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"Without wishing to even question the possible advantages of antiseptic treatment in many cases of excessive intestinal fermentation, I am, however, inclined to lay special stress upon the influence of diet in such disorders. Everything else being equal, it is obvious that the more digestible the food-stuffs ingested, the less tendency there will be for intestinal fermentation. On the other hand, the accumulation of difficultly digestible material in the intestinal tract affords one of the best possible conditions favorable for putrefaction."

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"Urge the Profession."

(See Letter Below.)

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Original Articles.

RETRO-DEVIATIONS OF THE UTERUS.

Clinical Lecture Delivered at the Woman's Medical College of Baltimore, October 2, 1896.

By B. Bernard Browne, M. D.,
Professor of Gynecology, Woman's Medical College.

In beginning the clinical work of the present session, I would like to impress upon every member of the class the importance of a careful examination and study of each case presented to you at the dispensary clinic.

In some of the patients that come before you for examination the pelvic organs may be found in a condition almost normal; such cases should be very instructive to you for they give you an opportunity of obtaining an accurate knowledge of the size, shape and position of the healthy organs and thus you will be much better prepared to recognize and appreciate the changes and deviations produced by disease and misplacements.

Every physiological or pathological condition of the pelvic organs is attended by variations more or less marked either in their tissues, their shape, size, or in their relative positions, and often in all. Hence the necessity of keeping continually before us the normal standard by which we may estimate the abnormal deviations and understand how these may be corrected.

The cases that will be presented to you today will be of retro-displacements of the uterus.

Case I.—G. P., colored, single, aged 21, had one child four years ago, two miscarriages the last two years ago, has dysmenorrhea and leucorrhea and constant pain in the back. Upon examination we find the cervix lacerated bilaterally, the uterus enlarged and in a state of subinvolution, the fundus being in the hollow of the sacrum and not movable; the tubes and ovaries are in a normal condition.

The sound, which was formerly used for diagnostic purposes, has been supplanted by bimanual examination; at the present time it is seldom used except for the purpose of confirming a diagnosis previously made. In this case we shall use it for the latter purpose and find that the diagnosis of retroflection is correct; we will now determine whether the uterus is movable and susceptible of being replaced.

We introduce two fingers into the vagina and carry them up to the posterior cul-de-sac; by lifting the fundus with the two fingers and depressing the proximal end of the sound and at the same time rotating it, we find that the uterus is readily replaced, but will most likely go back to its old position as soon as the woman gets up and walks about.

We will send the patient into the

hospital, and as her tubes and ovaries are in a healthy condition, the uterus will be curetted, the laceration repaired and the organ restored to its normal position and kept so by a retroflexion pessary until the repair of the cervix has been completed and involution of the uterus takes place.

Case II.—Lizzie R., aged 21, colored, married two years, one child one year old, which died soon after birth; she has menstruated regularly since and has had a great deal of pain in the back and profuse leucorrhea. This patient first came to the clinic on July 12, and upon examination it was found that she had a retroflexion and endometritis; she was advised to go to the hospital for treatment, which would have consisted of dilatation, curetting and thorough tamponing and restoration of the displaced uterus.

As she was unwilling to enter the hospital at that time, palliative treatment was adopted; the uterus was replaced and a retroflexion pessary was adjusted, which she has worn with comfort up to the present time.

As this woman intends leaving the city next week and expects to make her home at a distance we will remove the pessary before she leaves for fear some accident might occur to her from its use. After pessaries are introduced patients should be kept under constant observation, as many injuries have occurred from their improper use; sometimes they cut into the bladder or rectum.

A pessary should never be introduced until the uterus has been replaced to its normal position; if adhesions exist it should not be used; if the tubes and ovaries are diseased or if there is intrapelvic disease a pessary generally does harm. However, in many cases of prolapsed ovary accompanied by retroflexion, replacement of the uterus and adjustment of a pessary with a broad posterior bar will correct the displacement of both ovary and uterus. All rational means should be availed of to save the healthy pelvic organs from extirpation.

