None.
Sums	.....	.....	.....	2.28	Thunder storm on 1st, 13th, 23d and 30th.
Means	29.972	79.1	61.4	.....

NOTE.—Barometer reduced to sea level and standard gravity. The T indicates precipitation inappreciable.

R. E. KERKAM, Signal Corps Director.

THE NEW ANTISEPTIC,

Katharmon

NON-IRRITANT.

NON-ESCHAROTIC.

FORMULA: THE ACTIVE PRINCIPLES OF PHYTOLACCA
DECANDRA, GAULTHERIA PROCUMBENS, HAM-
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PERAL STATE, SEPTICÆMIA, PYÆMIA AND SURGICAL FEVER.

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In Leucorrhœa use one ounce to eight ounces of water as an injection once or twice a day.

In all Catarrhal states of nose and throat, locally, half and half, or by atomization or inhalation in the proportion of one drachm to two ounces of water.

In Stomatitis, ulcerative or gangrenous, use either as a gargle (four drachms to two ounces), or internally thrice daily in the usual dose.

In Pharyngitis and **Laryngitis** use through inhalation in proportion of one drachm to two ounces of water.

In Gonorrhœa, as an injection, four drachms to two ounces of water once or twice a day as indicated.

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Consulting Physician to the Hospital for Diseases of the Throat; late Physician to the London Hospital.

From "The New York Medical Journal," December 31, 1887.

LETTERS TO THE EDITOR.

Professor Fauvel on the Vin Mariani.

13 RUE GUENEGAUD, PARIS, December 8, 1887.

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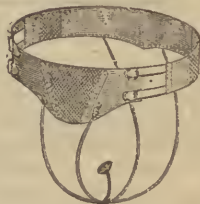
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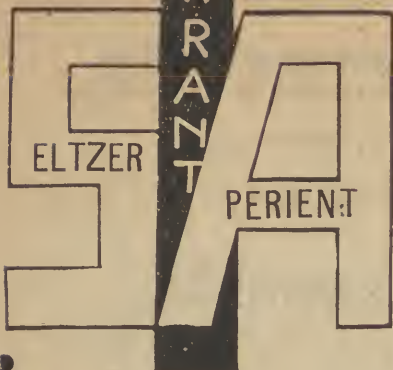
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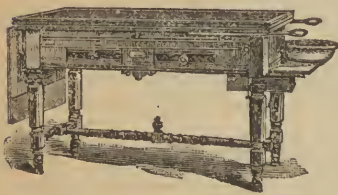
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J. HOME HAY, M.R.C.S. Eng., Alloa, Clackmannanshire, Scotland, says: I have used your ALETRIS CORDIAL in a case of threatened abortion with very good results, and believe it to be a remarkably good preparation.

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A. W. HAWTHORNE, M. D., Rath House, Dromore, Co. Down, Ireland, says: The ALETRIS CORDIAL proved effectual in three cases of obstinate amenorrhœa after the usual remedies had failed.

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The **SPRING SESSION** consists of recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins about the middle of March and continues until the middle of June. During this Session daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty.

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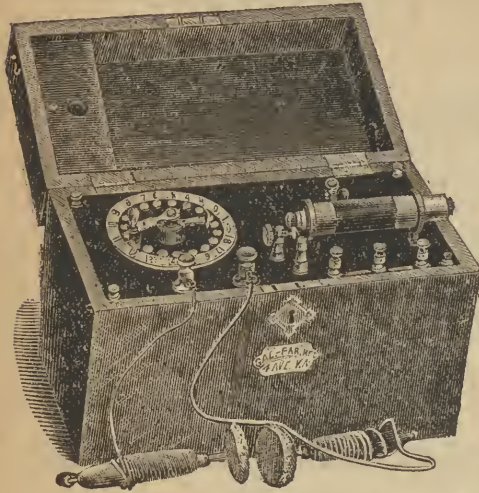
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The Sixty-fourth Annual Winter Session will begin October 1st, 1888 and will continue until April 1st, 1889. Preliminary lectures will be held from September 17th. Two courses of lectures are necessary for a degree. A three-years graded course is also provided. Practical Laboratory instruction is given in all departments without extra charge. General and Special Clinics are given daily at the College Hospital. *With the winter session of 1890 a three-years obligatory curriculum will begin.* For full particulars, send for the Annual Announcement, to

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ALFRED L. LOOMIS, M. D., LL. D., Professor of Pathology and Practice of Medicine; Physician to Bellevue Hospital.
WILLIAM H. THOMPSON, M. D., LL. D., Professor Materia Medica and Therapeutics; Diseases of the Nervous System; Physician to Bellevue Hospital.
J. WILLISTON WRIGHT, M. D., Professor of Surgery; Surgeon to Bellevue Hospital.
WM. MECKLENBURG POLK, M. D., Professor of Obstetrics and Diseases of Women and Children; Physician to Bellevue Hospital, and to Emergency Lying-in Hospital.
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THE PRELIMINARY SESSION will begin on Wednesday, September 10th, 1888, and end October 2d, 1888. It will be conducted on the same plan as the Regular Winter Session.

THE REGULAR WINTER SESSION will begin October 3d, 1888, and end about March, 1889. The plan of Instruction consists of Didactic and Clinical Lectures, recitations and laboratory work in all subjects in which it is practicable.

LABORATORIES AND SECTION TEACHING.—The complete remodelling of the College building, and the addition of the "Loomis Laboratory" adjoining, is completed. They will afford greatly increased laboratory accommodations in the departments of Biology, Pathology, Physiology, Chemistry and Physics. A new Amphitheatre and a new lecture room have been provided, as well as adequate facilities for Section teaching, in which the material from the College Dispensary will be utilized.

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Each of the seven Professors of the Regular Faculty, or his assistant, will conduct a recitation on his subject one evening once a week. Students are thus enabled to make up for lost lectures and prepare themselves properly for their final examinations without additional expense.

THE SPRING SESSION will begin about the middle of March and end the last week in May. The daily Clinics and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by Members of the Faculty.

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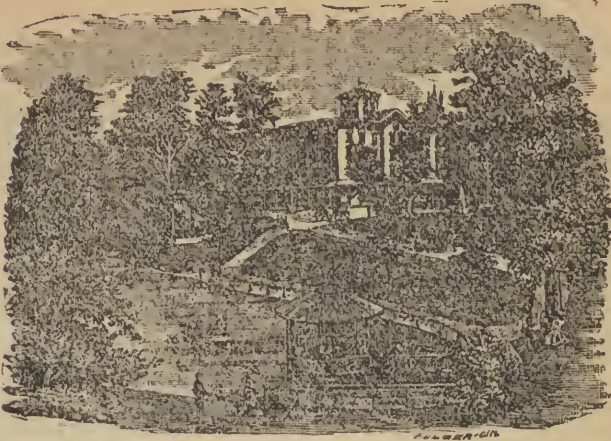
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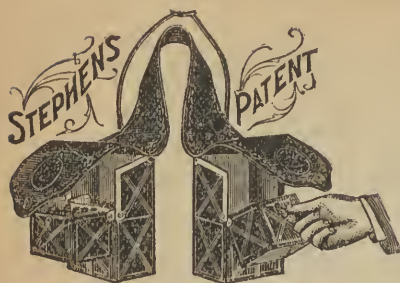
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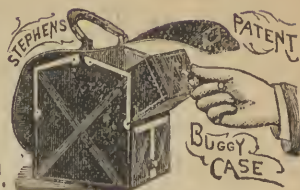
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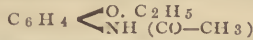
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From "The New York Medical Journal," December 31, 1887.

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Professor Fauvel on the Vin Mariani.

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SUCCUS ALTERANS is a purely vegetable compound of the preserved juices of *Stillingia Sylvania*, *Lappa Minor*, *Phytolacca Decandra*, *Smilax Sarsaparilla* and *Xanthoxylum Carolinianum*, as collected by Dr. Geo. W. McDADE exclusively for ELI LILLY & Co., and endorsed by Dr. J. MARION SIMS.

SUCCUS ALTERANS continues to gain favor from its remarkable Alterative and Tonic properties, *eliminating specific poison from the blood and increasing the proportion of red corpuscles in anemic patients* to a wonderful degree; is endorsed by the medical profession and in use by many hospitals of note,

SUCCUS ALTERANS in venereal and cutaneous diseases is fast supplanting Mercury, the Iodides and Arsenic; and is a certain remedy for Mercurialization, Iodism and the dreadful effects often following the use of Arsenic in skin diseases.

SUCCUS ALTERANS is also strongly recommended for its Tonic and Alterative effects in myriad forms of serofulous disease, and in all cases where anemia is a factor. Such patients rapidly develop a good appetite, sleep soundly and gain flesh rapidly. Many cases are on record where patients increased ten to twenty-five pounds in weight in a few weeks.

SUCCUS ALTERANS is giving satisfactory results in treatment of *Chronic Rheumatism* and can be used with confidence.

SUCCUS ALTERANS may be given for any length of time, without injury to the patient.

SUCCUS ALTERANS is put up in pint round amber bottles and *never in bulk*.

PHYSICIANS who have not received Dr. McDADE's latest publication, the **MONOGRAPHIA SYPHILITICA**, should send their address, mentioning this journal, and we will mail a copy. It contains a paper, illustrated with colored plates, by Dr. D. H. GOODWILLIE, of New York, on the "Sequelæ of Syphilis," reports of cases in practice and many other valuable papers.

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ELIXIR PURGANS (LILLY) reliably stimulates the dormant liver without undue irritation and has gentle yet positive effect upon the alimentary tract. In HABITUAL CONSTIPATION, so common in WOMEN AND CHILDREN, it will be found particularly useful. Its endorsement at Bellevue and many other prominent hospitals east and west, as well as its employment in general practice by the most eminent medical men, confirms the experience of years in its use.

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Rhamnus Purshiana, . . .	10 grs.
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Cassia Acontifolia (Purif.)	10 grs.
Iris Versicolor, . . .	4 grs.
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ANNALS OF SURGERY.

A Monthly Review of Surgical Science and Practice.

Published Simultaneously in the United States and Great Britain.

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L. S. PILCHER, A. M., M. D., AND C. B. KEETLEY, F. R. C. S.,
 Professor of Clinical Surgery, New York Post-Graduate Medical School & Hospital. Senior Surgeon to the West London Hospital.

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Formula.—*Listerine* is the essential antiseptic constituent of *Thyme*, *Eucalyptus*, *Baptisia*, *Gaultheria* and *Mentha Arvensis*, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.

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Dose.—One or two teaspoonfuls four times a day (preferably between meals).

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia Albuminuria, and Vesical Irritations generally.

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GOUT.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines, or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry; malt liquors and sweet wines are veritable poisons to these patients.

READING NOTICES.

Extract of report from the celebrated physician, Erasmus Wilson: "Several cases of incipient consumption have come under my observation that have been cured by a timely use of 'Liebig's Liquid Extract of Beef Tonic' (Colden's)."

"ERASMUS WILSON, M. D., F. R. S.,
19 Henrietta St., Cavendish Sq., London W., June 3, 1872."

Extract of the report made by Arthur Hill Hassell for the Analytica Association, Russell Square, England: "Health and the vigor of youth is conveyed to the debilitated by the use of 'Colden's Liquid Beef Tonic.'"

ARTHUR HILL HASSELL, M. D., F. R. S.,
Pres't of the Analytical Assoc., June 7, 1872.

DR. GEORGE HOWE, New Orleans, La., writing in the Atlanta Medical & Surgical Journal for May, says: "The result of another year's use of Succus Alterans finds me, if possible, a more enthusiastic advocate of its use in all stages of syphilis."

"Coca" has maintained its reputation as a powerful nerve stimulant, being used with good results in nervous debility, opium and alcohol habit, etc. The highly variable character of the commercial drug makes it uncertain, however. ROBINSON'S WINE COCA (See page 31) we believe to be a uniformly active article, it being prepared from assayed leaves, the percentage of Cocaine being always determined by careful *assay*.

The attention of the medical profession is invited to the advertisement on page 9 of the journal of the Lambert Pharmacal Co., of St. Louis. Physicians interested in the prophylaxis will obtain full particulars in regard to their preparation by addressing the Lambert Pharmacal Co., St. Louis, Mo., for pamphlet.

On page 21 will be found the advertisement of the Rio Chemical Company, of St. Louis.

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THE ALTERATIVE AND UTERINE TONIC.

Formula.—

Iodia is a combination of active Principles obtained from the Green Roots of STILLINGIA, HELONIAS, SAXIFRAGA, Menispermum and Aromatic. Each fluid drachm also contains five grains IOD. POTAS. and three grains PHOS. IRON.

Dose.—One or two fluid drachms (more or less as indicated) three times a day, before meals.

Indications.—

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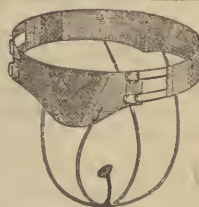
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SADDLE BAGS, FRESH HUMAN AND BOVINE VACCINE.

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COD LIVER OIL, IODO-FERRATED;
COD LIVER OIL, PHOSPHORATED;
BERGEN COD LIVER OIL, WHITE;
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NUTRITIVE ELIXIR, (Beef, Cognac and Bitter Orange) NUTRITIVE ELIXIR, FERRATED, designed as SUBSTITUTES FOR DUCROS' ELIXIR, at more moderate prices.

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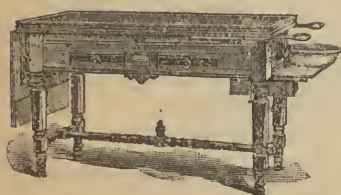
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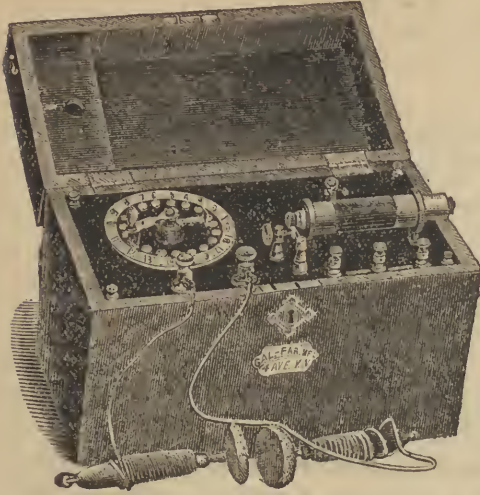
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THE PRELIMINARY SESSION will begin on Wednesday, September 19th, 1888, and end October 2d, 1888. It will be conducted on the same plan as the Regular Winter Session.

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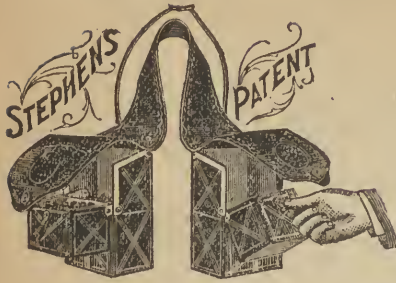
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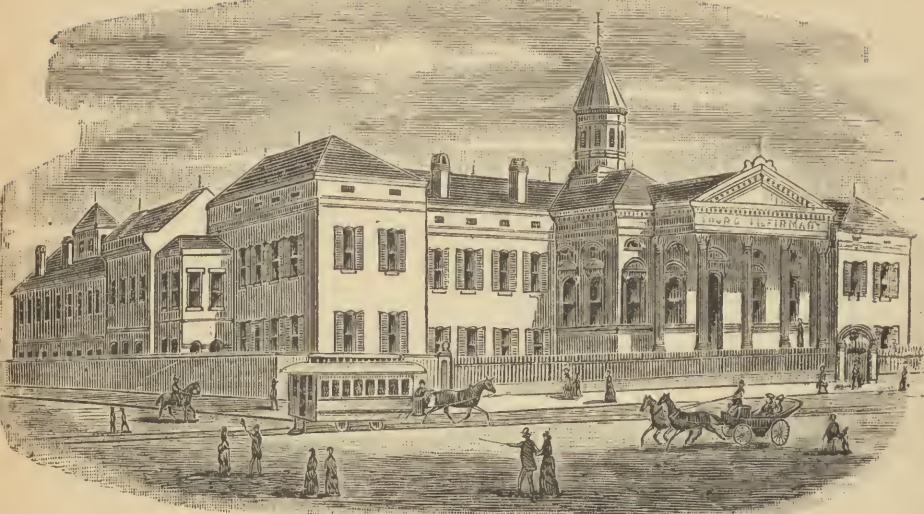
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MORELL MACKENZIE, M. D., LONDON.

Consulting Physician to the Hospital for Diseases of the Throat; late Physician to the London Hospital.

From "The New York Medical Journal," December 31, 1887.

LETTERS TO THE EDITOR.

Professor Fauvel on the Vin Mariani.

13 RUE GUENEGAUD, PARIS, December 8, 1887.

To the Editor of the New York Medical Journal:

SIR: Will you kindly have it announced in your Journal, in justice to myself before the medical profession, that the various notices appearing in journals and circulars quoting my name in connection with coca are entirely false and in every respect a prevarication. The only preparation of coca employed by me with undoubted and uniform success has been the so well-known *Vin Mariani*, which, since 1865, I have had occasion to prescribe daily in my *clinique*, as well as in private practice. My opinion of this valuable medicament, together with those of many of my *confrères*, has during many years been frequently made known for the benefit of the profession in various writings, and it is but just to this worthy preparation that it receive all honor due. I thank you for compliance with my request.

CH. FAUVEL.

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Acid Boracic, - - - 5 grs.	Quinia Tannate and Chocolate
Acetanilide, - 3 and 5 "	- - - 1 gr.
Antifebrin, - 3 " 5 "	Quinia Tannat., 1 gr., Ext. Cacao., 9 grs.
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Blaud's,	- - - 2 1/2 grs.
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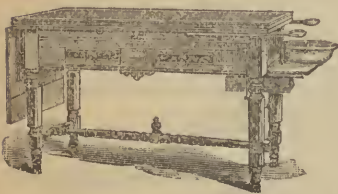
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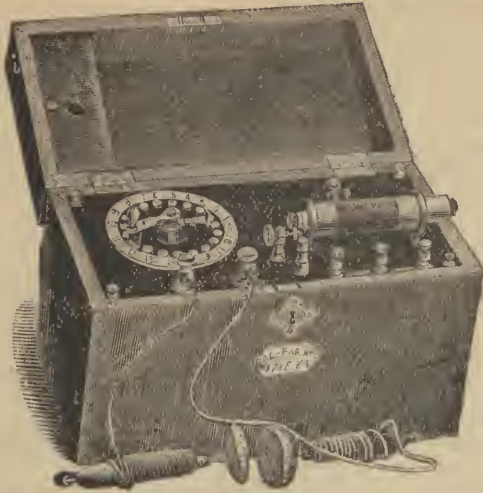
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THE PRELIMINARY SESSION will begin on Wednesday, September 19th, 1888, and end October 2d, 1888. It will be conducted on the same plan as the Regular Winter Session.

THE REGULAR WINTER SESSION will begin October 3d, 1888, and end about March, 1889. The plan of Instruction consists of Didactic and Clinical Lectures, recitations and laboratory work in all subjects in which it is practicable.

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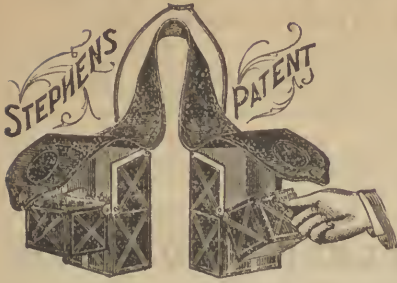
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Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia Albuminuria, and Vesical Irritations generally.

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GOUT.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines, or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry; malt liquors and sweet wines are veritable poisons to these patients.

READING NOTICES.

Druggists are particularly cautioned against a Philadelphia beer which is being foisted upon the trade as a genuine Imported Johann Hoff's Malt Extract. The article in question is manufactured on the premises of the G. Manz Brewery Co., 6th and Clearfield streets, Philadelphia, and is put up in a *squatty bottle*, with German and English label, printed in blue, and the cork covered with yellow wax, in order to give the package a German appearance.

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(Signed)

JAMES A. SEWELL, A. M., M. D.

Quebec, June 12, 1873.

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Dose.—One-half to one fluid drachm in WATER or SYRUP every hour until sleep is produced.