THOROUGHNESS IN STUDY.

Address delivered at the Opening of the Twenty-Fifth Annual Session of the College of Physicians and Surgeons, September 31, 1896.

By C. Hampson Jones, M. D.,
Professor of Obstetrics.

Gentlemen:—It is at once a pleasure and a torture to welcome you tonight. A pleasure to represent the faculty in extending their greeting and well-wishes to you, but a torture to have to put it in writing and read it for fear I should forget the formula.

Some of you have passed your second mile-stone in your journey towards the entrance into that country that you have chosen for your life-work. Others have passed your first mile-stone and are anxiously gazing upwards to the second, where you expect at least to obtain a distant view of the promised land. And there are yet others of you who are about to begin your journey, perhaps with some fear and trembling, but with stout hearts you console yourselves with the thought "Others have journeyed successfully, why not I?"

When your period of probation is over, when your three or four years' journey is finished by passing through the portals into this unknown country, what do you expect to find?

Why should I attempt to produce a composite picture of all your ideas? It would only be confusion; for how could one successfully blend that idea formed by one whose life has already been that of toil and self-reliance with that idea formed by one who has yet to meet the buffetings of this world?

All of you have in your minds some particular goal to reach before you would

consider yourselves successful. Everyone must have this incentive to work, but do not become discouraged as in the years to come you find that you approach your ideal goal very, very slowly, or, indeed, that your goal has not apparently receded.

One seldom reaches as high an ideal as he placed before himself in the beginning, but in his honest efforts to attain he has unconsciously strengthened and developed himself and has raised the average of his profession.

What is the best way for you to prepare for your life-work for you to reach your ideal success? Shall I advise you what to do and what not to do?

Everyone is interested in young men, particularly when they begin to lay the foundation for their careers in life, but no one person is ever in position to point out the way for all people by his own experience. Suppose one should venture to give general advice, would it be followed?

Look over the writings of philosophers for thousands of years and you will find the same advice, varied only in degree and style. With those of the Scriptures in both Old and New Testaments, you are familiar; probably also with those of the Greek and Asiatic philosophers. Have you been influenced by them; will you be guided by them in the future? I will not repeat all the admonitions, but I venture to call your attention to one that is said to have been formulated by Epictetus.

"Thou art a fool if thou desire wife and children and friends to live forever, for that is desiring things to be in thy power which are not in thy power, and things pertaining to others to be thine own. So also thou art a fool to desire that thy servant should never do anything amiss, for that is desiring evil not to be evil, but something else. But if thou desire never to fail in any pursuit, this thou canst do. This, therefore, practice to attain, namely, the attainable."

"Think that thou shouldest conduct thyself in life as at a feast. Is some dish brought to thee? Then put forth thyself in seemly fashion. Doth it pass thee by? Then hold it not back. Hath it not yet come? Then do not reach out for it at a distance, but wait till it is at thine hand."

Your stay with us is short, but during that time we must build a foundation upon which you will erect in future years the superstructure. This superstructure must be built by you and for its magnificence in beauty and design you will be held justly responsible.

In the construction of the foundation, however, we feel ourseleves to a great degree responsible for the soundness of it. The past decade or decade and a half has seen in all countries very great changes in this foundation and these have been most marked in our own country. The foundation has been made deeper and broader and some assistance is rendered even in designing the superstructure instead as in former days of digging a foundation the first year, the second year throw in some stone, lime and sand and tell you "go build."

Many physicians are still found (but I am pleased to note that one must seek them) who, dazzled by the magnificent superstructures that have been erected upon that simple narrow two-year foundation, hold that we today are asking too much time of our young men in laying the foundation. Doubtless some of you have heard such talk but yet have wisely concluded to build your foundations broader.