Indications.—

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Indications.—

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AND

C. B. KEETLEY, F. R. C. S.,
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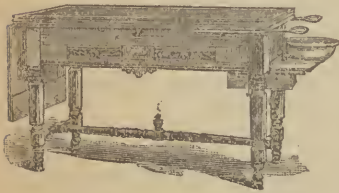
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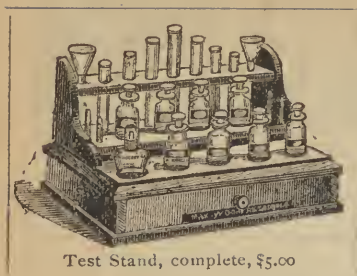
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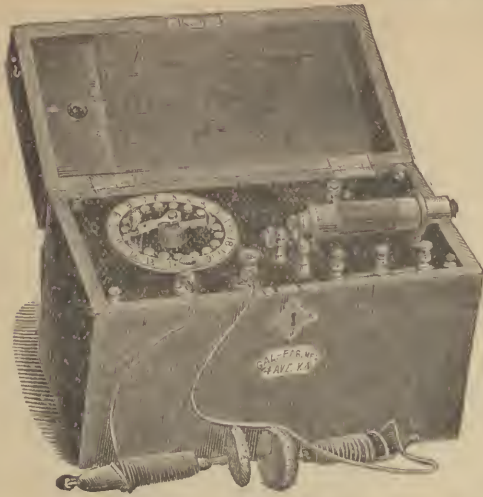
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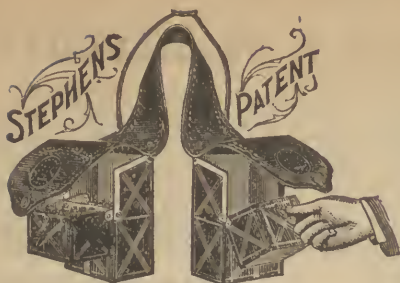
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From "The New York Medical Journal," December 31, 1887.

LETTERS TO THE EDITOR.

Professor Fauvel on the Vin Mariani.

13 RUE GUENEGAUD, PARIS, December 8, 1887.

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SIR: Will you kindly have it announced in your Journal, in justice to myself before the medical profession, that the various notices appearing in journals and circulars quoting my name in connection with coca are entirely false and in every respect a prevarication. The only preparation of coca employed by me with undoubted and uniform success has been the so well-known *Vin Mariani*, which, since 1865, I have had occasion to prescribe daily in my *clinique*, as well as in private practice. My opinion of this valuable medicament, together with those of many of my *confrères*, has during many years been frequently made known for the benefit of the profession in various writings, and it is but just to this worthy preparation that it receive all honor due. I thank you for compliance with my request.

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GOUT.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines, or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry; malt liquors and sweet wines are veritable poisons to these patients.

READING NOTICES.

The Messrs. Mariani & Co., New York, proprietors of the "Vin Mariani," and other preparations, have changed their office and ware-rooms from 127 Fifth Avenue, to 52 West 15th street, to which their many patrons are requested to address them in future.

"ROBINSON'S LIME JUICE AND PEPSIN" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See page 31, this issue.)

I have recently witnessed satisfactory results from the persistent administration of SUCCUS ALTERANS in an aggravated case of destruction of the tonsil, velum and all surrounding soft parts, where iodide of potassium had been exhibited more than two months in liberal doses, even as high as four hundred grains per day continually for three weeks of the time, and had failed to arrest the progress of the disease.

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The October number of *The International Journal of Surgery and Antiseptics* contains an excellent likeness of the late Dr. C. R. Agnew of New York. The subscription of the Journal is \$1.00 a year; single copy 30 cents. Dr. F. King, Manager, P. O. Box 587, New York.

The attention of the medical profession is invited to the advertisement of Messrs. W. H. Schieffelin & Co., New York, on page 3 of this issue. The new hypnotic, sulfonal, which has been placed before the profession by them seems to have been highly spoken of by practitioners who have tested its merits.

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A. W. FURBER, M. D., L. R. C. S. and L. D. S., says: I have for a long time had a gentleman—patient under my care for disease of the teeth, and although my operations progressed favorably, I had many difficulties to contend with. The whole of my patient's teeth appeared to have a syphilitic taint, and with increased flow of saliva, amounting to chronic salivation. These were not the only troubles I had to surmount; but that which retarded my work most was the repeated recurrence of syphilitic ulcers of the sulcus and gums generally, which, though not painful to my patient, was still a source of considerable discomfort and militated greatly against the success of my operations. IODIA having come under my notice, I was inclined to give it a trial, and with the addition of a small proportion of liq. hydrarg. bi-chlor., taken daily before meals for a time—also used occasionally as a mouth wash—the salivation became normal, the mucous membrane assumed a more healthy state and the teeth generally looked like coming back to their original color.

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AND

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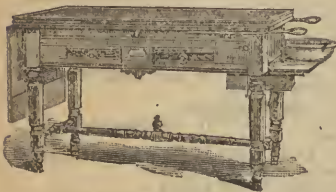
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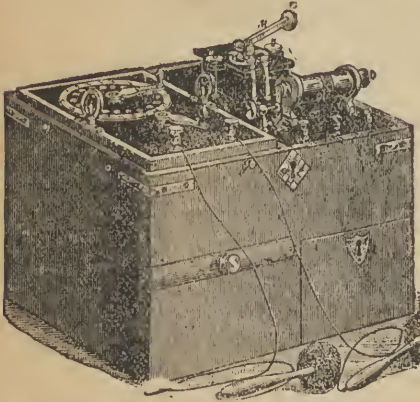
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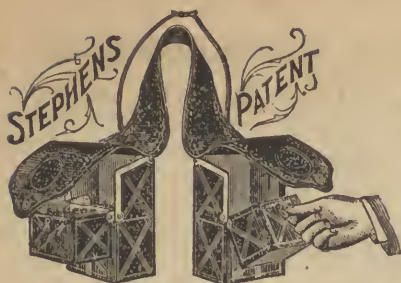
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I have prescribed your *Lime Juice and Pepsin* in several cases of chronic indigestion, with very happy results. I can cheerfully recommend your preparations for purity, excellence and palatability.

Corn Creek P. O., Trimble County, Ky.

Respectfully,

(Signed) JOHN TOTTON, M. D.

Messrs. R. A. ROBINSON & Co.

MADISONVILLE, KY., Nov. 20, 1886.

Gentlemen: I am pleased with your "*Lime Juice and Pepsin*." I have used a great many kinds of Pepsin, but obtained but little benefit from them. I use your "*Lime Juice and Pepsin*" in my practice very extensively, and think that it is far superior to anything in the way of Pepsin.

Yours truly,

(Signed) W. S. ROSS, M. D.

Messrs. R. A. ROBINSON & Co.

DENVER, COL., July 20, 1887.

Gentlemen: I find your Lime Juice and Pepsin very efficacious, and use it continually for Dyspepsia.

Very respectfully,

(Signed) CHAS. DENISON, M. D.

R. A. ROBINSON & Co., Manufacturing Pharmacists.

189 RANDOLPH STREET, CHICAGO.

September 26, 1887.

Gentlemen: I have tried your Lime Juice and Pepsin in two very obstinate cases, and certainly am pleased with the results.

Yours truly,

(Signed) LISTON H. MONTGOMERY.

Please be sure to specify ROBINSON'S Lime Juice and Pepsin.

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GENTLEMEN:—I have much pleasure in stating that I have used the *Vin Mariani* for many years, and consider it a valuable stimulant, particularly serviceable in the case of vocalists.

Yours faithfully,

MORELL MACKENZIE, M. D., LONDON.

Consulting Physician to the Hospital for Diseases of the Throat; late Physician to the London Hospital.

From "The New York Medical Journal," December 31, 1887.

LETTERS TO THE EDITOR.

Professor Fauvel on the *Vin Mariani*.

13 RUE GUENEGAUD, PARIS, December 8, 1887.

To the Editor of the *New York Medical Journal*:

SIR: Will you kindly have it announced in your Journal, in justice to myself before the medical profession, that the various notices appearing in journals and circulars quoting my name in connection with coca are entirely false and in every respect a prevarication. The only preparation of coca employed by me with undoubted and uniform success has been the so well-known *Vin Mariani*, which, since 1865, I have had occasion to prescribe daily in my *clinique*, as well as in private practice. My opinion of this valuable medicament, together with those of many of my *confrères*, has during many years been frequently made known for the benefit of the profession in various writings, and it is but just to this worthy preparation that it receive all honor due. I thank you for compliance with my request.

CH. FAUVEL.

The above eminent opinion we use only in the endeavor to further popularize among the medical profession a standard preparation, which, when subjected to an impartial test, will prove its real value and unequalled high standing.

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VIN MARIANI

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TREATISE, 53 pages, with detailed description, formula, dose, etc., (translated from the French), will be sent gratuitously and post-paid to any physician mentioning this Journal.

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WE ask the attention of Physicians to the annexed list of recent additions of Compressed Tablets, as we think all of them are well deserving the careful attention of practitioners. We would be pleased to send to any physician, circular matter, compiled with great care and accuracy, giving therapeutic value and results in a concise form, that we are confident will be of interest, and possibly, of advantage to medical men who have not yet had access to the foreign and home authorities, from which we have culled the information we give.

Acid Boracic, - - - 5 grs.	Quinia Tannate and Chocolate
Acetanilide, - - 3 and 5 "	- - - - - 1 gr.
Antifebrin, - - 3 " 5 "	Quinia Tannat., 1 gr., Ext. Cacao, 9 grs.
Antipyrine, - - 3, 5 " 10 "	Quinia Tannate and Chocolate
Blaud's,	- - - - - 2 1/2 grs.
Ferri Sulph. Exsic., 2 grs., Potas. Carb.,	Quinia Tannat. 2 1/2 grs., Ext. Cacao., 7 1/2 grs.
1 4-5 grs., Sacch. Alb., 1 1/4 grs.	Salol. - - - 2 1/2 and 5 grs.
Iodol, 1/2, 1, 2, 3 and 5 grs.	Sodium Succinate, 2 " 5 "
Manganese Binoxide, 1 " 2 "	Thalline Sulphate, 2, 3 and 5 "
Opium, Camphor and Carb.	Trinitrin (Nitro-Glycerin),
Ammon.,	- - - - - 1-20, 1-25, 1-33,
Opium Denarcot., 1 1/2 gr., Camphor,	1-50, 1-100, and 1-200 gr.
2 grs., Ammon Carb., 2 1/2 grs.	Terpin Hydrate, 2, 3, and 5 "

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7.7 Hydrarg. Chlor. Corros., 7.3 Ammonium Chloride.

More than six months since, we sent a circular to the drug trade, stating that we had discontinued the manufacture of the Antiseptic Tablets, introduced by us several years since at the suggestion of Dr. Charles Meigs Wilson, of this city. We have, however, received so many letters from physicians urging us to resume the manufacture, insisting that the Tablets prepared by us dissolved more readily and were more satisfactory than any substitute they had been able to procure, that we feel we could not ignore such persistent demands from our medical friends, who have found our Tablets an absolute necessity. We have therefore concluded to again prepare them, in a building entirely separate from our main establishment, with appliances and admirably devised protection by means of improved respirators, that will completely overcome any harmful effects to those engaged in their manufacture.

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CHEMISTS, PHILADELPHIA.

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The innumerable reports from Physicians, of the brilliant results obtained, justifies the statement that in almost every case where Cod Liver Oil is indicated, the combination of Cod Liver Oil with the Hypophosphites as prepared in Scott's Emulsion is infinitely superior.

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CHERRY-MALT PHOSPHITES.

A combination of the tonic principles of Prunus Virginiana, Malted Barley, Hypophosphites of Lime and Soda, and Fruit Juices. An elegant and efficient brain and nerve tonic. Send for samples of above—delivered free.

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In digestive power it corresponds to the standard adopted by the Committee on the 6th Revision of the U. S. Pharmacopœia, which is as follows:

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SUCCUS ALTERANS continues to gain favor from its remarkable Alterative and Tonic properties, *eliminating specific poison from the blood and increasing the proportion of red corpuscles in anemic patients to a wonderful degree*; is endorsed by the medical profession and in use by many hospitals of note,

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SUCCUS ALTERANS may be given for any length of time, without injury to the patient.

SUCCUS ALTERANS is put up in pint round amber bottles and *never in bulk*.

PHYSICIANS who have not received DR. MCDADE's latest publication, the *MONOGRAPHIA SYPHILITICA*, should send their address, mentioning this journal, and we will mail a copy. It contains a paper, illustrated with colored plates, by DR. D. H. GOODWILLIE, of New York, on the "Sequelæ of Syphilis," reports of cases in practice and many other valuable papers.

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One Hundred Mailed on Receipt of \$1.00.

ELI LILLY & CO.,

**PHARMACEUTICAL CHEMISTS,
INDIANAPOLIS, IND., U. S. A.**

SUPPLIED BY ALL DRUGGISTS.

THE BEST ANTISEPTIC
FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

Formula.—*Listerine is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.*

Dose.—*Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.*

LISTERINE is a well proven antiseptic agent—an antizymotic—especially adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

Physicians interested in LISTERINE will please send us their address, and receive by return mail our new and complete pamphlet of 36 quarto pages, embodying:

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FULL AND EXHAUSTIVE REPORTS and Clinical observations from all sources, confirming the utility of LISTERINE as a General Antiseptic for both internal and external use; and particularly

MICROSCOPIC OBSERVATIONS, showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. MILLER, A. B., Ph. D., D. D. S., Prof. of Operative and Clinical Dentistry, University of Berlin, from whose deductions LISTERINE appears to be the most acceptable prophylactic for the care and preservation of the teeth.

Diseases of the Uric Acid Diathesis.

LAMBERT'S

LITHIATED HYDRANGEA.

KIDNEY ALTERATIVE—ANTI-LITHIC.

Formula.—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY OF DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

Dose.—One or two teaspoonfuls four times a day (preferably between meals).

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia Albuminuria, and Vesical Irritations generally.

WE have had prepared for the convenience of Physicians
Dietetic Notes, suggesting the articles of food to be allowed or prohibited in several of these diseases.

A neatly bound book of these Dietetic Notes, each note perforated for the convenience of physicians in detaching and distributing to their patients, will be sent free upon request, together with our latest compilations of case reports and clinical observations, bearing upon the treatment of this class of Diseases.

Lambert Pharmacal Company,

SAINT LOUIS.

GOUT.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines, or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry; malt liquors and sweet wines are veritable poisons to these patients.

 READING NOTICES.

The Messrs. Mariani & Co., New York, proprietors of the "Vin Mariani," and other preparations, have changed their office and ware-rooms from 127 Fifth Avenue, to 52 West 15th street, to which their many patrons are requested to address them in future.

"Robinson's Phosphoric Elixir" has given good results in cases of nervous exhaustion, and in affections requiring a good general and nervous tonic—See advertisement, page 31 in this issue.

I have recently witnessed satisfactory results from the persistent administration of SUCCUS ALTERANS in an aggravated case of destruction of the tonsil, velum and all surrounding soft parts, where iodide of potassium had been exhibited more than two months in liberal doses, even as high as four hundred grains per day continually for three weeks of the time, and had failed to arrest the progress of the disease.

Very respectfully,

DAVE MORRIS CO., N. J.

I. W. CONDUCT, M. D.

FROM FORDYCE BAKER, M. D.

NEW YORK, April 28th, 1888.

I have prescribed quite extensively during the past twenty years HOFF'S MALT EXTRACT, and find it a useful agent in the class of cases for which I have ordered it.

LEPOLD HOFF, ESQ.

FORDYCE BAKER.

We call the attention, in this issue, to the advertisement of a new antiseptic, "Katharmon," composed of materials of well known therapeutic value—See advertisement, page 34.

The October number of *The International Journal of Surgery and Antiseptics* contains an excellent likeness of the late Dr. C. R. Agnew of New York. The subscription of the Journal is \$1.00 a year; single copy 30 cents. Dr. F. King, Manager, P. O. Box 587, New York.

The attention of the medical profession is invited to the advertisement of Messrs. W. H. Schieffelin & Co., New York, on page 3 of this issue. The new hypnotic, sulfonal, which has been placed before the profession by them seems to have been highly spoken of by practitioners who have tested its merits.

Chronic Syphilitic Salivation.

A. W. FURBER, M. D., L. R. C. S. and L. D. S., says: I have for a long time had a gentleman—patient under my care for disease of the teeth, and although my operations progressed favorably, I had many difficulties to contend with. The whole of my patient's teeth appeared to have a syphilitic taint, and with increased flow of saliva, amounting to chronic salivation. These were not the only troubles I had to surmount; but that which retarded my work most was the repeated recurrence of syphilitic ulcers of the sulcus and gums generally, which, though not painful to my patient, was still a source of considerable discomfort and militated greatly against the success of my operations. IODIA having come under my notice, I was inclined to give it a trial, and with the addition of a small proportion of liq. hydrarg. bi-chlor., taken daily before meals for a time—also used occasionally as a mouth wash—the salivation became normal, the mucous membrane assumed a more healthy state and the teeth generally looked like coming back to their original color.

80 Fortress Road, London, N. W

BROMIDIA

THE HYPNOTIC.

FORMULA.—

Every fluid drachm contains 15 grains EACH of Pure Chloral Hydrat. and purified Brom. Pot., and one-eighth grain EACH of gen. imp. ext. Cannabis Ind. and Hyoscyam.

DOSE.—

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1:02 a m	9:10 a m	Ar. TUSCALOOSA. Lv.	1:30 a m	6:00 p m
2:50 a m	11:25 a m	Ar. BIRMINGHAM. Lv.	11:45 p m	3:45 p m
7:35 a m	6:20 p m	Ar. CHATTANOOGA. Lv.	7:00 p m	8:50 p m
2:35 p m	2:23 a m	Ar. JUNCTION CITY. Lv.	11:45 a m	12:30 a m
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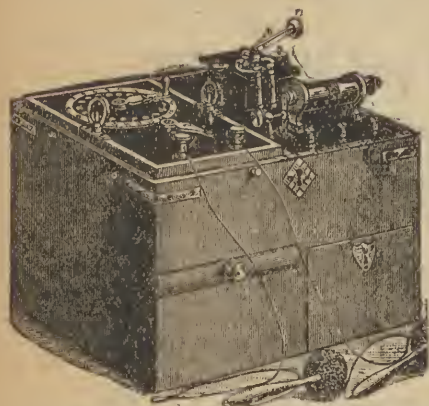
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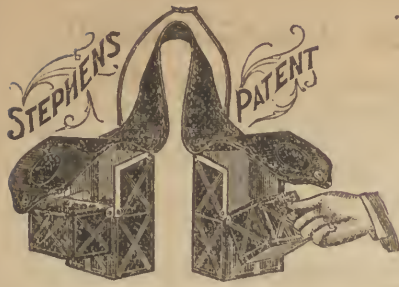
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CATARRHAL STATES OF NOSE, EYE, EAR, THROAT, STOMACH AND BOWELS.

IT IS UNSURPASSED AS VAGINAL WASH, AND VALUABLE IN THE PUE-
PERAL STATE, SEPTICÆMIA, PYÆMIA AND SURGICAL FEVER.

DOSE:—From one-half to one fluid drachm.

In Acute Cystitis, when the urine is painful, scalding and irritating, use internally from one-half to a teaspoonful every three or four hours, or a little later on when the inflammation becomes **Chronic**, as an injection into the bladder in the proportion of from one to two drachms to two ounces of tepid water.

In Leucorrhœa use one ounce to eight ounces of water as an injection once or twice a day.

In all Catarrhal states of nose and throat, locally, half and half, or by atomization or inhalation in the proportion of one drachm to two ounces of water.

In Stomatitis, ulcerative or gangrenous, use either as a gargle (four drachms to two ounces), or internally thrice daily in the usual dose.

In Pharyngitis and Laryngitis use through inhalation in proportion of one drachm to two ounces of water.

In Gonorrhœa, as an injection, four drachms to two ounces of water once or twice a day as indicated.

In Obstetric Practice, both as a prophylactic measure and cleansing agent, it is most excellent. It should be applied to hands in full strength in making vaginal examinations or used per enema in the proportion of one part to eight of water.

In Vaginitis, specific or non-specific, as an injection from one to four ounces of water.

In Dermatitis locally applied in full strength every two or three hours.

In Scorbutic or Hemorrhagic condition of the gums, it will be found efficient in the proportion of one drachm to one ounce of water.

KATHARMON CHEMICAL COMPANY,

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PHYSICIANS are respectfully requested to investigate the virtues of our preparations, and to prescribe them in their Practice Please specify "L. & F."

PAPAIN, L. & F.

From the Fruit of the Papaw, Carica, Papaya.

THE NEW VEGETABLE PEPSIN.

Like pepsin it digests albuminous substances, but in addition it possesses the property of dissolving fibrin in the stomach, when the gastric juices are neutral or alkaline, without the presence of acid, as is requisite in the case of pepsin.—DOSE: 1 to 5 grains given internally.

In diphtheritic cases a solution of 10 or 20 drops, applied as a paint, rapidly dissolves the false membranes. Dr. Finkler strongly recommends the use of Papain for this purpose.

In Germany Papain is also employed against tape-worm; it is mixed with Dover's Powder, 3 to 10 grains with 4 grains of the latter, one-sixth to be taken night and morning.

GERMAN SCALE PEPSIN, L. & F.

"Pepsinum purum in lamellis, L. & F."

Pepsin, in scales, was first introduced in this country by us, manufactured expressly for us in Germauy, and according to our specific directions.

Careful comparative tests made simultaneously of samples of any pepsin in the market, and our own, under the same conditions at 100-115° F. with Sozs. acidulate water distilled containing 1 per cent. by volume of U. S. P. Hydrochloric Acid will prove that one grain of L. & F. German Scale Pepsin will dissolve 681 grains albumen, and that no other Soluble (Non-hygroscopic) Pepsin, suitable for the extemporaneous preparation of Wines, Liquors, and all other dry or liquid compounds of pepsin, will equal this degree of digestive potency.—DOSE: Two to ten grains.

DRY EXTRACT OF MALT, L. & F.

"Extr. Malti Siccum, L. & F."

Superior to ordinary liquid preparations of malt in being pleasant and agreeable of taste, and never becoming mouldy; it is to some extent hygroscopic and must be carefully corked. It is readily soluble in water, and is administered either in water, milk, wine or beer. An admirable liquid extract of malt, corresponding to the preparations so widely introduced, is obtained by mixing 10 parts of this dry Extract of Malt and 4 parts of water.

The large proportion of Protein—especially Diastase—contained in this article accelerates the digestion of starchy foods. Otherwise it possesses in an equal degree all the advantages resulting from the use of Malt products.

ATHENSTAEDT'S — Aromatic — Tincture of Iron.

"Tinct. Ferry Comp. Athenstaedt."

The advantages of Athenstaedt's Aromatic Tincture of Iron over other similar preparations may be briefly stated as follows:

1. It contains as a constant ingredient, exactly fixed and warranted, one-fifth of 1 per cent. of metallic iron.
2. The preparation is fixed and permanent at every temperature.
3. It has a very pleasant taste, the disagreeable ink-like flavor of iron being totally disguised.
4. It causes no inconvenience of digestion, not even after continued use, but improves appetite and digestion.
5. It is not in the least injurious to the teeth.
6. Chemically it is a peculiar preparation, containing the iron in an organic oxide-combination, *mashed*, i. e., *dissolved* without having the slightest taste of it; and it is Free from Alkali and Acid.

DIRECTIONS.—Adults may take a tablespoon to a wineglassful three times a day, during or after meals; the dose for children should be reduced and regulated according to age. The preparation may be taken with water or milk at pleasure.

DESCRIPTIVE Circulars mailed on request. Our monthly publication, "Notes on New Remedies," sent regularly to any Physician, on application, Free.

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WILLIAM A. HAMMOND'S SANITARIUM
 —FOR—
 Diseases of the Nervous System,
 WASHINGTON, D. C.
 —:O:—

DR. WILLIAM A. HAMMOND announces to the medical profession that he has returned from New York to Washington, D. C., where he has established, in a building especially erected for the purpose, a *Sanitarium* for the treatment of mild and curable cases of mental derangement, diseases of the nervous system generally, cases of the morphia and chloral habits, and such other affections as may be properly treated by the remedial agencies under his control. His experience during many years has convinced him that most diseases embraced within the above named classes can be managed much more successfully in an institution of this kind, under the constant supervision of the physician and with the aid of means not otherwise at command, than when the patients are seen by their medical advisers at intervals of several hours or days.

The *Sanitarium*, which has been constructed under the superintendence of A. B. Mullett, Esq., late architect of the United States Treasury department, and is situated on Columbia Heights, at the corner of Fourteenth Street and Sheridan Avenue. The position is the highest in the immediate vicinity of Washington, the soil is dry, and all the surroundings are free from noxious influences. It is readily reached by the Fourteenth Street Railway, the cars of which run to the doors. The building is very large, and as perfect in structure and arrangements as is possible from a knowledge of sanitary science and of the requirements of such an institution. It accommodates about thirty patients. So far as the rooms, table, etc., are concerned, they are equal to such as exist in the best hotels of our large cities. Electricity in all its forms, baths, douches, massage, inhalations, nursing, etc., are provided as may be required by patients, in addition to such other medical treatment as may be deemed advisable.

A large *Solarium* for sun-baths and exercise in cold or inclement weather and heated with steam in winter, is constructed on the top of the main building.

Each patient is thoroughly examined by Dr. Hammond and receives his daily personal attention, while Dr. E. L. Tompkins, a physician of ample hospital experience and of tried executive ability, resides in the institution and has, under Dr. Hammond, the immediate superintendence.

The *Sanitarium* is now opened for the reception of patients.

For further information Dr. Hammond can be addressed at The Sanitarium, Fourteenth Street and Sheridan Avenue, Washington, D. C.

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Situated in the resident portion or so-called garden district of the city. The building is an elegant mansion, newly furnished throughout, and in perfect sanitary condition. Offers all the advantages usual with such institutions.

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The Medical School of Harvard University has arranged a greatly enlarged and improved plan of instruction for graduates, embracing all the branches of practical and scientific medicine, in which graduates of medical schools may feel the need of advanced or special training. It is designed to supply those opportunities for clinical and laboratory study, which have hereto been sought in Europe by recent graduates and practitioners of this country, and by means of repeated short courses to limited numbers to give the practitioners the advantages to be derived from personal instruction in the following subjects: Anatomy, Physiology, Histology, Medical Chemistry, Pathological Anatomy, Clinical Medicine, Surgery, Obstetrics, Gynæcology, Dermatology, Syphilis, Ophthalmology, Otology, Laryngology and Rhinology, Neurology, Mental Diseases, Diseases of Children, Legal Medicine, Hygiene, and Bacteriology.

Instruction in the graduate courses is entirely distinct from that of the undergraduate department of the School, but students of the former will be admitted also to all the regular lectures (not clinical) of the latter without extra charge during their term of connection with the School, to the new and extensive laboratories which are known to be inferior to none in America, and to the clinical advantages afforded by the hospitals of Boston which furnish abundant material for all purposes of instruction.

The course in this new plan of instruction will begin Dec. 1, 1888, unless otherwise specified in the full announcement, for which and for all other information address Dr. HENRY P. BOWDITCH, Dean, Harvard Medical School, Boylston St., Boston, Mass.

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BROMO

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SODA

R Caffein 1 grain, Brom. Soda 30 grains in each teaspoonful.

USEFUL IN

Nervous Headache, Sleeplessness, Migraine, Nervous Debility, Mania, as a remedy in Seasickness and Epilepsy.

—DOSE—

A heaping teaspoonful in half a glass of water, to be repeated once after an interval of thirty minutes if necessary.

It is claimed by prominent specialists in nervous diseases, that the Bromide Sodium is more acceptable to the stomach than the Bromide Potassium. An almost certain relief is obtained by the administration of this Effervescing Salt. It is used with advantage in indigestion, the Depression following alcoholic and other excesses, as well as Nervous Headaches. It affords speedy relief in Mental and Physical Exhaustion.

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PIL: CHALYBEATE, (Warner & Co.)

Proto-Carb. Iron, 3 grs.

Composition: Ferri Sulph. Fe So₄ } = Ferri Carb. Fe CO₃
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The above combination, which we have successfully and scientifically prepared in pill form, produces when taken into the stomach Carbonate of the Protoxide of Iron (Ferrous Carbonate) in a quick assimilable condition. Coating dissolves in 5 minutes.

PIL: CHALYBEATE COMP. (Warner & Co.)

The same as above, with 1-6 gr. of Ext. Nux Vomica added to increase the tonic effect.

PIL: ALOIN, BELLADONNA and STRYCHNINE, (Warner & Co.)

R Aloin, 1-5 gr.; Strychnine, 1-60 gr.; Ext. Belladonna, 1-8 gr.

Medical properties, Tonic, Laxative. Dose, 1 to 2 pills. Coating dissolves in 1¼ min.

PIL: ARTHROSIA, (Warner & Co.)

For Cure of RHEUMATISM and RHEUMATIC GOUT.

Formula: Acidum Salicylicum; Resina Podophyllum; Quinia; Ext. Colchium; Ext. Phytolacca; Capsicum. Coating dissolves in 3½ minutes.

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Each Containing

R Ext. Sumbul, 1 gr.; Asafœtida, 2 grs.; Ferri Sulph. Exs., 1 gr.; Ac. Arsenious, ⅓ gr.

Dose, 1 to 2 pills. Coating dissolves in 4 minutes.

"I use this pill for Nervous and Hysterical Women, who need building up." It is used with great advantage in neurasthenic conditions in conjunction with Warner & Co.'s Broma Soda. 1 to 2 pills taken three times a day.

PIL: ANTIDYSPEPTIC, (Warner & Co.)

(Dr. FOTHERGILL.)

R Pv. Ipecac, 2-3 gr.; Strychnine, 1-20 gr.; Pv. Piper. Nig., 1½ grs.; Ext. Gentian, 1 gr.

The therapy of this pill is prompt and energetic in certain forms of dyspepsia, very often giving permanent relief. Coating dissolves in 4 minutes.

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Medical properties.—Antiperiodic, Alterative.
Dose, 1 to 2.

Aconitia, 1-60 gr.
Med. prop.—Nerve Sedative. Dose, 1 to 2.

Aloin et Strychnine,
Med. prop.—Tonic, Laxative. Dose, 1 to 2.

Aloin et Strych. et Bellad.
Med. prop.—Tonic, Laxative. Dose, 1 to 2.

Aloin, 1-5 gr. }
Strychnine, 1-60 gr. }
Ext. Belladon., ½ gr. }

Atropine, 1-100 gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Atropinæ Sulph., 1-60 gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Codeia, ¼ gr.
Med. prop.—Anodyne, replacing Morphia without the usual disagreeable after effects produced by the latter.

Corrosive Sublimate, 1-12, 1-20, 1-40 and 1-100 gr.
Med. prop.—Mercurial Alterative. Dose, 1 to 2.

Digitalin, 1-60 gr.
Med. prop.—Arterial Sedative. Dose, 1 to 2.

Elaterium, (Clutterbuck's) 1-10 gr.
Med. prop.—Diuretic, Hydragogue Cathartic.
Dose, 1 to 2.

Ext. Ignatia Amara, ¼ gr.
Med. prop.—Nerve Sedative. Dose, 1 to 2.

Ext. Nuc. Vomica, ¼ and ½ gr.
Med. prop.—Nerve Stimulant. Dose, 1 to 3.

Hyoscyamia, 1-100 gr.
(Crystals Pure Alkaloid.)
Med. Prop.—Anodyne, Soporific.

Mercury Prot. Iodid., ¼ gr.
Med. prop.—Alterative. Dose, 1 to 4.

Mercury Prot. Iodid., ½ gr.
Med. prop.—Alterative. Dose, 1 to 2.

Mercury Prot. Iodid., ⅛ gr.
Med. prop.—Alterative. Dose, 2 to 4.

Mercury Iodide Red., 1-16 gr.
Med. prop.—Alterative. Dose, 1 to 3.

Morphinæ Sulph., 1-20 gr.
Med. prop.—Anodyne.

Morphinæ Sulph., 1-10 gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Morphinæ Sulph., ⅛ gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Morphinæ Sulph., ¼ gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Podophyllin, 1-10 gr.
Med. prop.—Cathartic. Dose, 1 to 4.

Podophyllin Comp.,
Med. prop.—Cathartic and Tonic. Dose, 1 to 2.



Podophyllin, ½ gr. }
Ext. Hyoscyami, ⅛ gr. }
Ext. Nuc. Vomica, 1-16 gr. }

Strychnine, 1-16, 1-20, 1-30, 1-32, 1-40, 1-60 gr.
Med. prop.—Nerve Stimulant, Tonic.
Dose, 1 to 3.

Strychninæ Sulph., 1-32 gr.
Med. prop.—Tonic. Dose, 1 to 2.

Veratrinæ Sulph., 1-12 gr.
Med. prop.—Powerful Topical Excitant. Dose, 1.

Zinc Phosphide, ⅓ and ¼ gr.
Med. prop.—Tonic. Dose, 1 to 3.

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Soluble Sugar-Coated

PHOSPHORUS PILLS.

(Prepared for Physicians' Prescriptions.)

THE COATING OF THE FOLLOWING PILLS WILL DISSOLVE IN 4 MINUTES.

PIL: PHOSPHORI 1-100 gr., 1-50 gr., or 1-25 gr.

DOSE.—One pill, two or three times a day, at meals.

THERAPEUTICS.—When deemed expedient to prescribe phosphorus alone, these pills will constitute a convenient and safe method of administering it.

PIL: PHOSPHORI CO.

℞ Phosphori, 1-100 gr.; Ext. Nucis Vomicae, ¼ gr.

DOSE.—One or two pills, to be taken three times a day, after meals.

THERAPEUTICS.—As a nerve tonic and stimulant this form of pill is well adapted for such nervous disorders as are associated with impaired nutrition and spinal debility increasing the appetite and stimulating the digestion.

PIL: PHOSPHORI CUM NUC. VOM.

℞ Phosphori, 1-50 gr.; Ext. Nucis Vom., ⅓ gr.

DOSE.—One or two pills, three times a day, at meals.

THERAPEUTICS.—This pill is especially applicable to *atonic dyspepsia*, depression, and in exhaustion from overwork, or fatigue of the mind. PHOSPHORUS and NUX VOMICA are *sexual stimulants*, but their use requires circumspection as to the dose which should be given. As a general rule, they should not be continued for more than two or three weeks at a time, one or two pills being taken three times a day.

PIL: PHOSPHORI CUM FERRO ET NUC. VOM.

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr., Ext. Nucis Vom., ¼ gr.

DOSE.—One or two pills may taken two or three times a day, at meals.

THERAPEUTICS.—This pill is applicable to conditions referred to in the previous paragraph as well as to anæmic conditions generally, to sexual weakness, neuralgia in dissipated patients, etc., and Mr. Hogg considers it of great value in atrophy of the optic nerve.

PIL: PHOSPHORI CUM FERRO ET QUINIA ET NUC. VOM.

℞ Phosphori, 1-100 gr., Ferri Carb., 1 gr., Ext. Nucis Vom., ¼ gr., Quiniaz Sulph., 1 gr.

DOSE.—One pill, to be taken three times a day, at meals.

THERAPEUTICS.—The therapeutic action of this combination of tonics, augmented by the specific effect of phosphorus, on the nervous system, may readily be appreciated.

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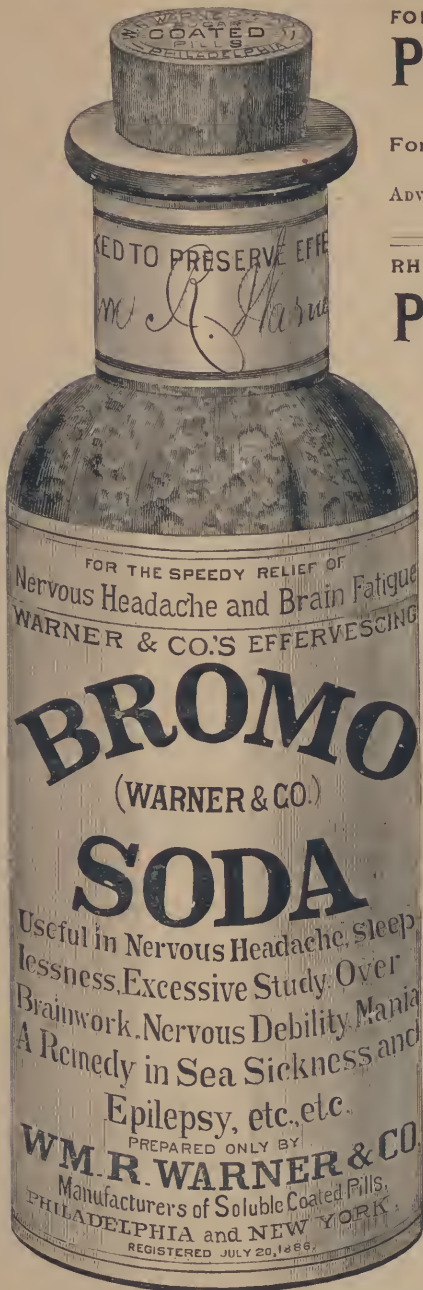
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SCROFULA.

Pil. Chalybeate Comp.

(WM. R. WARNER & CO.)

Formula:—Carb. Protoxide of Iron, gr. 1jss.
Ext. Nuc. Vom., gr. 1-6.

ADVANTAGES:—Does not constipate, is easily absorbed, is nerve tonic and quickly soluble.

RHEUMATISM,

INDIGESTION.

PIL. ANTISEPTIC.

Each Pill contains Sulphite Soda, 1 gr.
Salicylic Acid, 1 gr.
Ext. Nuc. Vom. 1-4 gr.
DOSE.—1 to 3 Pills.

Pil. Antiseptic is prescribed with great advantage in cases of Dyspepsia attended with acid stomach and enfeebled digestion following excessive indulgence in eating or drinking. It is used with advantage in Rheumatism.

RHEUMATISM.

INDIGESTION.

Pil. Antiseptic Comp.

(WM. R. WARNER & CO.)

Formula:—Sulphite Soda, - gr. i.
Ext. Nuc. Vomica, gr. 1-8.
Salicylic Acid, - gr. i.
Powd. Capsicum, gr. 1-10.
Concent'd Pepsin, gr. i.

Try this Pill. Used in all cases where there is no well-defined malady, yet patient is not well.

When the Potash Salt is preferred the Physician can prescribe

WARNER & CO.'S EFFERVESCENT

BROMO (WARNER & CO.) POTASH

Each teaspoonful contains

Bromide Potash, - 20 grs.
Caffein, - - - - 1 gr.

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Aconitia,.....1-60 gr. Med. prop.—Nerve Sedative. Dose, 1 to 2.

Aloin et Strychnine,..... Med. prop.—Tonic, Laxative. Dose, 1 to 2.

Aloin et Strych. et Bellad Med. prop.—Tonic, Laxative. Dose, 1 to 2. Aloin, 1-5 gr. Strychnine. 1-60 gr. Ext. Belladon., 1/8 gr.

Atropine,.....1-100 gr. Med. prop.—Anodyne. Dose, 1 to 2.

Atropina Sulph.,.....1-60 gr. Med. prop.—Anodyne. Dose, 1 to 2.

Codea,.....1/4 gr. Med. prop.—Anodyne, replacing Morphia without the usual disagreeable after effects produced by the latter.

Corrosive Sublimate, 1-12, 1-20, 1-40 and 1-100 gr. Med. prop.—Mercurial Alterative. Dose, 1 to 2.

Digitalin,.....1-60 gr. Med. prop.—Arterial Sedative. Dose, 1 to 2.

Elaterium, (Clutterbuck's).....1-10 gr. Med. prop.—Diuretic, Hydragogue Cathartic. Dose, 1 to 2.

Ext. Ignatia Amara,.....1/4 gr. Med. prop.—Nerve Sedative. Dose, 1 to 2.

Ext. Nuc. Vomicae,.....1/4 and 1/2 gr. Med. prop.—Nerve Stimulant. Dose, 1 to 3.

Hyoscyamia,.....1-100 gr. (Crystal Pure Alkaloid.) Med. Prop. Anodyne, Soporific. Dose, 1.