People constantly conclude falsely by studying exceptions rather than the rule and seeing only the occasional great and grand successes under the old regime conclude that they are because of it rather than in spite of it. Study these exceptions, get a truthful record of their lives, and you will find that they quickly saw where they were weak, they saw that their foundations were too narrow and too shallow; they did not wait to see how much they could build on such foundation but at once began to broaden themselves in every way by taking an extra course here and another there, getting privileges of work in free clinics, etc., when they could labor diligently, making mistakes but never ceasing to broaden in knowledge

and increase in wisdom until their fellow graduates and associates suddenly became aware of the fact that giants had developed amongst them.

But what of the others who did not see their necessities until too late? Have you ever heard some say, "I wish I had your opportunities to again go over the fundamental principles that I now find so important to know." These same people will tell you also that the lack of the knowledge that you will receive in the first years of your study prevents them from advancing as they would like.

Why is it that it requires so much effort to convince young men that the greater the thoroughness of preparation is in the end best for them in the practice of medicine? They say nothing if a year is added to the law course or science or divinity, but medicine! That must remain as of yore.

The answer given by a doctor a few days ago may afford us some light. It was in a court of law in this city, in a suit for damages; he, I think, was a witness for the plaintiff; he was asked where he had graduated. He said that he had never graduated; he had heard one or two lectures by Dr. Thomas Opie, but never thought it necessary to graduate. "I am a born doctor."

Are any of you born doctors? Born doctors have never done anything for their fellow mortals or advanced medicine one particle. Born doctors have kept medicine shackled with the chains of ignorance for centuries and even at the present day effects of it can be seen. Catch cold, let it irritate your larynx until you cough sufficiently frequently to attract the attention of everyone. Your friends will diagnose your case as far off as they can see you and will have ready an unfailing cure and will urge you to drop all other remedies and procure his.

Now, in the very early days of medicine, about the time of the Babylonians, it was customary to expose the sick in the public place for people to prescribe for them. The difference between then and now is that then the sick one or his friends would appeal to the passers-by for medical aid, while now medical aid is thrust upon you and the prescribers become incensed if not taken by the victim. Personal experience is the great force with these born doctors. This thing of being a born doctor is all "rot."

Years and years ago, about 450 B. C., the great Hippocrates said: "Six things are required to constitute a physician. Natural talents, a good education, a competent instructor, early study, industry and adequate time." Surely if such advice was sound then, it is the more so now.

The past thirty years have brought about great changes in medicine. The work of Pasteur, Lister, Koch and Roux have increased the powers and broadened the knowledge of physicians to that degree that the young men cannot become educated practitioners in the time formerly required. It is upon such as you that the future of medicine depends. We yet see "as through a glass darkly" and it is for you and your successors to clear the vision.

Do you suppose that such giants that I have just mentioned were accidental productions, that they made their discoveries and their conclusions by intuition? By no means. They began as you are now, knowing nothing. Facts were given them by their instructors year by year as they became fitted to receive them.

They did not "reach out" for the dish that was beyond them, but contented themselves by taking time to digest those things with which they had already been served, which finally brought the new dish to them. The association with your preceptors at home, the occasional work that has been allotted to you by them, has possibly made you restless to begin on your own account the practical part of medicine.

Overcome, I beg of you, this desire, be content to wait for the dishes to be brought to you, do not reach out. Work earnestly at the subjects assigned you for your year of study. Master them and I can safely promise you that your work will be easier, will be more thorough, will make you better practitioners.

Do I expect you to be such leaders as Pasteur, Lister and others? No. But I do expect you to prepare yourselves to be able to appreciate the work of such men, to cheer them on by your intelligent support and criticism.

Think of it. The advance of medicine is not entirely dependent upon the leaders. The average intelligence and knowledge of the mass of practitioners is equally necessary so that the truths discovered might rapidly be put to the good of humanity and not allowed to lie dormant like that truth given forth by our own Holmes, respecting puerperal fever, which was forgotten for nearly forty years, but is now accepted by all.

You all desire to be practical physicians; see to it that you prepare yourselves to put into practice such truths and then the goal that you desire to reach will all the easier be attained, your efforts will raise the average of the profession and that will lead to greater advancement in the relief of the ills of humanity.