Mercury Prot. Iodid.,.....1/4 gr. Med. prop.—Alterative. Dose, 1 to 4.

Mercury Prot. Iodid.,.....1/2 gr. Med. prop.—Alterative. Dose, 1 to 2.

Mercury Prot. Iodid.,.....1/8 gr. Med. prop.—Alterative. Dose, 2 to 4.

Mercury Iodide Red.,.....1-16 gr. Med. prop.—Alterative. Dose, 1 to 3.

Morphinae Sulph.,.....1-20 gr. Med. prop.—Anodyne.

Morphinae Sulph.,.....1-10 gr. Med. prop.—Anodyne. Dose, 1 to 2.

Morphinae Sulph.,.....1/8 and 1/8 gr. Med. prop.—Anodyne. Dose, 1 to 2.

Morphinae Sulph.,.....1/4 and 1/2 gr. Med. prop.—Anodyne. Dose, 1 to 2.

Podophyllin.....1-10, 1/8, 1/8, 1/4 and 1/2 gr. Med. prop.—Cathartic. Dose, 1 to 4.

Podophyllin Comp.,..... Med. prop.—Cathartic and Tonic. Dose, 1 to 2. Podophyllin 1/2 gr. Ext. Hyoseyami 1/2 gr. Ext. Nuc. Vomica 1-16 gr.

Strychnine, 1-16, 1-20, 1-30, 1-32, 1-40, 1-60. Med. prop.—Nerve Stimulant, Tonic. Dose, 1 to 3.

Strychninae Sulph.,.....1-32 gr. Med. prop.—Tonic. Dose, 1 to 2.

Veratrinae Sulph.,.....1-12 gr. Med. prop.—Powerful Topical Excitant. Dose, 1.

Zinc Phosphide,.....1/8 and 1/4 gr. Med. prop.—Tonic. Dose, 1 to 3.

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PARVULES

The term Parvule, from *Parvum* (small), is applied to a new class of remedies (Warner & Co's) in the form of minute pills, containing minimum doses for frequent repetition in cases of children and adults. It is claimed by some practitioners that small doses, given at short intervals, exert a more salutary effect. Sydney Ringer, M. D., in his recent works on Therapeutics, sustains this theory in a great variety of cases.

Parvules of Calomel, 1-20.

(WARNER & CO.)

Med. Prop.—Alterative, Purgative.

Dose—1 to 2 every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain), produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause, and sickness of the stomach does not usually follow.

Parvules of Calomel and Ipecac.

(WARNER & CO.)

℞ Calomel, 1-10 gr.

Ipecac, 1-10 gr.

Med. Prop.—Alterative, Purgative.

Dose.—1 to 2 every hour. Two Parvules of Calomel and Ipecac, taken every hour until five or six doses are administered (which will comprise but a grain of Calomel), produce an activity of the liver, which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause, sickness of the stomach does not usually follow.

Parvules of Aloin, 1-10.

(WARNER & CO.)

Med. Prop.—A most desirable Cathartic.

The most useful application of this Parvule is in periodic irregularities—Dysmenorrhœa and Amenorrhœa. They should be given in doses of one or two every evening at and about the expected time.

Dose.—4 to 6 at once. This number of Parvules, taken at any time, will be found to exert an easy, prompt, and ample Cathartic effect, unattended with nausea, and in all respects furnishing the most aperient and cathartic preparation in use. For habitual constipation, they replace when taken in single parvules the various medicated waters, avoiding the quantity required by the latter as a dose, which fills the stomach and deranges the digestive organs.

Parvules of Podophyllin, 1-40.

(WARNER & CO.)

Med. Prop.—Cathartic, Cholagogue.

Two Parvules of Podophyllin, administered three times a day will re-establish and regulate the peristaltic action and relieve habitual constipation, add tone to the liver, and invigorate the digestive functions.

Parvules of Arsenit: Potash, 1-100.

(WARNER & CO.)

This Parvule will be of great use to physicians, as two Parvules represent the equivalent of one drop of **Fowler's Solution**, so that physicians can regulate the dose by giving one or more Parvules every hour.

Parvules of Corrosive Sublimate, 1-100.

(WARNER & CO.)

Dr. Ringer, in his treatise, lays great stress upon the efficacy of minimum doses of corrosive sublimate in the treatment of Diarrhœa, whether the stools contain blood or not.

Parvules of Nux Vomica, 1-50.

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

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Consulting Physician to the Hospital for Diseases of the Throat; late Physician to the London Hospital.

From "The New York Medical Journal," December 31, 1887.

LETTERS TO THE EDITOR.

Professor Fauvel on the Vin Mariani.

13 RUE GUENEGAUD, PARIS, December 8, 1887.

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SIR: Will you kindly have it announced in your Journal, in justice to myself before the medical profession, that the various notices appearing in journals and circulars quoting my name in connection with coca are entirely false and in every respect a prevarication. The only preparation of coca employed by me with undoubted and uniform success has been the so well-known *Vin Mariani*, which, since 1865, I have had occasion to prescribe daily in my *clinique*, as well as in private practice. My opinion of this valuable medicament, together with those of many of my *confrères*, has during many years been frequently made known for the benefit of the profession in various writings, and it is but just to this worthy preparation that it receive all honor due. I thank you for compliance with my request.

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GOUT.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines, or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry; malt liquors and sweet wines are veritable poisons to these patients.

READING NOTICES.

Attention is called to "IRON ALUM MASS," one of nature's remedies, obtained by evaporation from mineral water. Indicated in debilitated and a tonic states—See advertisement, page 30, this issue.

The Paris correspondent of the *Wiener Freie Presse* quotes the following regarding the critical analysis made by DR. FAUVEL, the noted Paris laryngologist, in reference to Mackenzie's book "FREDERICK THE NOBLE":

"* * * That which most surprises me is the fact that medication played a secondary rôle in the management of the case. I would have recommended the employment of *Coca Mariani* to rouse the flagging energies of the patient." * * * "My investigations, dating back to 1865, establish the fact that Coca is a potent agent in combating debility. I have also shown that the injection of concentrated Coca (Thé Mariani), has a salutary influence on the laryngeal mucuous membrane, alleviating pain and congestion. In Europe this remedy is relied on in cases of debility and where pain is a prominent symptom." * * * "As further proof the case of General Grant is cited, in which Drs. Fordyce Barker, Geo. F. Shradly, J. H. Douglas and Sands were active. Coca was employed in this case with success (the preparation exhibited being Thé Mariani), and it was stated by the attending physicians that without the use of this drug the General would not have been physically able to undergo the strain incidental to the work of finishing his Memoirs."—*Berliner Tageblatt*.

"COCA" has maintained its reputation as a powerful nerve stimulant, being used with good results in nervous debility, opium and alcohol habits, etc. The highly variable character of the commercial drug makes it uncertain however. ROBINSON'S WINE COCA (see page 33) we believe to be a uniformly active article, it being prepared from assayed leaves, the percentage of Cocaine being always determined by careful assay.

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I. W. CONDUCT, M. D.

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☞ We call the attention, in this issue to the advertisement of a new antiseptic, "Katharion," composed of materials of well known therapeutic value—See advertisement, page 34.

Messrs ELI LILLY & COMPANY, of Indianapolis, have issued a work entitled *HAND BOOK OF PHARMACY AND THERAPEUTICS*. The aim, as stated in the introduction, is to furnish the busy practitioner a reliable means of ready reference, at once concise, systematic and authoritative, to which he may refer with confidence in cases of doubt. Younger members of the profession and medical students will find this little work full of suggestions. It will be sent free to any physician, druggist or medical student by addressing Eli Lilly & Co., Indianapolis, Ind., mentioning this Journal.

THREATENED ABORTION.

M. D. Makuna, M. R. C. S. Eng., Lic. Med. University, Bombay, 1876, Trebeebut, Rhondda Valley, South Wales, says: I have much pleasure in expressing my satisfaction with the results I have obtained by the use of Alettris Cordial. One of my patients who had miscarried three times previously took Alettris Cordial during the last three months of pregnancy, and was delivered of a fine healthy boy. I ordered it at her own solicitation, as she expressed so much ease and comfort after the use of the first bottle. I am now giving it to two more patients who have miscarried several times before, and I am in hopes of good results. I consider it a valuable addition to the Pharmacopœia, on account of its antispasmodic and nerve-tonic properties, and I should not like to go without it.

ROBT. SMITH, M. D., Durham County Asylum, Sedgfield, Ferryhill, England May 25, 1886, says:—I have tried your BROMIDIA, and found it so very satisfactory that I have used your preparation constantly ever since. I think I need say nothing more in its favor.

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FORMULA.—

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One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

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FORMULA.—

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INDICATIONS.—

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 Professor of Clinical Surgery, New York Senior Surgeon to the West London Hos-
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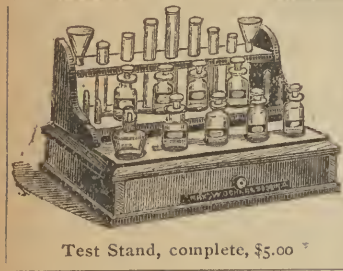
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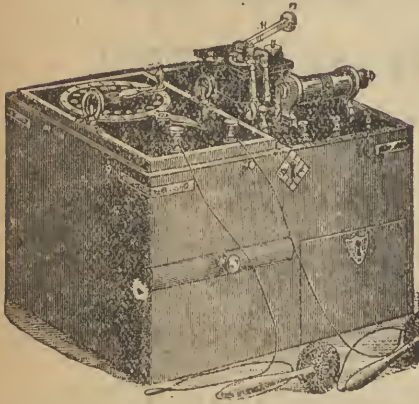
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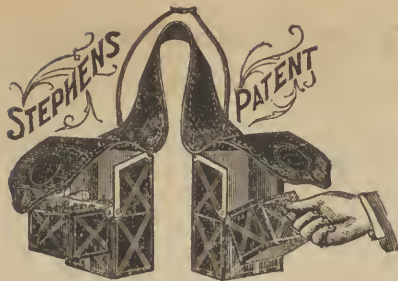
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LOUISVILLE, KY., April 1, 1886.

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From "The New York Medical Journal," December 31, 1887.

LETTERS TO THE EDITOR.

Professor Fauvel on the Vin Mariani.

13 RUE GUENEGAUD, PARIS, December 8, 1887.

To the Editor of the New York Medical Journal:

SIR: Will you kindly have it announced in your Journal, in justice to myself before the medical profession, that the various notices appearing in journals and circulars quoting my name in connection with coca are entirely false and in every respect a prevarication. The only preparation of coca employed by me with undoubted and uniform success has been the so well-known *Vin Mariani*, which, since 1865, I have had occasion to prescribe daily in my *clinique*, as well as in private practice. My opinion of this valuable medicament, together with those of many of my *confrères*, has during many years been frequently made known for the benefit of the profession in various writings, and it is but just to this worthy preparation that it receive all honor due. I thank you for compliance with my request.

CH. FAUVEL.

The above eminent opinion we use only in the endeavor to further popularize among the medical profession a standard preparation, which, when subjected to an impartial test, will prove its real value and unequalled high standing.

The only Coca Preparation endorsed by the Académie de Médecine of France.

Used in the Hospitals, Cliniques and Public Institutions throughout Europe and by the Medical Profession, since 1863.

Invariably uniform in its results.

As a strengthener of the nervous system, with especial good effect on the respiratory and digestive organs, it is pronounced the remedy *par excellence*.

Owing to the large demand for *Vin Mariani*, imitations and substitutions are being forced on patients where physicians do not especially specify

VIN MARIANI

and we would respectfully call attention to this fact, as being the cause of failure to secure good effects in many cases where Coca is prescribed.

TREATISE, 53 pages, with detailed description, formula, dose, etc., (translated from the French), will be sent gratuitously and post-paid to any physician mentioning this Journal.

Price for *Vin Mariani* is reduced; and where druggists do not keep it, we will supply it to patients by the case of twelve bottles for twelve dollars. Remittance in all cases must be sent with the order.

To Physicians, for their own use, a discount will be made.

MARIANI & CO.,

PARIS:

41 Boulevard Haussmann.

52 WEST 15TH ST.,

NEW YORK.

CORRESPONDENCE FROM PHYSICIANS SOLICITED.

COMPRESSED TABLETS.

WE ask the attention of Physicians to the annexed list of recent additions of Compressed Tablets, as we think all of them are well deserving the careful attention of practitioners. We would be pleased to send to any physician, circular matter, compiled with great care and accuracy, giving therapeutic value and results in a concise form, that we are confident will be of interest, and possibly, of advantage to medical men who have not yet had access to the foreign and home authorities, from which we have culled the information we give.

Acid Boracic, - - 5 grs.	Quinia Tannate and Chocolate
Acetanilide, - 3 and 5 "	- - - - - 1 gr.
Antifebrin, - 3 " 5 "	Quinia Tannat., 1 gr., Ext. Cacao, 9 grs.
Antipyrine, - 3, 5 " 10 "	Quinia Tannate and Chocolate
Blaud's,	- - - - - 2½ grs.
Ferri Sulph. Exsic., 2 grs., Potas. Carb.,	Quinia Tannat. 2½ grs., Ext. Cacao., 7½ grs.
1 4-5 grs., Sacch. Alb., 1½ grs.	Salol, - - - - - 2½ and 5 grs.
Iodol, ½, 1, 2, 3 and 5 grs.	Sodium Succinate, 2 " 5 "
Manganese Binoxide, 1 " 2 "	Thalline Sulphate, 2, 3 and 5 "
Opium, Camphor and Carb.	Trinitrin (Nitro-Glycerin),
Ammon.,	- - - - - 1-20, 1-25, 1-33.
Opium Denarcot., 1½ gr., Camphor,	1-50, 1-100, and 1-200 gr.
2 grs., Ammon Carb., 2½ grs.	Terpin Hydrate, 2, 3, and 5 "

ANTISEPTIC TABLETS.

7.7 Hydrarg. Chlor. Corros., 7.3 Ammonium Chloride.

More than six months since, we sent a circular to the drug trade, stating that we had discontinued the manufacture of the Antiseptic Tablets, introduced by us several years since at the suggestion of Dr. Charles Meigs Wilson, of this city. We have, however, received so many letters from physicians urging us to resume the manufacture, insisting that the Tablets prepared by us dissolved more readily and were more satisfactory than any substitute they had been able to procure, that we feel we could not ignore such persistent demands from our medical friends, who have found our Tablets an absolute necessity. We have therefore concluded to again prepare them, in a building entirely separate from our main establishment, with appliances and admirably devised protection by means of improved respirators, that will completely overcome any harmful effects to those engaged in their manufacture.

Druggists and physicians will be glad to learn that the Tablets as now prepared are perfectly white and free from the coloring matter that we formerly added. This was done to lessen the danger of their being taken, or used in mistake; to guard against any such possibility, each Tablet, as now made, has the word "POISON" stamped upon it.

JOHN WYETH & BROTHER,
CHEMISTS, PHILADELPHIA.

AN IMPORTANT COMMUNICATION TO PHYSICIANS

Thirteen years have now elapsed since the introduction of Scott's EMULSION of PURE NORWEGIAN COD LIVER OIL with HYPOPHOSPHITES of LIME and SODA, since which time its growth and development have been very large, not only in this country but in South America, Great Britain and a large part of Continental Europe, and it has, in a very large degree, supplanted the Plain Cod Liver Oil. Its success is largely due to the happy combination of all its components, making a perfect chemical union, that will not separate for years, which we believe is not true of any other Cod Liver Oil preparation.

The innumerable reports from Physicians, of the brilliant results obtained, justifies the statement that in almost every case where Cod Liver Oil is indicated, the combination of Cod Liver Oil with the Hypophosphites as prepared in Scott's Emulsion is infinitely superior.

Physicians who have never tried this Emulsion, or who have been induced to try something else in its stead, will do us the favor to send for sample, and we know they will always use it in preference to plain Cod Liver Oil or any other preparation.

We also call your attention to the following preparation :

CHERRY-MALT PHOSPHITES.

A combination of the tonic principles of Prunus Virginiana, Malted Barley, Hypophosphites of Lime and Soda, and Fruit Juices. An elegant and efficient brain and nerve tonic. Send for samples of above—delivered free.

SCOTT & BOWNE, Mfg. Chemists, 132 & 134 S. 5th Ave., N. Y.

PEPSIN.

E. SCHEFFER, Louisville, Ky.

Manufactures by his Improved Method

SACCHARATED PEPSIN,

which has proven its superiority over other Pepsins by its stability and uniformity, and by its agreeable taste.

In digestive power it corresponds to the standard adopted by the Committee on the 6th Revision of the U. S. Pharmacopœia, which is as follows:

One part dissolved in 500 parts of water acidulated with 7.5 parts of hydrochloric acid should digest at least 50 parts of hard-boiled Egg Albumen in 5 to 6 hours at 100° to 104° F.

CONCENTRATED DRY PEPSIN,

which possesses eight times the digestive power of the Saccharated; particularly recommended to manufacturers.

LIQUID PEPSIN,

a very active and palatable medicine, containing 4 per cent. of Saccharated Pepsin dissolved in acidulated water and glycerine.

SUCCUS ALTERANS

(MCDADE.)

SUCCUS ALTERANS is a purely vegetable compound of the preserved juices of *Stillingia Sylvatica*, *Lappa Minor*, *Phytolacca Decandra*, *Smilax Sarsaparilla* and *Xanthoxylum Carolinianum*, as collected by DR. GEO. W. MCDADE exclusively for ELI LILLY & Co., and endorsed by DR. J. MARION SIMS.

SUCCUS ALTERANS continues to gain favor from its remarkable Alterative and Tonic properties, *eliminating specific poison from the blood and increasing the proportion of red corpuscles in anemic patients* to a wonderful degree; is endorsed by the medical profession and in use by many hospitals of note.

SUCCUS ALTERANS in venereal and cutaneous diseases is fast supplanting Mercury, the Iodides and Arsenic; and is a certain remedy for Mercurialization, Iodism and the dreadful effects often following the use of Arsenic in skin diseases.

SUCCUS ALTERANS is also strongly recommended for its Tonic and Alterative effects in myriad forms of scrofulous disease, and in all cases where anæmia is a factor. Such patients rapidly develop a good appetite, sleep soundly and gain flesh rapidly. Many cases are on record where patients increased ten to twenty-five pounds in weight in a few weeks.

SUCCUS ALTERANS is giving satisfactory results in treatment of *Chronic Rheumatism* and can be used with confidence.

SUCCUS ALTERANS may be given for any length of time, without injury to the patient.

SUCCUS ALTERANS is put up in pint round amber bottles and *never in bulk*.

PHYSICIANS who have not received DR. MCDADE's latest publication, the *MONOGRAPHIA SYPHILITICA*, should send their address, mentioning this journal, and we will mail a copy. It contains a paper, illustrated with colored plates, by DR. D. H. GOODWILLE, of New York, on the "Sequelæ of Syphilis," reports of cases in practice and many other valuable papers.

PIL. APHRODISIACA

(LILLY.)

Damiana cum Phosphoro et Nuce Vomicae.

Phosphorus and Nux Vomica, as is well known to the profession, act as powerful tonics to the nervous system, especially the spinal cord, and can be relied upon as possessing real aphrodisiac power. The *Damiana* used is the genuine *Turnera Aphrodisiaca*. By our process for the manufacture of **Phosphorus Pills**, a thorough subdivision of phosphorus in the mass is obtained, and, with a coating perfectly **protecting** it from **oxidation**, there is nothing to be desired. It is necessary that the administration of this pill be continued from **three to four weeks**, or until the **system is thoroughly under the influence of the remedy**. It is indicated in **mental overwork**, **sexual debility**, **impotency**. It is decidedly beneficial in cases of **nocturnal emissions**, the result of excesses, **mental apathy**, or indifference, and in an **enfeebled condition of the general system**, with **weakness or dull pain in the lumbo sacral region**. In diseases of the **reproductive organs** of the female, and especially of the uterus, it is one of our most valuable agents, acting as a **uterine tonic**, and gradually removing abnormal conditions, while at the same time, it imparts tone and vigor; hence it is of value in **Leucorrhœa**, **Amenorrhœa**, **Dysmenorrhœa**, and to remove the tendency to repeated miscarriages.

One Hundred Mailed on Receipt of \$1.00.

ELI LILLY & CO.,

**PHARMACEUTICAL CHEMISTS,
INDIANAPOLIS, IND., U. S. A.**

SUPPLIED BY ALL DRUGGISTS.

THE BEST ANTISEPTIC
FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

Formula.—*Listerine is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.*

Dose.—*Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.*

LISTERINE is a well proven antiseptic agent—an antizymotic—especially adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

Physicians interested in LISTERINE will please send us their address, and receive in return mail our new and complete pamphlet of 36 quarto pages, embodying:

A **TABULATED EXHIBIT** of the actions of LISTERINE upon inert Laboratory Compounds
FULL AND EXHAUSTIVE REPORTS and Clinical observations from all sources, confirming the utility of LISTERINE as a General Antiseptic for both internal and external use; and particularly

MICROSCOPIC OBSERVATIONS, showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. MILLER, A. B., Ph. D., D. D. S., Prof. of Operative and Clinical Dentistry, University of Berlin, from whose deductions LISTERINE appears to be the most acceptable prophylactic for the cure and preservation of the teeth.

Diseases of the Uric Acid Diathesis.

LAMBERT'S

LITHIATED HYDRANGEA.

KIDNEY ALTERATIVE—ANTI-LITHIC.

Formula.—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY OF DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

Dose.—One or two teaspoonfuls four times a day (preferably between meals).

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia Albuminuria, and Vesical Irritations generally.

WE have had prepared for the convenience of Physicians
Dietetic Notes, suggesting the articles of food to be allowed or prohibited in several of these diseases.

A neatly bound book of these Dietetic Notes, each note perforated for the convenience of physicians in detaching and distributing to their patients, will be sent free upon request, together with our latest compilations of case reports and clinical observations, bearing upon the treatment of this class of Diseases.

Lambert Pharmacal Company,

SAINT LOUIS.

GOUT.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines, or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry; malt liquors and sweet wines are veritable poisons to these patients.

READING NOTICES.

Attention is called to "IRON ALUM MASS," one of nature's remedies, obtained by evaporation from mineral water. Indicated in debilitated and a tonic states—See advertisement, page 30, this issue.

The Paris correspondent of the *Wiener Freie Presse* quotes the following regarding the critical analysis made by DR. FAUVEL, the noted Paris laryngologist, in reference to Mackenzie's hook "FREDERICK THE NOBLE":

"* * * That which most surprises me is the fact that medication played a secondary rôle in the management of the case. I would have recommended the employment of *Coca Mariani* to rouse the flagging energies of the patient." * * * "My investigations, dating back to 1865, establish the fact that *Coca* is a potent agent in combating debility. I have also shown that the injection of concentrated *Coca* (*Thé Mariani*), has a salutary influence on the laryngeal mucous-membrane, alleviating pain and congestion. In Europe this remedy is relied on in cases of debility and where pain is a prominent symptom." * * * "As further proof the case of General Grant is cited, in which Drs. Fordyce Barker, Geo. F. Shrady, J. H. Douglas and Sands were active. *Coca* was employed in this case with success (the preparation exhibited being *Thé Mariani*), and it was stated by the attending physicians that without the use of this drug the General would not have been physically able to undergo the strain incidental to the work of finishing his *Memoirs*."—*Berliner Tageblatt*.

DAVE MORRIS Co., N. J.

FROM FORDYCE BAKER, M. D.

I. W. CONDUCT, M. D.

NEW YORK, APRIL 28th, 1888.

I have prescribed quite extensively during the past twenty years HOFF'S MALT EXTRACT, and find it a useful agent in the class of cases for which I have ordered it.

LEOPOLD HOFF, Esq.

FORDYCE BAKER.

Messrs ELI LILLY & COMPANY, of Indianapolis, has issued a work entitled *HAND BOOK OF PHARMACY AND THERAPEUTICS*. The aim, as stated in the introduction, is to furnish the busy practitioner a reliable means of ready reference, at once concise, systematic and authoritative, to which he may refer with confidence in cases of doubt. Younger members of the profession and medical students will find this little work full of suggestions. It will be sent free to any physician, druggist or medical student by addressing Eli Lilly & Co., Indianapolis, Ind., mentioning this Journal.

Dr. Esguive, Colonization Physician to the Paris-Lyons-Mediterranean Railway, Bon-Media, France, March 28, 1887, says:

"I tried BROMIDIA (Battle) on two cases of insomnia, which I had already treated for some time, with a mixture of equal parts of bromide of potassium and chloral. I noticed that hypnotic results were produced with much smaller doses of BROMIDIA than of the mixture of bromide and chloral. In a larger number of cases it is important not to push too far the quantity of bromide of potassium. On this account I believe BROMIDIA is destined to be of real value, particularly in insomnia of cardiac origin, and I deem it vastly superior to the simple mixture of bromide of potassium and chloral."

ST. JOSEPH, MO., December 21, 1888.

KATHARMON CHEMICAL Co., St. Louis, Mo.

Gentlemen:—

Having been called hurriedly to see a man who had been bitten by a dog, I found him bleeding profusely from a wound large enough to admit my finger in exploring it. I stopped the hemorrhage, and poured half an ounce of Katharmon into the wound, bandaged it, and next day repeated the treatment. I discharged my patient four days afterward. Not a drop of pus had formed, and the wound healed by first intention. Being highly pleased with the result, I shall continue to use Katharmon in my practice. Very truly, J. M. KAISER, M. D.,

412 South 6th Street

Of *Febricide*, a preparation made by the Health Restorative Co., Dr. A. Livezey, of Gardley, Pa., thus writes:

"A young girl, æt. 17, delicate, very thin, of a consumptive family, and tendency thereto herself, had fever every afternoon and evening. A few *febicide* pills, taken morning and noon, soon arrested the fever, and she felt quite different."

The usefulness of good Hypophosphites in Pulmonary and Strumous affections is generally agreed upon by the Profession.

We commend to the notice of our readers the advertisement on page 31 of this number. "ROBINSON'S HYPOPHOSPHITES" is an elegant and uniformly active preparation; the presence in it of Quinine, Strychnine, Iron, etc., adding highly to its tonic value.

Attention is called to the Papain Pepsin Ext., Malt, and Atheustædts Co. Tr. Iron, made by Messrs. Lehn & Fink, of New York. The following is one of many testimonials: " * * We shall take much satisfaction in saying a good word in favor of your excellent and valuable remedies." Arthur C. Smith, Pres. United Hospital and Dispensary, Boston.

We call the attention of the profession to the advertisement, to be found on page 21 of this number of our Journal, referring to the preparations of the Rio Chemical Co., St. Louis, Mo., viz. CELERINA, LIQUID IRON RIO, and PINUS CANADENSIS. These preparations are highly recommended by prominent European and American physicians.

BROMIDIA

THE HYPNOTIC.

FORMULA.—

Every fluid drachm contains 15 grains EACH of Pure Chloral Hydrat. and purified Brom. Pot., and one-eighth grain EACH of gen. imp. ext. Cannabis Ind. and Hyoscyam.

DOSE.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

INDICATIONS.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirium of fevers it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

PAPINE

THE ANODYNE.

Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendency to cause Nausea, Vomiting, Constipation, Etc.

INDICATIONS.—

Same as Opium or Morphia.

DOSE.—

(ONE FLUID DRACHM)—represents the Anodyne principle of one-eighth grain of Morphia.

IODIA

THE ALTERATIVE AND UTERINE TONIC.

FORMULA.—

Iodia is a combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum, and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

DOSE.—

One or two fluid drachms (more or less as indicated) three times a day, before meals.

INDICATIONS.—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhœa, Amenorrhœa, Impaired Vitality, Habitual Abortions, and General Uterine Debility.

BATTLE & CO.

CHEMISTS' CORPORATION.

BRANCHES:

76 New Bond Street, London, W.
5 Rue de la Paix, Paris.
9 and 10 Dalhousie Square, Calcutta.

ST. LOUIS, MO.

WHEN PRESCRIBING OUR PREPARATIONS, SPECIFY "BATTLE"

SPECIFY "BATTLE" WHEN PRESCRIBING OUR PREPARATIONS.

THE SAMUEL D. GROSS PRIZE.

The First Quinquennial Prize of One Thousand Dollars,
under the will of the late Samuel D. Gross, M.D.,
will be awarded in 1893.

The conditions annexed by the testator are, that the prize "shall be awarded every five years, to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in Surgical Pathology or Surgical Practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the successful competitor shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery.

The essays, which must be written in the English language, should be sent to Dr. J. Ewing Mears, 1429 Walnut Street, Philadelphia, before June 1, 1893.

Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

New Orleans Eye and Ear Infirmary,

COR. CAMP AND SECOND STREETS,

NEW ORLEANS, LA.

Situated in the resident portion or so-called garden district of the city. The building is an elegant mansion, newly furnished throughout, and in perfect sanitary condition. Offers all the advantages usual with such institutions.

CHARGES: Including Board [and Special Medical Attention from One Dollar per day upward, according to Room and Accomodation.

MATRON: Mrs. ALLISON.

SURGEONS IN CHARGE: { W. C. AYRES, C. E., M. E., M. D.
H. A. VEAZIE, M. D.

GRADUATE INSTRUCTION

IN THE

Medical School of Harvard University.

The Medical School of Harvard University has arranged a greatly enlarged and improved plan of instruction for graduates, embracing all the branches of practical and scientific medicine, in which graduates of medical schools may feel the need of advanced or special training. It is designed to supply those opportunities for clinical and laboratory study, which have hereto been sought in Europe by recent graduates and practitioners of this country, and by means of repeated short courses to limited numbers to give the practitioners the advantages to be derived from personal instruction in the following subjects: Anatomy, Physiology, Histology, Medical Chemistry, Pathological Anatomy, Clinical Medicine, Surgery, Obstetrics, Gynæcology, Dermatology, Syphilis, Ophthalmology, Otology, Laryngology and Rhinology, Neurology, Mental Diseases, Diseases of Children, Legal Medicine, Hygiene, and Bacteriology.

Instruction in the graduate courses is entirely distinct from that of the undergraduate department of the School, but students of the former will be admitted also to all the regular lectures (not clinical) of the latter without extra charge during their term of connection with the School, to the new and extensive laboratories which are known to be inferior to none in America, and to the clinical advantages afforded by the hospitals of Boston which furnish abundant material for all purposes of instruction.

The course in this new plan of instruction will begin Dec. 1, 1888, unless otherwise specified in the full announcement, for which and for all other information address Dr. HENRY P. BOWDITCH, Dean, Harvard Medical School, Boylston St., Boston, Mass.

COLDEN'S

ESTABLISHED 15 YEARS.
OBSERVE THE NAME.
BEWARE OF IMITATIONS.

Liquid Beef Tonic.

ORIGINAL LABEL:
"Colden's Liebig's Liquid Extract of Beef
and Tonic Invigorator."

AN INVALUABLE AID IN THE TREATMENT OF ALL CASES OF DEBILITY.

ENDORSED BY SCORES OF PHYSICIANS.

ESSENTIALLY DIFFERENT FROM ALL OTHER BEEF TONICS.

COLDEN'S LIQUID BEEF TONIC consists of the Extract of Beef (by Baron Liebig's process), spirit rendered non-injurious to the most delicate stomach by extraction of Fusel Oil, soluble Citrate of Iron, Cinchona, Gentian, and simple aromatics. An official analysis of this preparation by the eminent chemist ARTHUR HILL HASSALL, M. D., F. R. S., and an endorsement by SIR ERASMUS WILSON, F. R. S., is printed on the label of each bottle.

In the treatment of all cases of Debility, Convalescence from severe illness, Anæmia, Malarial Fever, Chlorosis, Incipient Consumption, Lack of Nerve Tone, and of the Alcohol and Opium Habits, and all maladies requiring a Tonic Nutrient, it is superior to all other preparations.

It acts directly on the sentient gastric nerves, stimulating the follicles to secretion, and gives to weakened individuals that first prerequisite to improvement, an appetite.—By the urgent request of several eminent members of the medical profession, I have added to each wineglassful of this preparation two grains of SOLUBLE CITRATE OF IRON, and which is designated on the label, WITH IRON, "No. 1;" while the same preparation, WITHOUT IRON, is designated on the label as "No. 2."

I will, upon application, send a sample bottle of COLDEN'S LIQUID BEEF TONIC to any physician in regular standing. Please ask your Dispensing Druggist (if he has not already a supply) to order it. In prescribing this preparation physicians should be particular to mention "COLDEN'S," viz: "EXT. CARNIS FL. COMP. (COLDEN)." It is put up in pint bottles and CAN BE HAD OF WHOLESALE AND RETAIL DRUGGISTS GENERALLY THROUGHOUT THE UNITED STATES.

C. N. CRITTENTON, General Agent, 115 Fulton St., New York.

GLENN'S Sulphur Soap.

All physicians know the great value of the local use of Sulphur in the TREATMENT OF DISEASES OF THE SKIN. GLENN'S SULPHUR SOAP is the ORIGINAL and BEST combination of its kind, and the one now generally used.

For sale by all Druggists at 25 cents a cake, or three cakes for 60 cents.
Beware of counterfeits.

CONSTANTINE'S Pine Tar Soap.

BY FAR THE BEST TAR SOAP MADE. Has been on trial among physicians for very many years as a toilet soap and healing agent, and its superior virtues have been unanimously conceded in ALL CASES WHERE THE USE OF TAR IS INDICATED.

Unsolicited expressions of its excellence have been received from the Medical Faculty generally. None genuine unless stamped "A. A. Constantine's Persian Healing Pine Tar Soap." For sale by all Druggists.

Samples of above Soaps SENT FREE on application to any physician enclosing card.

Wholesale Depot, C. N. CRITTENTON, 115 Fulton St., New York.

Please mention this Journal (inclosing business card).

TAKE ONLY AND INSIST ON "THE BEST OF AMERICAN MANUFACTURE."

PLANTEN'S CAPSULES

Known as Reliable for General Excellence over 50 Years

H. PLANTEN & SON (Established 1836), 224 William St., New York.

HARD AND SOFT ELASTIC } 9 Sizes: 3, 5, 10 and 15 Min., } All Kinds Filled.
and 1, 2½, 5, 10 and 15 Gram. }

New Kinds: SANDAL, TEREBENE, WINTERGREEN, APIOL, ETC.,

EMPTY, for Powders; 8 Sizes } **CAPSULES** } VAGINAL, 6 Sizes.

" " Liquid, 8 " } TRIAL BOX, 25 Cts. } RECTAL, 3 "

HORSE CAPSULES 6 Sizes, and Capsules for Mechanical Purposes.

N. B.—We make all kinds of Capsules to order. New articles and Private Formulas a Specialty

Samples sent free. Specify PLANTEN'S on all orders. Sold by all Druggists.

SCIENTIFIC AMERICAN

ESTABLISHED 1845

Is the oldest and most popular scientific and mechanical paper published and has the largest circulation of any paper of its class in the world. Fully illustrated. Best class of Wood Engravings. Published weekly. Send for specimen copy. Price \$3 a year. Four months' trial, \$1. MUNN & CO., PUBLISHERS, 361 Broadway, N.Y.

ARCHITECTS & BUILDERS

A Edition of Scientific American.

A great success. Each issue contains colored lithographic plates of country and city residences or public buildings. Numerous engravings and full plans and specifications for the use of such as contemplate building. Price \$2.50 a year, 25 cts. a copy. MUNN & CO., PUBLISHERS.

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Th. RUDOLF,

Druggist,

Corner Dryades and Second Streets

NEW ORLEANS LA.

SHARP & DOHME, Manufacturing Chemists, BALTIMORE, MD.

Manufacturers of all the officinal and other standard
FLUID, SOLID AND POWDERED EXTRACTS,
Including all the NEW REMEDIES;

PURE CHEMICALS, ELIXIRS, SYRUPS, DIALYSED IRON,
SACCHARATED PEPSIN, (U.S.P.)

GRANULAR EFFERVESCENT SALTS,
COMPRESSED TABLETS,

COMPRESSED LOZENGES,

TABLET TRITURATES, ETC., ETC.

SOLUBLE GELATIN. COATED AND SUGAR COATED PILLS,

Comprising all the officinal and other well-known favorite formulæ.

These **PILLS** are all Prepared with the Utmost Care, under our Immediate
Supervision.

The **DRUGS** entering into their Composition are of the Best Quality.

The Quantities and Proportions are Invariably as Represented on the Labels.

The Excipients to make the Masses are Carefully Chosen in each Case, to
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
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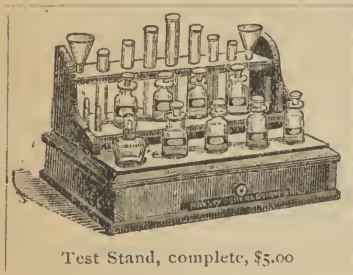
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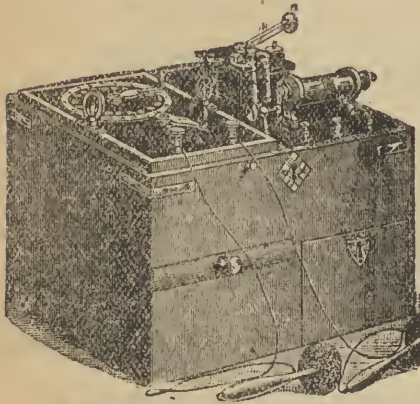
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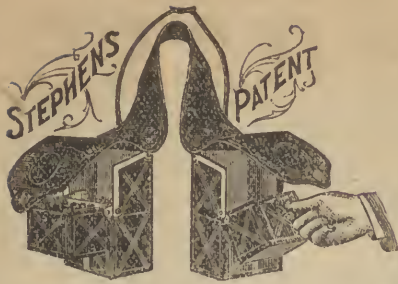
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“SANITAS” Disinfecting Powder and Crude Fluid largely used by Boards of Health, Hospitals, and Institutions in America and Great Britain.

:o:

AT ALL DRUGGISTS.

AGENTS: MESSRS. I. L. LYONS & CO., 42 CAMP STREET, NEW ORLEANS.

The American and Continental “Sanitas” Co.,

(LIMITED.)

636 WEST 55th STREET, NEW YORK.

THE NEW HYPNOTIC Sulfonal--Bayer.

SULFONAL was discovered by Prof. Eugen A. Baumann, of Freiburg University, and was first prepared by the Farbenfabriken vorm. Friedr. Bayer & Co., Elberfeld.

SULFONAL (Diethylsulfondimethylmethan) is in the form of colorless prisms, odorless and tasteless, melting at 175.5° C. (258° F.) and has the composition $(C_2H_5)_2C=C_2H_5SO_2$. It is slightly soluble in cold water, but easily soluble in hot water or alcohol.

SULFONAL was first examined as to its physiological and pathological effects by Prof. A. Kast, of Freiburg University, and its hypnotic action was discovered and studied by him.

Since then SULFONAL has been the subject of numerous trials and experiments by many eminent and experienced physicians. Their testimony is unanimously favorable, and the conclusions reached by them are as follows:

SULFONAL is a prompt and reliable hypnotic which in proper doses produces quiet, natural sleep, lasting a number of hours.

SULFONAL has no unfavorable effects on the heart and circulation, nor on the temperature, the pulse, or the respiration.

SULFONAL produces no disagreeable secondary symptoms; the patients with very few exceptions awake fresh from their sleep feeling strong and greatly refreshed.

SULFONAL does not interfere with the process of digestion.

SULFONAL is a hypnotic, and not a narcotic; it acts by giving rest to the cells of the cerebral cortex, thereby causing sleep.

SULFONAL does not create an unconquerable desire for its repeated use; there is no danger of a SULFONAL-habit. Neither is it necessary to increase the dose after long-continued use.

SULFONAL is best administered at supper-time, dissolved in hot liquids, *e. g.*, a bowl of soup or broth, a cup of milk, tea, coffee, cocoa etc.

These points will be found to be fully exhibited in the series of contributions contained in our pamphlet, which will be mailed on application.

SULFONAL-BAYER is supplied by us in half-ounce and one-ounce vials.

We prepare 5-grain and 15-grain Tablets of Sulfonal-Bayer. The tablet form is admirably adapted to the purpose of administering this drug, as when they are placed in the liquids, they disintegrate and are thus received into the system.

We also put up Sulfonal-Bayer in the form of our Soluble Pills, containing five-grains each

THE NEW ANTIPYRETIC Phenacetine-Bayer.