A REVIEW OF THE AUTHOR'S METHOD OF ANCHORING THE KIDNEY.

Read before the Ohio State Medical Society.

By R. Harvey Reed, M. D.,
Columbus, Ohio.
Professor of the Principles and Practice of Surgery and Clinical Surgery, Ohio Medical University.

The frequency with which surgeons meet both floating and movable kidney has long since attracted attention as to the best method of anchoring this organ so as to preserve its normal functions. The multitude of complex disturbances and reflex symptoms associated with a floating or movable kidney are such that the surgeon is constantly called upon to render relief. These abnormal conditions may last for years without serious results, yet they are liable to give rise to degenerative changes which may necessitate a nephrectomy or a nephrotomy at any moment. Palliative treatment, by means of rest and bandaging, as a rule, avails but little. The difficulty of holding a kidney in place with a bandage is such that little reliance can be placed on this method of treatment.

From the fact that this abnormal condition is chiefly a source of annoyance rather than danger, patients hesitate in submitting to an operation for the purpose of anchoring the kidney, as it seems to them like a very large undertaking for the purpose of accomplishing very small results. It is hard to make them understand the importance of having the kidney anchored and the danger that is likely to arise from neglect of the proper surgical treatment. At the same time we can hardly blame them or their family physician for not urging an operation which requires a large oblique gash through the lumbar muscles and a number of buried sutures which are difficult to insert. Only those who have attempted to perform this operation can appreciate how hard it is to hold the kidney in place by the old-fashioned method until it is sutured to the deep muscles of the back. The difficulty of this procedure stimulated me to devise a new operation which had for its object simplicity, rapidity and efficiency.

Referring to a paper read before the Columbus Academy of Medicine, November 19, 1894, on "A New Method of Anchoring the Kidney," published in the *Columbus Medical Journal*, December 25, 1894, you will find that my operation consists "in making the ordinary perpendicular abdominal incision over the median line of the kidney. As a rule, it need not exceed two and a half inches in length, depending largely on the thickness of the abdominal walls. Having made the incision sufficiently

large to get the fingers in and bring the kidney to its normal place, I then use a long needle which I have had made on purpose, seven inches in length. Two of these needles are threaded with aseptic silkworm gut or aseptic silk, using but one ligature. Having placed the kidney in its normal position (and in the case of a floating kidney scored the peritoneum so as to favor adhesions), I now insert my first needle through the upper and inner part of the cortical substance of the kidney directly through the muscles of the back, bringing it out between the eleventh and twelfth ribs. The second needle, which is on the other end of the ligature, is also passed through in a similar manner, about an inch from its fellow, through the upper and outer cortical substance of the kidney, making, as you will recognize, a staple stitch. These ligatures are tied on the integument of the patient's back by an assistant. If necessary, another suture is inserted in a similar manner through the outer margin of the kidney, the first needle of the second suture being passed about an inch below the last needle of the first suture, and the second needle of the second suture about an inch below the first needle of the second suture, through the cortical substance of the outer portion of the kidney."

You will readily see that this is a very simple operation, does not involve any vital structures and can be performed in a few moments, with little or no danger to the patient, while the results have been even more than anticipated. In explaining the method I had adopted to my friends, I found but practically one criticism and that was a lack of confidence in obtaining satisfactory results. Recognizing the fact that it required several sutures, by the old method, to hold the kidney in place, they did not see how it was possible for one or two sutures to accomplish the same. If you stop to study the difference between the two methods, you will readily observe that the new method "clinches," so to speak, the kidney by a staple suture, while the old method simply sutured the posterior portion to the deep lumbar muscles. The merest tyro will readily see the mechanical difference between the two sutures. The one not only embraces the entire kidney, but pierces the lumbar muscles and is re-enforced by the integument on the back, while the other simply involves a portion of the friable cortex of the kidney and a small portion of the tenderloin; hence it is quite evident that more sutures would be required by the old method than the new.