Phenacetine-Bayer (Para-Acetphenetidine) is a white, glossy, crystalline Powder, perfectly tasteless, melting at 135° C= 307° F. and has the composition C_8H_9NO $\left(\begin{array}{l} O, C_2H_5 \\ NH (CO-CH_3) \end{array} \right)$.

It is slightly soluble in water, a little more soluble in glycerine, but most freely in alcohol.

Phenacetine-Bayer was first prepared by the Farbenfabriken, formerly Friedr. Bayer & Co., Elberfeld, and is of absolute purity and uniform quality.

Summarizing the superiority of Phenacetine-Bayer over other antipyretics antineuralgics, the following conclusions are formed:

1. Phenacetine-Bayer is an efficacious antipyretic.
2. It does not develop any disagreeable or noxious after effects.
3. The dose required is half that of Antipyrine.
4. It is perfectly tasteless.
5. On account of its innocuousness and tastelessness, it is a valuable antipyretic both in adults and in children.
6. Phenacetine-Bayer is an important antineuralgic; its effect is more energetic than that of Antipyrine and does not cause lassitude or any other disagreeable symptoms.

Our pamphlet on Phenacetine-Bayer, containing the valuable testimony of eminent physicians will be mailed on application.

We offer Phenacetine-Bayer in one-ounce vials, or in the form of our Soluble Pills of the strength of two and four grains to each pill.

W. H. SCHIEFFELIN & CO.,

170 and 172 William Street, New York.

SOLE LICENSEES AND SOLE AGENTS FOR THE UNITED STATES.

Please mention this Journal.



TOURO INFIRMARY.

ESTABLISHED IN 1851.

REBUILT IN 1881.

PRYTANIA STREET, Bet. ALINE and FOUCHER STREETS.

The Infirmary is a modern constructed Hospital, well ventilated and thoroughly scientific in its working. Situated in the "Garden District" of the city, the surroundings are rural, health-giving and quiet.

It has a Corps of Visiting and Consulting Physicians and Surgeons, a Resident Medical Officer, and Two Medical Internes.

Especially does it commend itself to practitioners at a distance from the city, who desire their patients to visit New Orleans for more important Surgical operations or consultations. The charges are most reasonable and suitable to every condition. The privilege is accorded to those who desire to be treated by Physicians of their own choice, to do so, paying the Infirmary only for attention, board, and rooms.

The Camp and Prytania line of street cars pass directly in front of entrance, and a telephone is kept in the building.

Any further particulars desired can be obtained by addressing,

PHYSICIAN IN CHARGE,
TOURO INFIRMARY, **NEW ORLEANS, LA.**

— TO THE —

MEDICAL PROFESSION EXCLUSIVELY!



The Paris correspondent of the "Wiener Freie Presse" quotes the following regarding the critical analysis made by Dr. FAUVEL, the noted Paris laryngologist, in reference to Mackenzie's book "Fredderick the Noble."

" * * * That which most surprise me is the fact that medication played a secondary role in the management of the case. I would have recommended the employment of COCA MARIANI to rouse the flagging energies of the patient." * * * "My investigations, dating back to 1865, established the fact that Coca is a potent agent in combating debility. In Europe this remedy is relied on in cases of debility and where pain is a prominent symptom." * * * "As further proof the case of General Grant is cited, in which Doctors Fordyce Barker, Geo. F. Schrady, J. H. Douglas and Sands were active. COCA MARIANA was employed in this case with success, and it was stated by the attending physicians that without the use of this drug the General would not have been physically able to undergo the strain incidental to the work of finishing his Memoirs."—*Berliner Tageblatt.*

The only Coca preparation endorsed by the Members d'Académie de Médecine of France.

Used in the Hospitals, Cliniques and Public Institutions throughout Europe.

Invariably uniform in its results, tested to by every physician who has given it a thorough trial.

As a strengthener of the nervous system, with especial good effect on the respiratory and digestive organs, it is pronounced unequaled.

The only tonic stimulant without any unpleasant reaction, and may be given indefinitely, never causing constipation.

Owing to the unusually large demand for *Vin Mariani*, and as it is not advertised to the Public, we are informed imitations and substitutions are being forced on patients where physicians do not especially specify *Vin Mariana*, and we would respectfully call attention to this fact, as being the cause of failure to secure the desired good effect in many cases where Coca is prescribed.

To familiarize Physicians with our bottle and label, we present fac-simile herewith.

TREATISE, 53 pages, with detailed description, formula, dose, etc. (translated from the French), will be sent gratuitously and post-paid to any physician mentioning this Journal.

Correspondence from Physicians is respectfully solicited.

MARIANI & CO.,
New York Office: 52 West Fifteenth St.

COMPRESSED TABLETS.

WE ask the attention of Physicians to the annexed list of recent additions of Compressed Tablets, as we think all of them are well deserving the careful attention of practitioners. We would be pleased to send to any physician, circular matter, compiled with great care and accuracy, giving therapeutic value and results in a concise form, that we are confident will be of interest, and possibly, of advantage to medical men who have not yet had access to the foreign and home authorities, from which we have culled the information we give.

Acid Boracic, - - - 5 grs.	Quinia Tannate and Chocolate
Acetanilide, - - 3 and 5 "	- - - - - 1 gr.
Antifebrin, - - 3 " 5 "	Quinia Tannat., 1 gr., Ext. Cacao, 9 grs.
Antipyrine, - - 3, 5 " 10 "	Quinia Tannate and Chocolate
Blaud's,	- - - - - 2½ grs.
Ferri Sulph. Exsic., 2 grs., Potas. Carb.,	Quinia Tannat. 2½ grs., Ext. Cacao., 7½ grs.
1 4-5 grs., Sacch. Alb., 1½ grs.	Salol. - - - - 2½ and 5 grs.
Iodol, ½, 1, 2, 3 and 5 grs.	Sodium Succinate, 2 " 5 "
Manganese Binocide, 1 " 2 "	Thalline Sulphate, 2, 3 and 5 "
Opium, Camphor and Carb.	Trinitrin (Nitro-Glycerin),
Ammon.,	- - - - - 1-20, 1-25, 1-33,
Opium Denarcot., 1½ gr., Camphor,	1-50, 1-100, and 1-200 gr.
2 grs., Ammon Carb., 2½ grs.	Terpin Hydrate, 2, 3, and 5 "

ANTISEPTIC TABLETS.

7.7 Hydrarg. Chlor. Corros., 7.3 Ammonium Chloride.

More than six months since, we sent a circular to the drug trade, stating that we had discontinued the manufacture of the Antiseptic Tablets, introduced by us several years since at the suggestion of Dr. Charles Meigs Wilson, of this city. We have, however, received so many letters from physicians urging us to resume the manufacture, insisting that the Tablets prepared by us dissolved more readily and were more satisfactory than any substitute they had been able to procure, that we feel we could not ignore such persistent demands from our medical friends, who have found our Tablets an absolute necessity. We have therefore concluded to again prepare them, in a building entirely separate from our main establishment, with appliances and admirably devised protection by means of improved respirators, that will completely overcome any harmful effects to those engaged in their manufacture.

Druggists and physicians will be glad to learn that the Tablets as now prepared are perfectly white and free from the coloring matter that we formerly added. This was done to lessen the danger of their being taken, or used in mistake; to guard against any such possibility, each Tablet, as now made, has the word "POISON" stamped upon it.

JOHN WYETH & BROTHER,
CHEMISTS, PHILADELPHIA.

AN IMPORTANT COMMUNICATION TO PHYSICIANS

Thirteen years have now elapsed since the introduction of SCOTT'S EMULSION of PURE NORWEGIAN COD LIVER OIL with HYPOPHOSPHITES of LIME and SODA, since which time its growth and development have been very large, not only in this country but in South America, Great Britain and a large part of Continental Europe, and it has, in a very large degree, supplanted the Plain Cod Liver Oil. Its success is largely due to the happy combination of all its components, making a perfect chemical union, that will not separate for years, which we believe is not true of any other Cod Liver Oil preparation.

The innumerable reports from Physicians, of the brilliant results obtained, justifies the statement that in almost every case where Cod Liver Oil is indicated, the combination of Cod Liver Oil with the Hypophosphites as prepared in Scott's Emulsion is infinitely superior.

Physicians who have never tried this Emulsion, or who have been induced to try something else in its stead, will do us the favor to send for sample, and we know they will always use it in preference to plain Cod Liver Oil or any other preparation.

We also call your attention to the following preparation :

CHERRY-MALT PHOSPHITES.

A combination of the tonic principles of Prunus Virginiana, Malted Barley, Hypophosphites of Lime and Soda, and Fruit Juices. An elegant and efficient brain and nerve tonic. Send for samples of above - delivered free.

SCOTT & BOWNE, Mfg. Chemists, 132 & 134 S. 5th Ave., N. Y.

PEPSIN.

E. SCHEFFER,

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Manufactures by his Improved Method

SACCHARATED PEPSIN,

which has proven its superiority over other Pepsins by its stability and uniformity, and by its agreeable taste.

In digestive power it corresponds to the standard adopted by the Committee on the 26th Revision of the U. S. Pharmacopœia, which is as follows:

One part dissolved in 500 parts of water acidulated with 7.5 parts of hydrochloric acid should digest at least 50 parts of hard-boiled Egg Albumen in 5 to 6 hours at 100° to 104° F.

CONCENTRATED DRY PEPSIN,

which possesses eight times the digestive power of the Saccharated; particularly recommended to manufacturers.

LIQUID PEPSIN,

a very active and palatable medicine, containing 4 per cent. of Saccharated Pepsin dissolved in acidulated water and glycerine.

SUCCUS ALTERANS

(MCDADE.)

SUCCUS ALTERANS is a purely vegetable compound of the preserved juices of *Stillingia Sylvatica*, *Lappa Minor*, *Phytolacca Decandra*, *Smilax Sarsaparilla* and *Xanthoxylum Carolinianum*, as collected by DR. GEO. W. MCDADE exclusively for ELI LILLY & Co., and endorsed by DR. J. MARION SIMS.

SUCCUS ALTERANS continues to gain favor from its remarkable Alterative and Tonic properties, *eliminating specific poison from the blood and increasing the proportion of red corpuscles in anæmic patients to a wonderful degree*; is endorsed by the medical profession and in use by many hospitals of note,

SUCCUS ALTERANS in venereal and cutaneous diseases is fast supplanting Mercury, the Iodides and Arsenic; and is a certain remedy for Mercurialization, Iodism and the dreadful effects often following the use of Arsenic in skin diseases.

SUCCUS ALTERANS is also strongly recommended for its Tonic and Alterative effects in myriad forms of scrofulous disease, and in all cases where anæmia is a factor. Such patients rapidly develop a good appetite, sleep soundly and gain flesh rapidly. Many cases are on record where patients increased ten to twenty-five pounds in weight in a few weeks.

SUCCUS ALTERANS is giving satisfactory results in treatment of *Chronic Rheumatism* and can be used with confidence.

SUCCUS ALTERANS may be given for any length of time, without injury to the patient.

SUCCUS ALTERANS is put up in pint round amber bottles and *never in bulk*.

PHYSICIANS who have not received DR. MCDADE'S latest publication, the **MONOGRAPHIA SYPHILITICA**, should send their address, mentioning this journal, and we will mail a copy. It contains a paper, illustrated with colored plates, by DR. D. H. GOODWILLIE, of New York, on the "Sequelæ of Syphilis," reports of cases in practice and many other valuable papers.

PIL. A PHRODISIACA

(LILLY.)

Damiana cum Phosphoro et Nuce Vomica.

Phosphorus and **Nux Vomica**, as is well known to the profession, act as powerful tonics to the nervous system, especially the spinal cord, and can be relied upon as possessing real aphrodisiac power. The **Damiana** used is the genuine **Turnera Aphrodisiaca**. By our process for the manufacture of **Phosphorus Pills**, a thorough subdivision of phosphorus in the mass is obtained, and, with a coating perfectly protecting it from oxidation, there is nothing to be desired. It is necessary that the administration of this pill be continued from three to four weeks, or until the system is thoroughly under the influence of the remedy. It is indicated in mental overwork, sexual debility, impotency. It is decidedly beneficial in cases of nocturnal emissions, the result of excesses, mental apathy, or indifference, and in an enfeebled condition of the general system, with weakness or dull pain in the lumbo sacral region. In diseases of the reproductive organs of the female, and especially of the uterus, it is one of our most valuable agents, acting as a uterine tonic, and gradually removing abnormal conditions, while at the same time, it imparts tone and vigor; hence it is of value in **Leucorrhœa**, **Amenorrhœa**, **Dysmenorrhœa**, and to remove the tendency to repeated miscarriages.

One Hundred Mailed on Receipt of \$1.00.

ELI LILLY & CO.,

**PHARMACEUTICAL CHEMISTS,
INDIANAPOLIS, IND., U. S. A.**

SUPPLIED BY ALL DRUGGISTS.

THE BEST ANTISEPTIC
FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

Formula.—*Listerine* is the essential antiseptic constituent of *Thyme*, *Eucalyptus*, *Baptisia*, *Gaultheria* and *Mentha Arvensis*, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.

Dose.—*Internally*: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well proven antiseptic agent—an antizymotic—especially adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

Physicians interested in LISTERINE will please send us their address, and receive by return mail our new and complete pamphlet of 36 quarto pages, embodying:

A TABULATED EXHIBIT of the actions of LISTERINE upon inert Laboratory Compounds—FULL AND EXHAUSTIVE REPORTS and Clinical observations from all sources, confirming the utility of LISTERINE as a General Antiseptic for both internal and external use; and particularly

MICROSCOPIC OBSERVATIONS, showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. MILLER, A. B., Ph. D., D. D. S., Prof. of Operative and Clinical Dentistry, University of Berlin, from whose deductions LISTERINE appears to be the most acceptable prophylactic for the care and preservation of the teeth.

Diseases of the Uric Acid Diathesis.

LAMBERT'S

LITHIATED HYDRANGEA.

KIDNEY ALTERATIVE—ANTI-LITHIC.

Formula.—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

Dose.—One or two teaspoonfuls four times a day (preferably between meals).

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia Albuminuria, and Vesical Irritations generally.

WE have had prepared for the convenience of Physicians **Dietetic Notes**, suggesting the articles of food to be allowed or prohibited in several of these diseases.

A neatly bound book of these Dietetic Notes, each note perforated for the convenience of physicians in detaching and distributing to their patients, will be sent free upon request, together with our latest compilations of case reports and clinical observations, bearing upon the treatment of this class of Diseases.

Lambert Pharmacal Company,

SAINT LOUIS.

GOUT.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines, or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry; malt liquors and sweet wines are veritable poisons to these patients.

READING NOTICES.

IRREGULAR MENSTRUATION.—T. J. R. Clarkson, L. R. C. P., L. R. C. S., Patley Bridge, Leeds, England says: My experience with Alteris Cordial is limited to one case. The patient, a young lady, 21 years of age, had never in her life been regular, the flow being very scanty. One dose brought on the discharge, which was more profuse than any she had experienced. She has been regular since. Of course it is difficult to believe that one dose could bring about this result, but nevertheless the fact remains that she has been regular since taking it, a thing she never was in her life before. I shall be glad to write you after a more extended trial.

I have used Katharmon in the treatment of two cases of catarrh, and it has done good work. I like it better than any remedy I have ever used in the treatment of such cases.

DR. C. A. RICE,

Supt. East Miss. Insane Asylum.

Attention is called to "IRON ALUM MASS," one of nature's remedies, obtained by evaporation from mineral water. Indicated in debilitated and a tonic state.—See advertisement, page 29, this issue.

FROM FORDYCE BAKER, M. D.

NEW YORK, April 28, 1888.

I have prescribed quite extensively during the past twenty years HOFF'S MALT EXTRACT, and find it a useful agent in the class of cases for which I have ordered it.

FORDYCE BAKER.

MESSRS ELI LILLY & COMPANY of Indianapolis have issued a work entitled HAND BOOK OF PHARMACY AND THERAPEUTICS. The aim, as stated in the introduction, is to furnish the busy practitioner a reliable means of ready reference, at once concise, systematic and authoritative, to which he may refer with confidence in cases of doubt. Younger members of the profession and medical students will find this little work full of suggestions. It will be sent free to any physician, druggist or medical student by addressing Eli Lilly & Co., Indianapolis, Ind., mentioning this journal.

The Paris correspondent of the *Wienier Freie Presse* quotes the following regarding the critical analysis made by DR. FAUVEL, the noted Paris laryngologist, in reference to Mackenzie's book "FREDERICK THE NOBLE."

* * * "That which most surprises me is the fact that medication played a secondary *role* in the management of the case. I would have recommended the employment of *Coca Mariani* to rouse the flagging energies of the patient." * * * "My investigations, dating back to 1865, establish the fact that Coca is a potent agent in combating debility. I have also shown that the injection of concentrated Coca (The Mariani) has a salutary influence on the laryngeal mucous membrane, alleviating pain and congestion. In Europe this remedy is relied on in case of debility, and where pain is a prominent symptom." * * * "As further proof the case of General Grant is cited, in which Drs. Fordyce Baker, Geo. F. Strady, J. H. Douglas and Sands were active. Coca was employed in this case with success (the preparation exhibited being The Mariani), and it was stated by the attending physicians that without the use of this drug the General would not have been physically able to undergo the strain incident to the work of finishing his Memoirs."—*Berliner Tagblatt*.

BROMIDIA

THE HYPNOTIC.

FORMULA.—

Every fluid drachm contains 15 grains EACH of Pure Chloral Hydrat, and purified Brom. Pot., and one-eighth grain EACH of gen. imp. ext. Cannabis Ind. and Hyoscyam.

DOSE.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

INDICATIONS.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirium of fevers it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

PAPINE

THE ANODYNE.

Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendency to cause Nausea, Vomiting, Constipation, Etc.

INDICATIONS.—

Same as Opium or Morphia.

DOSE.—

(ONE FLUID DRACHM)—represents the Anodyne principle of one-eighth grain of Morphia.

IODIA

THE ALTERATIVE AND UTERINE TONIC.

FORMULA.—

Iodia is a combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum, and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

DOSE.—

One or two fluid drachms (more or less as Indicated) three times a day, before meals.

INDICATIONS.—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhœa, Menorrhœgia, Leucorrhœa, Amenorrhœa, Impaired Vitality, Habitual Abortions, and General Uterine Debility.

BATTLE & CO.

CHEMISTS' CORPORATION.

BRANCHES:

76 New Bond Street, London, W.
5 Rue de la Paix, Paris.
9 and 10 Dalhousie Square, Calcutta.

ST. LOUIS, MO.

SPECIFY "BATTLE" WHEN PRESCRIBING OUR PREPARATIONS.

SPECIFY "BATTLE" WHEN PRESCRIBING OUR PREPARATIONS.

READING NOTICES.

Dr. Esguive, Coronization Physician to the Paris-Lyons-Mediterranean Railway, Bon-Media, France, March 28, 1887, says:

I tried BROMIDIA (Battle) on two cases of insomonia, which I had already treated for some time, with a mixture of equal parts of bromide of potassium and chloral. I noticed that hypnotic results were produced, and with much smaller doses of BROMIDIA than of the mixture of bromide and chloral. In a larger number of cases it is important not to push too far the quantity of bromide of potassium. On this account I believe BROMIDIA is destined to be of real value, particularly in insomonia of cardiac origin, and I deem it vastly superior to the simple mixture of bromide of potassium and chloral.

I must say I like KATHARMON as an internal and external remedy in catarrhal affections and uterine troubles. As a prophylatic and antiseptic it measures up to many so-called deodorizers.

C. W. WATTS, M. D.
Auxvasse, Mo.

TINCT FERRI-COMP. ATHENSTAEDT.

“ * * * Having used Athenstaedt's Co. Tr. of Iron quite frequently since its introduction in this city, I am prepared to state that it is a most efficient chalybeate and carminative, especially indicated in reconvalescence and in all cases where, though the use of iron would be desirable, the weakened condition of the digestive organs might prove to be a counter-indication. I have not met with a single case where its continued use produced indigestion or caused the headaches so often complained of by anaemic and nervous patients after the use of chalybeates.”—J. J. FRIEDRICH, M. D. New York City.

MURRY, Miss., Jan. 3, 1888.

Paris Medicine Company:

I am well pleased with the effect of Lyon's Tasteless Quinine. I would have written to you sooner, but I wanted to be thoroughly satisfied, and so I am well pleased. Many thanks.

Yours very respectfully,

W. H. GRAYSON.

Of Febricide, a preparation made by the Health Restorative Co., Dr. A. Livezey, of Gardley, Pa., thus writes:

“A young girl, æt. 17, delicate, very thin, of a consumptive family and tendency thereto herself, had fever every afternoon and evening. A few febicide pills, taken morning and noon, soon arrested the fever, and she felt quite different.”

“ROBINSON'S LIME JUICE AND PEPSIN” is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See page 30, this issue.)

New Orleans Eye and Ear Infirmary,

COR. CAMP AND SECOND STREETS,
NEW ORLEANS, LA.

Situated in the resident portion or so-called garden district of the city. The building is an elegant mansion, newly furnished throughout, and in perfect sanitary condition. Offers all the advantages usual with such institutions.

CHARGES: Including Board [and Special Medical Attention from One Dollar per day upward, according to Room and Accomodation.

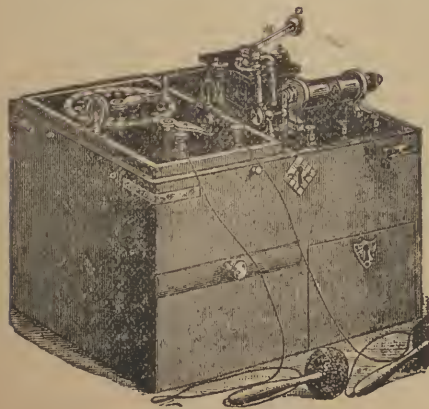
MATRON: MRS. ALLISON.

SURGEONS IN CHARGE: { W. C. AYRES, C. E., M. E., M. D.
H. A. VEAZIE, M. D.

BATTERIES

—FOR—

PHYSICIANS AND FAMILY USE.



We manufacture the most complete line of GALVANIC, FARADIC and CAUTERY BATTERIES and ELECTRODES of every description.

A 60 Volt Battery for - \$30 00
A Cautery outfit, complete, for \$19 50

Send for price [list and mention this Journal.

Galvano Faradic Mf'g Co.,

300 FOURTH AVENUE,

NEW YORK.

The only prominent Emulsion of Cod-Liver Oil introduced directly to the medical profession.
It is advertised exclusively in medical journals.

HYDROLEINE.

(HYDRATED OIL.)

Produces rapid increase in Flesh and Strength.

FORMULA.—Each Dose contains

pure Cod Liver Oil, 20 m. (drops)	Soda	13 Grains
Distilled Water,35 "	Salicylic Acid,1 "	
Soluble Pancreatin 5 Grains.	Hyochoic Acid, 1-20 "	

Recommended and Prescribed by
EMINENT PHYSICIANS Everywhere.
It is pleasant to the Taste and
acceptable to the most delicate Stomach

IT IS ECONOMICAL IN USE AND CERTAIN IN RESULTS.

HYDROLEINE (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhuae, but a hydro-pancreated preparation, containing acids and a small percentage of soda. Pancreatin is the digestive principle of fatty foods, and in the soluble form here used, readily converts the oleaginous material into assimilable matter, a change so necessary to the reparative process in all wasting diseases

Lautenbach's Researches on the functions of the liver would show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by re-absorption of morbid tubercular detritus and purulent matters into the general circulation.

In Wasting Diseases the most prominent symptom is *emaciation*, the result of starvation of the fatty tissues of the body as well as the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of *Hydroleine*, which may be discontinued when the usual average weight has been permanently regained.

The following are some of the diseases in which **HYDROLEINE** is indicated

Phthisis, Tuberculosis, Bronchitis, Catarrh, Cough,
Scrofula, Chlorosis, General Debility, etc.

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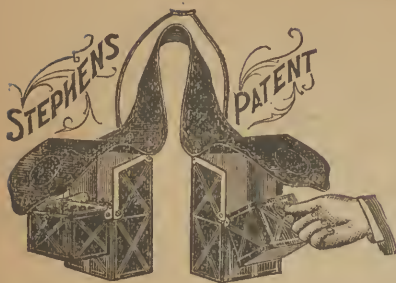
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Antiseptics, Disinfectants and Oxidants,

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SULFONAL (Diethylsulfondimethylmethan) is in the form of colorless prisms, odorless and tasteless, melting at 125.5° C. (258° F.) and has the composition $(C_2H_5)_2C=C(C_2H_5SO_2)_2$. It is slightly soluble in cold water, but easily soluble in hot water or alcohol.

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SULFONAL is a hypnotic, and not a narcotic; it acts by giving rest to the cells of the cerebral cortex, thereby causing sleep.

SULFONAL does not create an unconquerable desire for its repeated use; there is no danger of a SULFONAL-habit. Neither is it necessary to increase the dose after long continued use.

SULFONAL is best administered at supper-time, dissolved in hot liquids, *e. g.*, a bowl of soup or broth, a cup of milk, tea, coffee, cocoa etc.

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The Paris correspondent of the "Wiener Freie Presse" quotes the following regarding the critical analysis made by Dr. FAUVEL, the noted Paris laryngologist, in reference to Mackenzie's book "Friederick the Noble."

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The only tonic stimulant without any unpleasant reaction, and may be given indefinitely, never causing constipation.

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WE ask the attention of Physicians to the annexed list of recent additions of Compressed Tablets, as we think all of them are well deserving the careful attention of practitioners. We would be pleased to send to any physician, circular matter, compiled with great care and accuracy, giving therapeutic value and results in a concise form, that we are confident will be of interest, and possibly, of advantage to medical men who have not yet had access to the foreign and home authorities, from which we have culled the information we give.

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Acetanilide, - 3 and 5	" "	- - -	1 gr.
Antifebrin, - 3	" 5 "	Quinia Tannat., 1 gr., Ext. Cacao.,	9 grs.
Antipyrine, - 3, 5	" 10 "	Quinia Tannate and Chocolate	
Blaud's,		- - -	2 1/2 grs.
Ferri Sulph. Exsic., 2 grs., Potas. Carb.,		Quinia Tannat. 2 1/2 grs., Ext. Cacao.,	7 1/2 grs.
1 4-5 grs., Sacch. Alb., 1 2/3 grs.		Salol, - - -	2 1/2 and 5 grs.
Iodol, 1/2, 1, 2, 3 and 5 grs.		Sodium Succinate, 2	" 5 "
Manganese Binoxide, 1	" 2 "	Thalline Sulphate, 2, 3 and 5	" "
Opium, Camphor and Carb.		Trinitrin (Nitro-Glycerin),	
Ammon.,		- - -	1-20, 1-25, 1-33,
Opium Denarcot., 1 1/2 gr., Camphor,		1-50, 1-100, and 1-200	gr.
2 grs., Ammon Carb., 2 1/2 grs.		Terpin Hydrate, 2, 3, and 5	" "

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7.7 Hydrarg. Chlor. Corros., 7.3 Ammonium Chloride.

More than six months since, we sent a circular to the drug trade, stating that we had discontinued the manufacture of the Antiseptic Tablets, introduced by us several years since at the suggestion of Dr. Charles Meigs Wilson, of this city. We have, however, received so many letters from physicians urging us to resume the manufacture, insisting that the Tablets prepared by us dissolved more readily and were more satisfactory than any substitute they had been able to procure, that we feel we could not ignore such persistent demands from our medical friends, who have found our Tablets an absolute necessity. We have therefore concluded to again prepare them, in a building entirely separate from our main establishment, with appliances and admirably devised protection by means of improved respirators, that will completely overcome any harmful effects to those engaged in their manufacture.

Druggists and physicians will be glad to learn that the Tablets as now prepared are perfectly white and free from the coloring matter that we formerly added. This was done to lessen the danger of their being taken, or used in mistake; to guard against any such possibility, each Tablet, as now made, has the word "POISON" stamped upon it.

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Thirteen years have now elapsed since the introduction of Scott's EMULSION of PURE NORWEGIAN COD LIVER OIL with HYPOPHOSPHITES of LIME and SODA, since which time its growth and development have been very large, not only in this country but in South America, Great Britain and a large part of Continental Europe, and it has, in a very large degree, supplanted the Plain Cod Liver Oil. Its success is largely due to the happy combination of all its components, making a perfect chemical union, that will not separate for years, which we believe is not true of any other Cod Liver Oil preparation.

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a very active and palatable medicine, containing 4 per cent. of Saccharated Pepsin dissolved in acidulated water and glycerine.

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SUCCUS ALTERANS is a purely vegetable compound of the preserved juices of *Stillingia Sylvatica*, *Lappa Minor*, *Phytolaea Decandra*, *Smilax Sarsaparilla* and *Xanthoxylum Carolinianum*, as collected by DR. GEO. W. MCDADE exclusively for ELI LILLY & Co., and endorsed by DR. J. MARION SIMS.

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SUCCUS ALTERANS in venereal and cutaneous diseases is fast supplanting Mercury, the Iodides and Arsenic; and is a certain remedy for Mercurialization, Iodism and the dreadful effects often following the use of Arsenic in skin diseases.

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Damiana cum Phosphoro et Nuce Vomicae.

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THE BEST ANTISEPTIC
FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

Formula.—*Listerine is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.*

Dose.—*Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.*

LISTERINE is a well proven antiseptic agent—an antizymotic—especially adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

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Diseases of the Uric Acid Diathesis.

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KIDNEY ALTERATIVE—ANTI-LITHIC.

Formula.—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

Dose.—One or two teaspoonfuls four times a day (preferably between meals).

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia Albuminuria, and Vesical Irritations generally.

WE have had prepared for the convenience of Physicians **Dietetic Notes**, suggesting the articles of food to be allowed or prohibited in several of these diseases.

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Lambert Pharmacal Company,

SAINT LOUIS.

GOUT.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines, or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry; malt liquors and sweet wines are veritable poisons to these patients.

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I have used Katharmon in the treatment of two cases of catarrh, and it has done good work. I like it better than any remedy I have ever used in the treatment of such cases.

DR. C. A. RICE,
Supt. East Miss. Insane Asylum.

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NEW YORK, April 28, 1888.

I have prescribed quite extensively during the past twenty years HOFF'S MALT EXTRACT, and find it a useful agent in the class of cases for which I have ordered it.

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[C. W. WATTS, M. D.
Auxvasse, Mo.

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Dr. Degener, a prominent physician of Bremen, says: "I have employed the preparation of Iron, introduced under the name of *Tinct. Ferri Composita, Athenstaedt*, by Mr. Jules Athenstaedt, Apothecary at Bremen, in my practice during the past three years exclusively where an Iron preparation was necessary and on the basis of my observations, I recommend it as an efficacious remedy free from all secondary effects, and most agreeable to administer to patients."

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BROMIDIA

THE HYPNOTIC.

FORMULA.—

Every fluid drachm contains 15 grains EACH of Pure Chloral Hydrate, and purified Brom. Pot., and one-eighth grain EACH of gen. imp. ext. Cannabis Ind. and Hyoscyam.

DOSE.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

INDICATIONS.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirium of fevers it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

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THE ANODYNE.

Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendency to cause Nausea, Vomiting, Constipation, Etc.

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Same as Opium or Morphia.

DOSE.—

(ONE FLUID DRACHM)—represents the Anodyne principle of one-eighth grain of Morphia.

IODIA

THE ALTERATIVE AND UTERINE TONIC.

FORMULA.—

Iodia is a combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum, and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

DOSE.—

One or two fluid drachms (more or less as indicated) three times a day, before meals.

INDICATIONS.—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhœa, Amenorrhœa, Impaired Vitality, Habitual Abortions, and General Uterine Debility.

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under the will of the late Samuel D. Gross, M. D.,
will be awarded in 1893.

The conditions annexed by the testator are, that the prize "shall be awarded every five years, to the writer of the best general essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in Surgical Pathology or Surgical Practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the successful competitor shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery.

The essays, which must be written in the English language, should be sent to Dr. J. Ewing Mears, 1429 Walnut Street, Philadelphia, before June 1, 1893.

Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

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Situated in the resident portion or so-called garden district of the city. The building is an elegant mansion, newly furnished throughout, and in perfect sanitary condition. Offers all the advantages usual with such institutions.

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It is advertised exclusively in medical journals.

HYDROLEINE.

(HYDRATED OIL.)

Produces rapid increase in Flesh and Strength.

FORMULA.—Each Dose contains

Pure Cod Liver Oil, 80 m. (drops)	Soda	1.3 Grains
Distilled Water, 35 "	Salicylic Acid	1.4 "
Soluble Pancreatin 5 Grains.	Hydrochloric Acid	1-30 "

Recommended and Prescribed by
EMINENT PHYSICIANS Everywhere.
It is pleasant to the Taste and
acceptable to the most delicate Stomach

IT IS ECONOMICAL IN USE AND CERTAIN IN RESULTS.

HYDROLEINE (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhuae, but a hydro-pancreated preparation, containing acids and a small percentage of soda. Pancreatin is the digestive principle of fatty foods, and in the soluble form here used, readily converts the oleaginous material into assimilable matter, a change so necessary to the reparative process in all wasting diseases.

Lautenbach's Researches on the functions of the liver would show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by re-absorption of morbid tubercular detritus and purulent matters into the general circulation.

In Wasting Diseases the most prominent symptom is *emaciation*, the result of starvation of the fatty tissues of the body as well as the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of *Hydroleine*, which may be discontinued when the usual average weight has been permanently regained.

The following are some of the diseases in which **HYDROLEINE** is indicated:

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To Brain Workers of all classes, *Hydroleine* is invaluable, supplying as it does, the true brain-food, and being more easily assimilated by the digestive organs than any other emulsion.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

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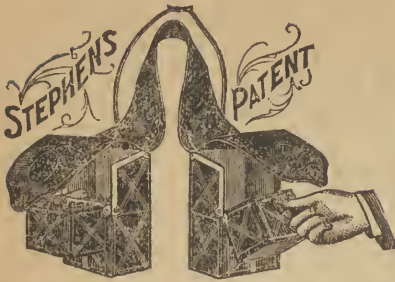
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Gentlemen:—I wish to inform you of the great benefit I have received from your preparation “Phosphoric Elixir”—and I take this opportunity of writing to you before my departure, to the Seal Island of Alaska as Special Agent of the U. S. Treasury Department.

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I remain gratefully yours,

(Signed.)

WM. GAVITT.

The following article appeared in “THE MEDICAL AGE,” Detroit, Michigan, October 25, 1887

“ON THE EXHIBITION OF PHOSPHATES.”

BY WILLARD H. MORSE, M. D., WESTFIELD, N. J.

“It is generally, therapeutically, agreed that the preferable method of exhibiting phosphorus is by the use of phosphates. There are not wanting the most radical objections against the oleum phosphorum and the two tinctures; and there is reasonable question as to the phosphorus pill or the pill of the phosphides being of unvarying availability. * * * * *

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★ no other Soluble (Non-hygroscopic) Pepsin, suitable for the extemporaneous preparation ★
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★ bination, *mashed, i. e., dissolved* without having the slightest taste of it; and it is Free ★
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Prof. M. Semmola, M. D., of Italy, says: Having tested and made repeated examinations of the RESTORATIVE WINE OF COCA, I hereby testify that this preparation is most excellent as a restorative in all cases of general debility of the nervous system, especially in disorders arising from excessive intellectual strain or other causes producing mental weakness. I also consider this wine invaluable for the purpose of renewing lost vitality in constitutions enfeebled by prolonged illness particularly in cases of convalescence from malignant fevers.

Prof. Wm. A. Hammond, M. D., in the course of some interesting remarks before the New York Neurological Society, on Tuesday evening, November 2, called attention to the impurities existing in most of the preparations of wine of coca, which vitiated their value, and then said:—

“Most of the wines of coca contain tannin and extractives, which render the taste of the article astringent, most disagreeable, and even nauseating, especially in cases where the stomach is weak. The difficulty arises from the fact that these wines of coca are made from the leaves, or even from the leavings after the cocaine has been extracted. The active alkaloid, which is the essential element, is therefore wholly lacking in some of these preparations, and this renders them practically worthless.

I therefore asked a well-known gentleman of this city if he could not prepare a wine of coca which should consist of a good wine and the pure alkaloid. He has succeeded in making such a preparation. It seems almost impossible that there could be any such a substance, for its effects are remarkable.

A wineglassful of this tonic, taken when one is exhausted and worn out, acts as a most excellent restorative; it gives a feeling of rest and relief, and there is no reaction and no subsequent depression. A general feeling of pleasantness is the result. **I have discarded other wines of coca and use this alone. It is the Health Restorative Co.'s Preparation.**”
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The most important Remedial Agent ever presented to
the Profession for

**DYSPEPSIA, VOMITING IN PREGNANCY, CHOLERA INFANTUM-
CONSTIPATION, AND ALL DISEASES ARISING
FROM IMPERFECT NUTRITION.**

LACTOPEPTINE precisely represents in composition the natural digestive juices of the Stomach, Pancreas and Salivary Glands, and will, therefore, readily dissolve all foods necessary for the recuperation of the human organism.

LACTOPEPTINE

— IS COMPOUNDED WITH —

**GENTIAN, IRON, STRYCHNIA, BISMUTH, QUINIA, CALISAYA
CINCHONA AND PHOSPHATES.**

and various medications required in general practice, in the form of ELIXIRS
SYRUPS, LIQUIDS, ETC.

Special Notice to the Medical Profession.

Whenever satisfactory results are not obtained from the administration of Lactopeptine, we will consider it a favor if such facts are reported to us, for there can be no doubt that substitution of Pepsin or some of the cheap imitations of Lactopeptine has been practiced, whenever the therapeutic activity of Lactopeptine is not uniformly demonstrated in its indications.

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"Send address for our New Medical Almanac, containing valuable information"

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Acetanilide, - - 3 and 5 "	- - - - - 1 gr.
Antifebrin, - - 3 " 5 "	Quinia Tannat., 1 gr., Ext. Cacao., 9 grs.
Antipyrine, - - 3, 5 " 10 "	Quinia Tannate and Chocolate
Blaud's,	- - - - - 2 1/2 grs.
Ferri Sulph. Exsic., 2 grs., Potas. Carb.,	Quinia Tannat. 2 1/2 grs., Ext. Cacao., 7 1/2 grs.
1 4-5 grs., Sacch. Alb., 1 1/2 grs.	Salol. - - - - 2 1/2 and 5 grs.
Iodol, 1/2, 1, 2, 3 and 5 grs.	Sodium Succinate, 2 " 5 "
Manganese Binoxide, 1 " 2 "	Thalline Sulphate, 2, 3 and 5 "
Opium, Camphor and Carb.	Trinitrin (Nitro-Glycerin),
Ammon.,	- - - - - 1-20, 1-25, 1-33,
Opium Denarcot., 1 1/2 gr., Camphor,	1-50, 1-100, and 1-200 gr.
2 grs., Ammon Carb., 2 1/2 grs.	Terpin Hydrate, 2, 3, and 5 "

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7.7 Hydrarg. Chlor. Corros., 7.3 Ammonium Chloride.

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(MCDADE.)

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In each teaspoonful.

DOSE.—A heaping teaspoonful of the salt, containing 1 gr. Citrotartrate of Iron and 20 grs. of Soda, to be taken in a glass two-thirds full of water and drunk while effervescing. If a more decided effect is desired, warm instead of cold water may be used. In all cases this draught should be taken but once or twice a day, and then on an empty stomach, preferably before breakfast. No restrictions as to diet. One or two Pil. Digestiva (W. & Co.) may be taken at noon, before eating, as a dinner pill.

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EFFERVESCENT APERIENT

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A pleasant and excellent aperient and refrigerant very acceptable to the stomach. Given in all cases indicating the need of an active aperient, and to be given daily to all patients under treatment with Dosimetric therapeutics. (See Wm. R. Warner & Co.'s Dosimetric Granules.)

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(ANTIPYRINE.)
SALINE

R Antipyrine, 4 grs.
Salicylate of Soda, 4 grs.
In each dessertspoonful.

DOSE.—One dessertspoonful, to be repeated as often as the case may require. Almost a specific in Neuralgic Headache. Prescribed in all cases where Antipyrine is used, with better and more certain results.

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Caffein, 1 gr.