Since devising this plan for anchoring the kidney, I have had an opportunity for demonstrating its practical utility in five (the author operated his sixth case at the University Hospital, during the recent meeting of the Ohio State Medical Society, which made a prompt and uneventful recovery, making a total of seven cases with seven recoveries by this method) cases operated by myself and one by my colleague, Dr. Means, with the most satisfactory results in each case. The rapidity with which the operations were done is one of the marked features. It is only necessary to make a very small opening into the abdominal cavity, bring the kidney to its normal position, pierce it with the needles, as above described, tie the sutures over a piece of iodoform gauze on the back and close the abdominal wound. There are seldom any constitutional symptoms following the operation. The patient has little or no pain or rise of temperature, while the pulse remains practically normal. In about ten days the suture can be removed, leaving the kidney entirely free from any foreign substance. I usually have the patient remain quiet from two to three weeks after the operation.

Up to date there has not been a single instance of a return of the disease, so far as I have any knowledge, the patients are all enjoying good health, and are entirely free from the reflex symptoms which were so annoying prior to the operation. In two of these cases it was my fortune to have an opportunity to examine the result; in one case several months afterwards and the other nearly two years. In each case the patient had to be operated for ovarian trouble, and in each I made a careful examination of the kidney which had been anchored

and found it firmly fixed and, so far as I was able to judge, in a perfectly healthy condition.

I do not claim that the few cases which I have reported are sufficient to establish the fact that this method is without fault, but I do claim that up to date the results secured are better than those usually obtained by other methods.

Society Reports.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

REPORTED FOR THE MARYLAND MEDICAL JOURNAL.

Dr. J. Frank of Chicago read a paper on the subject of A NEW METHOD OF FASTENING THE ROUND LIGAMENT IN ALEXANDER'S OPERATION, WITH LITTLE DISTURBANCE OF ITS ANATOMICAL RELATIONS. An incision an inch long is made midway between the anterior superior spine of the ilium and the spine of the pubes, a trifle above Poupart's ligament. The transversalis muscle is pushed back and the ligament lifted out with a blunt hook, such as I here show you. Draw it out until the uterus is in the correct position. No great difficulty is experienced if the peritoneal cavity should be opened. Usually three sutures are required to close the wound; the first one being taken as low as possible through one flap of the peritoneum, then through the round ligament itself. Instead of drawing the ligament through the fascia as formerly practiced, it is replaced in its anatomical position beneath the transversalis muscle. By this method a slough of the ligament is prevented. This operation is the simplest of all yet proposed for the purpose. As a suture material, kangaroo tendon has proven most satisfactory in my experience. A pessary should be fitted in before the operation and worn as long as may be deemed necessary by the surgeon, afterwards.

Dr. A. Ochsner of Chicago: Dr. Frank devised this method seven years ago. I consider it a great improvement in this operation because it does away with tearing and injuring the tissues. His method leaves the organ in the best possible condition for recovery, with sufficient adhesions to protect the ligament from being drawn out again ; yet without unnecessary adhesions. I have examined some of the author's cases and can confirm his favorable report.

Dr. J. Homer Coulter of Chicago read a paper on TONSILLOTOMY BY CAUTERY DISSECTION.

No subject in surgery or medicine has been much more prolific in interest and discussion than that of the tonsil. In the past ten years over 600 papers have been written on that subject alone. The size of the normal tonsil is still a subject of discussion with throat specialists. Some claim there is normally no tonsil to be seen ; however, the most usual opinion is that there exists normally a collection of follicles between the pillars of the fauces protruding slightly above them. The tonsil is an almond-shaped gland larger at one end than the other and somewhat flattened.

The methods usually employed for its ablation are the guillotine, igni-puncture, the cold or cautery snare, or the knife. Each of these methods have practical objections to their use. Most important of these objections and one which applies to all of them is the fact that by no one of them can the gland be taken out. Unless this is done the part remaining will oftentimes produce as much trouble as did the former condition. The operation I propose obviates this objection entirely if properly performed.