When the Potash Salt is preferred, Physicians can prescribe

EFFERVESCENT

BROMO

(WARNER & CO.)

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EFFERVESCENT

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USEFUL IN HEADACHES, NERVOUSNESS, SLEEPLESSNESS, MIGRAINE, DIURNAL EPILEPSY, ETC., ETC.

DOSE.—A teaspoonful containing

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Three times daily.

Administer one teaspoonful in half a glass of water. Drink while effervescing. In Diurnal Epilepsy take a dessertspoonful three times daily until sense of taste is partly destroyed. After this reduce the frequency of dose, but keep the fauces in a benumbed condition.

The Therapeutic Value of the following selected Recipes are respectfully submitted to the Medical Profession. Coating Soluble in 4½ Minutes.

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(WARNER & CO.)

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DOSE.—1 to 3 Pills.

Most advantageously employed in the treatment of Anaemia, Chlorosis, Phthisis, Scrofula, Loss of Appetite, etc.

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(SPECIFY WARNER & CO.'S.)

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PIL : ANTISEPTIC COMP.

(SPECIFY WARNER & CO.'S.)

℞ Sulphite Soda, 1 gr. Each Pill contains Salicylic Acid, 1 gr. Ext. Nuc. Vomica, ¼ gr.
Powd. Capsicum, 1-10 gr. Conc't Pepsin, 1 gr.
DOSE.—1 to 3 Pills.

Pil. Antiseptic Comp. are prescribed with great advantage in Dyspepsia, Eructations after Eating, Indigestion and malassimilation of food.

PIL : SUMBUL COMP.

(SPECIFY WARNER & CO.'S.)

(DR. GOODELL.)

Each Containing

℞ Ext. Sumbul, 1 gr. Asafœtida, 2 grs. Ferri Sulph. Exs. 1 gr. Ac. Arsenious, 1-30 gr.
Dose, 1 to 2 pills.

"I use this pill for nervous and hysterical women who need building up." The combination of this Pill is used with advantage in conjunction with Warner & Co.'s Bromo Soda. One or two Pills taken three times a day.

PIL : ALOIN, BELLADONNA AND STRYCHNINE.

(SPECIFY WARNER & CO.'S.)

℞ Aloin, 1-5 gr. Strychnine, 1-60 gr. Ext. Belladonna, ½ gr.
Medical Properties, Tonic, Laxative. Dose, 1 to 2 pills.

☞ Try this Pill in Habitual Constipation. ☞

PIL : LAPATICA.

(SPECIFY WARNER & CO.'S.)

Same as Aloin, Strychnia and Belladonna, with 1-16 gr. of Powdered Ipecac added.

PREPARED BY

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RELIABLE SOLUBLE COATED PILLS,

PARVULES, GRANULES, ETC., ETC.,

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WM. R. WARNER & CO.'S
SOLUBLE SUGAR-COATED
PHOSPHORUS PILLS.

(Prepared for Physicians' Prescriptions.)

Specify Warner & Co.'s for full therapeutic effect.

Pil: Phosphori, 1-100 gr., 1-50 gr. or 1-25 gr. (W. R. Warner & Co.)

DOSE.—One pill, two or three times a day, at meals.

THERAPEUTICS.—When deemed expedient to prescribe phosphorus alone, these pills will constitute a convenient and safe method of administering it.

Pil: Phosphori Co. (W. R. Warner & Co.)

℞ Phosphori, 1-100 gr.; Ext. Nucis Vomicae, $\frac{1}{4}$ gr.

DOSE.—One or two pills, to be taken three times a day, after meals.

THERAPEUTICS.—As a nerve tonic and stimulant this form of pill is well adapted for such nervous disorders as are associated with impaired nutrition and spinal debility, increasing the appetite and stimulating the digestion.

Pil: Phosphori cum Nuc. Vom. (W. R. Warner & Co.)

℞ Phosphori, 1-50 gr.; Ext. Nucis Vomicae, $\frac{1}{8}$ gr.

DOSE.—One or two pills, three times a day, at meals.

THERAPEUTICS.—This pill is especially applicable in *atonic dyspepsia*, depression, and in exhaustion from overwork, or fatigue of the mind. PHOSPHORUS and NUX VOMICA are *sexual stimulants*, but their use requires circumspection as to the dose which should be given. As a general rule, they should not be continued for more than two or three weeks at a time, one or two pills being taken three times a day.

Pil: Phosphori cum Ferri et Nuc. Vom. (W. R. Warner & Co.)

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nucis Vomicae, $\frac{1}{4}$ gr.

DOSE.—One or two pills may be taken two or three times a day, at meals.

THERAPEUTICS.—This pill is applicable to conditions referred to in the previous paragraphs as well as to anæmic conditions generally, to sexual weakness, neuralgia in dissipated patients, etc.

Pil: Phosphori cum Ferro et Quinia. (W. R. Warner & Co.)

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Quiniæ Sulph., 1 gr.

DOSE.—One pill to be taken three times a day, at meals.

THERAPEUTICS.—PHOSPHORUS increases the tonic action of the iron and quinine, in addition to its specific action on the nervous system. In general debility, cerebral anæmia and spinal irritation, this combination is especially indicated.

Pil: Phosphori cum Ferro et Quinia et Nuc. Vom. (W. R. Warner & Co.)

℞ Phosph., 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nuc. Vom., $\frac{1}{4}$ gr.; Qui. Sulph., 1 gr.

DOSE.—One pill, to be taken three times a day, at meals.

THERAPEUTICS.—The therapeutic action of this combination of tonics, augmented by the specific effect of Phosphorus, on the nervous system, may readily be appreciated.

A powder:—Prescribed in the same manner, doses and combinations as Pepsin, with superior advantage.

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(From the VENTRICULUS CALLOSUS GALLINACEOUS),

A SPECIFIC FOR VOMITING IN PREGNANCY,

In Doses of 10 to 20 Grains.

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FOR BOTH INTERNAL AND EXTERNAL USE.

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Formula.—*Listerine is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.*

Dose.—*Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.*

LISTERINE is a well proven antiseptic agent—an antizymotic—especially adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

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LITHIATED HYDRANGEA.

KIDNEY ALTERATIVE—ANTI-LITHIC.

Formula.—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

Dose.—One or two teaspoonfuls four times a day (preferably between meals).

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia Albuminuria, and Vesical Irritations generally.

WE have had prepared for the convenience of Physicians **Dietetic Notes**, suggesting the articles of food to be allowed or prohibited in several of these diseases.

A neatly bound book of these Dietetic Notes, each note perforated for the convenience of physicians in detaching and distributing to their patients, will be sent free upon request, together with our latest compilations of case reports and clinical observations, bearing upon the treatment of this class of Diseases.

Lambert Pharmacal Company,

SAINT LOUIS.

GOUT.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation, Alcoholic stimulants, if used at all, should be in the form of light wines, or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry; malt liquors and sweet wines are veritable poisons to these patients.

READING NOTICES.

In these days when food adulteration is so common it is a comfort to find an article for the table that is thoroughly reliable. Walter Baker & Co.'s breakfast cocoa is eminent in this limited class. No chemicals are used in its manufacture and it is absolutely pure. It forms moreover a delicious and healthful drink, as refreshing and more nutritious than tea or coffee, and free from the injurious effects that those beverages sometime produce. And it is very cheap withal. The house of Walter Baker & Co. has maintained for more than one hundred years a great and honored repute by the excellence and purity of its manufactures.

SYPHILITIC ULCERATION OF THE SOFT PALATE.—Dr. I. W. Condict, of Dover, N. J., writes: "I have recently witnessed satisfactory results from the persistent administration of *SUCCUS ALTERANS* in an aggravated case of the destruction of the tonsil, velum and all surrounding soft parts, where iodide of potassium had been exhibited more than two months in liberal doses, even as high as four hundred grains per day continually for three weeks of the time, and had failed to arrest the progress of the disease."

(We personally know Dr. Condict as a physician of large practice, much above the average in education, and one of the most successful physicians in New Jersey. Coming from him the above is very high commendation.)—*Ed. Mass. Med. Journal.*

I must say I like *KATHARMON* as an internal and external remedy in catarrhal affections and uterine troubles. As a prophylactic and antiseptic it measures up to many so-called deodorizers.

C. W. WATTS, M. D.,
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NEW YORK, April 28, 1888.

I have prescribed quite extensively during the past twenty years *HOFF'S MALT EXTRACT*, and find it a useful agent in the class of cases for which I have ordered it.

FORDYCE BAKER.

ST. JOSEPH, Mo., April 1, 1889.

Katharmon Chemical Co., St. Louis—Gentlemen: We would say that we are well pleased with the results we have obtained from the use of *Katharmon* in the diseases for which its use is suggested. It is especially beneficial as a gargle and mouth wash, and it fully meets all indications where milder antiseptics is required. We commend its use.

JACOB GEIGER, M. D.,
Prof. of Principles and Practice of Surgery and Clinical Surgery
H. W. LOEB, A. M., M. D.,
Prof. of Physiology and Hygiene.

UTERINE STYPTIC.—John Alderley, M. D., Skibbereen, County Cork, Ireland, says: "It gives me great pleasure to add my testimony to the great value of S. H. Kennedy's Extract of *Pinus Canadensis*, which I consider a most valuable uterine styptic, seeming not only to possess the power of arresting uterine hemorrhage, but also to produce healthy action of the parts. I used it with a patient who had been suffering for a number of years from menorrhagia, depending upon ulceration of the os and cervix uteri, with whom I had tried all other remedies for menorrhagia, lasting during a period of five months almost without intermission. Extract of *Pinus Canadensis* applied to the os uteri on cotton wool, and also used as a lotion, arrested the hemorrhage immediately, and the *Aletris Cordial*, which was taken internally, helped to invigorate the system and promote a cure, which I had at one time considered incurable. I should not wish to be without these remedies in similar cases, and shall continue the use of them in my practice, as I consider they gave most satisfactory results."

We call attention to the advertisement of Ford's Golden Pepsin, at page 12. The observations of competent chemists show that this pepsin has a powerful proteolytic action.

TINCT FERRI-COMP. ATHENSTAEDT.

Dr. Degener, a prominent physician of Bremen, says: "I have employed the preparation of Iron, introduced under the name of *Tinct. Ferri Composita, Athenstaedt*, by Mr. Jules Athenstaedt, Apothecary at Bremen, in my practice during the past three years exclusively where an Iron preparation was necessary, and on the basis of my observations, I recommend it as an efficacious remedy, free from all secondary effects, and most agreeable to administer to patients."

BROMIDIA

THE HYPNOTIC.

FORMULA.—

Every fluid drachm contains 15 grains EACH of Pure Chloral Hydrat. and purified Brom. Pot., and one-eighth grain EACH of gen. imp. ext. Cannabis Ind. and Hyoscyam.

DOSE.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

INDICATIONS.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirium of fevers it is absolutely Invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

PAPINE

THE ANODYNE.

Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendency to cause Nausea, Vomiting, Constipation, Etc.

INDICATIONS.—

Same as Opium or Morphia.

DOSE.—

(ONE FLUID DRACHM)—represents the Anodyne principle of one-eighth grain of Morphia.

IODIA

THE ALTERATIVE AND UTERINE TONIC.

FORMULA.—

Iodia is a combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum, and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

DOSE.—

One or two fluid drachms (more or less as Indicated) three times a day before meals.

INDICATIONS.—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhoea, Menorrhagia, Leucorrhoea, Amenorrhoea, Impaired Vitality, Habitual Abortions, and General Uterine Debility.

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These pepsins differ only in their environments.



FORD'S PEP SIN being especially adapted for use as a permanently dry powder, alone or in combination; and

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Physicians are now well aware that there is no logical or necessary connection between high prices and quality, and the fact is universally recognized that we were the pioneers in establishing for pepsin a relation between

LOW PRICES AND HIGH DIGESTIVE POWER

which has given occasion for greatly developing and extending the usefulness of pepsin.

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Write for samples.

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It is advertised exclusively in medical journals.

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Produces rapid increase in Flesh and Strength.

FORMULA.—Each Dose contains

Pure Cod Liver Oil, 80 m. (drop)	Soda	1.3 Grains
Distilled Water, 35 "	Salicylic Acid	.1-4 "
Soluble Pancreatin 5 Grains.	Hyocholeic Acid	.1-20 "

Recommended and Prescribed by
EMINENT PHYSICIANS Everywhere.
It is pleasant to the Taste and
acceptable to the most delicate Stomach.

IT IS ECONOMICAL IN USE AND CERTAIN IN RESULTS.

HYDROLEINE (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhuae, but a hydro-pancreated preparation, containing acids and a small percentage of soda. Pancreatin is the digestive principle of fatty foods, and in the soluble form here used, readily converts the oleaginous material into assimilable matter, a change so necessary to the reparative process in all wasting diseases.

Lautenbach's Researches on the functions of the liver would show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by re-absorption of morbid tubercular detritus and purulent matters into the general circulation.

In Wasting Diseases the most prominent symptom is *emaciation*, the result of starvation of the fatty tissues of the body as well as the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of *Hydroleine*, which may be discontinued when the usual average weight has been permanently regained.

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The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.,

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To increase the solubility of the powdered cocoa, various expedients are employed, most of them being based upon the action of some alkali, potash, soda or even ammonia. Cocoa which has been prepared by one of these chemical processes, can usually be recognized at once by the distinct alkaline reaction of the infusion in water.

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— FOR —

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COD LIVER OIL, IODO-FERRATED;
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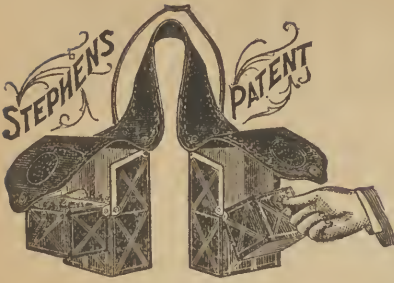
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Prof. Wm. A. Hammond, M. D., in the course of some interesting remarks before the New York Neurological Society, on Tuesday evening, November 2, called attention to the impurities existing in most of the preparations of wine of coca, which vitiated their value, and then said:—

“Most of the wines of coca contain tannin and extractives, which render the taste of the article astringent, most disagreeable, and even nauseating, especially in cases where the stomach is weak. The difficulty arises from the fact that these wines of coca are made from the leaves, or even from the leavings after the cocaine has been extracted. The active alkaloid, which is the essential element, is therefore wholly lacking in some of these preparations, and this renders them practically worthless.

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(MCDADÉ.)

SUCCUS ALTERANS is a purely vegetable compound of the preserved juices of *Stillingia Sylvatica*, *Lappa Minor*, *Phytolacca Decandra*, *Smilax Sarsaparilla* and *Xanthoxylum Carolinianum*, as collected by DR. GEO. W. MCDADÉ exclusively for ELI LILLY & Co., and endorsed by DR. J. MARION SIMS.

SUCCUS ALTERANS continues to gain favor from its remarkable Alterative and Tonic properties, *eliminating specific poison from the blood and increasing the proportion of red corpuscles in anæmic patients* to a wonderful degree; is endorsed by the medical profession and in use by many hospitals of note.

SUCCUS ALTERANS in venereal and cutaneous diseases is fast supplanting Mercury, the Iodides and Arsenic; and is a certain remedy for Mercurialization, Iodism and the dreadful effects often following the use of Arsenic in skin diseases.

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GOUT.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines, or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry; malt liquors and sweet wines are veritable poisons to these patients.

READING NOTICES.

TINCT FERRI-COMP. ATHENSTAEDT.

Dr. Degener, a prominent physician of Bremen, says: "I have employed the preparation of Iron, introduced under the name of *Tinct. Ferri Composita, Athenstaedt*, by Mr. Jules Athenstaedt, Apothecary at Bremen, in my practice during the past three years exclusively where an Iron preparation was necessary, and on the basis of my observations, I recommend it as an efficacious remedy, free from all secondary effects, and most agreeable to administer to patients."

SYPHILITIC ULCERATION OF THE SOFT PALATE.—Dr. I. W. Condict, of Dover, N. J., writes: "I have recently witnessed satisfactory results from the persistent administration of SUCCUS ALTERANS in an aggravated case of the destruction of the tonsil, velum and all surrounding soft parts, where iodide of potassium had been exhibited more than two months in liberal doses, even as high as four hundred grains per day continually for three weeks of the time, and had failed to arrest the progress of the disease."

(We personally know Dr. Condict as a physician of large practice, much above the average in education, and one of the most successful physicians in New Jersey. Coming from him the above is very high commendation.)—*Ed. Mass. Med. Journal.*

FROM FORDYCE BAKER, M. D.]

NEW YORK, April 28, 1888.

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"I have prescribed "Colden's Liquid Beef Tonic," and cheerfully state that it has met my most sanguine expectations, giving to patients long enfeebled by chronic diseases, debility, weakness, loss of appetite and indigestion, the needed *nutrition* and nerve food."

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Every fluid drachm contains 15 grains EACH of Pure Chloral Hydrat. and purified Brom. Pot., and one-eighth grain EACH of gen. imp. ext. Cannabis Ind. and Hyoscyam.

DOSE.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

INDICATIONS.—

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Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendency to cause Nausea, Vomiting, Constipation, Etc.

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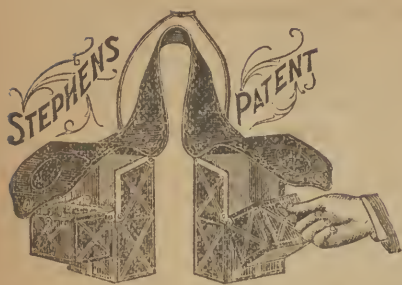
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Parvules of Nux Vomica, 1-50.

(WARNER & CO.)

Nux Vomica, according to Ringer, is possessed of real curative powers for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause. He regards it, administered in small and frequently repeated doses, as useful in many disturbances of the gastric functions.

Index of Diseases Treated with Parvules.

THE dose of any Parvule will vary from one to four, according to age or the frequency of administration. For instance, one Parvule every hour, two every two hours, or three every three hours, and so on for adults. For children, one three times a day is the minimum dose.

It is claimed by many practitioners that small doses, frequently repeated, exert a more salutary effect.

Atonic Dyspepsia. Parv. Nux. Vomica..... 1-50 gr.	Nausea. Parv. Ipecac.....1-50 gr.
Billous Conditions. Parv. Calomel.....1-20 gr.	Retarded Menstruation. Parv. Ergotine.....1 10 gr.
Bronchitis of Children. Parv. Tartar Emetic.....1-100 gr.	Scrofula. Parv. Calomel, 1 20, and Aloin, 1-10 gr.
Constipation Parv. Aloin.....1-10 gr.	Sick Headache. Parv. Nux. Vomica.....1-50 gr.
Diarrhœa. Parvules Corros. Sublimate, 1-100 gr.	Sickness of Pregnancy. Parv. Belladonna.....1-20 gr.
Exanthematous Skin Diseases. Parv. Iodide Arsenic.....1-100 gr.	Sluggish Bowels. Parv. Podophyllin..... 1-40 gr.
Habitual Constipation. Parv. Podophyllin.....1-40 gr.	Spermatorrhœa, Parv. Phosphorus. ....1 200 gr.
Hydatic Uterine Growth. Parv. Ergotine.....1-10 gr.	Summer Diarrhœa. Parv. Mercury with Chalk..1-10 gr.
Incontinence of Urine. Parv. Canthari.....1-50 gr.	Syphilis. Parv. Calomel.....1-20 gr.
Inflammatory Process. Parv. Aconite.....1 20 gr,	Syphilitic Headache. Parv. Cor. Subl.....1-100 gr.
Influenzas. Parv. Iod Arsenic.....1-100 gr.	Torpidity of Liver. Parv. Podophyllin.....1-40 gr.
Itching Skin Eruptions. Parv. Iod. Arsenic.....1 100 gr.	Uterine Hemorrhages. Parv. Ergotine.....1-10 gr.
Mucous Rectal Discharges. Parv. Tannin.....1-10 gr.	Vesicular Emphysema. Parv. Digitalis.....1-20 gr.

A powder:—Prescribed in the same manner, doses and combinations as Pepsin, with superior advantage.

INGLUVIN

From the Ventriculus Callosus Gallinaceus.

A SPECIFIC FOR VOMITING IN PREGNANCY

In doses of 10 to 20 grains.

WM. R. WARNER & CO.

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