With a well-heated small electrode the pillars are dissected away from the tonsil to one-half its extent. The gland is then, with suitable forceps, drawn well out and thoroughly and entirely dissected out to about one-half its extent. This portion is then cut off and the surface treated with a strong solution of silver nitrate. In a week or ten days the other portion of the tonsil is removed in the same manner. This operation will give cosmetic as well as practical results unobtainable by any other process yet suggested.

Dr. H. W. Loeb of St. Louis: I have been very much interested in the presentation of this new method of tonsillotomy. I believe most decidedly in what the doctor has said about the lack of skill of many who attempt to remove the tonsils by the ordinary method. Very often they will take a piece off and by showing that to the patient or his friends, they imagine he has performed tonsillotomy. If the operator could see that patient five or six years later suffering from the same affections to which the remainder of the tonsil becomes subject, I think he would not be so well pleased. Removing a part can only improve the symptoms then present, and does not signify that the tonsil will remain quiescent. It is unfortunate so valuable a method is not applicable to young children; in adults I do not think it can be improved upon. I have been practicing this method with some modification for some years. Instead of performing so much dissection it has been my plan to remove so much of the tissue as I could get in an electric snare. This is repeated as often as may be necessary to remove all the glandular substance. I think the method causes less soreness and less pain than that of Dr. Coulter and in many cases, particularly children, the results will be just as satisfactory. Furthermore, my method is applicable in case of young children.

This method of dissection is one that must commend itself in a great number of cases as being the very best possible. I most heartily agree with the author that removal of the whole tonsil is an absolute requisite if you wish to cure your patient. As to the voice changes suggested by some, I believe ablation of the tonsil does have a decided effect on the voice register, but I also believe it is always in the way of improvement. I also desire to state my disbelief in the uric acid diathesis having anything to do with tonsillitis, further than as a concomitant condition. I shall certainly provide myself with the special instruments used by Dr. Coulter and further investigate the operation. When in Chicago I had the opportunity of seeing some of these cases, and I must say for cosmetic results I have never seen the equal.

Dr. W. J. Mayo of Rochester, Minn., read a paper on THE SURGICAL TREATMENT OF PYLORIC OBSTRUCTION.

This subject has not received the attention it demands from American surgeons. The differential diagnosis of serious pyloric disease is often a matter of the greatest difficulty. I have found the free exhibition of strychnia for several days previous to the operation of great value in preventing shock. The stomach should always be thoroughly washed out a few hours before the operation and nothing eaten afterwards. For combating the shock, besides strychnia and dry heat, a rectal enema of a pint of hot coffee should be given. Nourishment by the stomach should not be too long withheld afterwards. For twenty-four hours rectal alimentation should be used; in thirty-six hours some champagne, later buttermilk and a gradually increasing diet.

Dr. A. F. House of Cleveland opposed the use of the Murphy button and did not consider it the ideal method, as his experience had been somewhat unsatisfactory. I believe the less foreign matter one gets in the wound in uniting the bowel to the stomach, the better the result. I have discarded the button for the suture method. I belive much of the success in the use of the button depends on the skillful technique in using it. Perhaps I do not possess this skill.

Dr. F. F. Lawrence of Columbus: In case of malignant disease we cannot promise more than temporary relief and perhaps prolongation of life for a brief period. The simpler the operation the better for the patient. I doubt very much if resection in case of malignancy will give a permanent cure.

Dr. A. J. Ochsner: I should like to take away some of the good impressions the author has left regarding the hydrochloric acid test. I am convinced it is a most treacherous test. In suspected carcinoma the best thing to do is to make a colostomy. In some twenty cases I have used irrigation of the stomach with decided satisfaction. In this way the patient will sometimes become

well enough nourished to better stand an operation when it is desirable.

Dr. Thos. H. Manley of New York read a paper on CONDITIONS WHICH MAY SIMULATE ORGANIC OBSTRUCTION OF THE RECTUM.

The author gave an extended, most interesting and practical paper. Putting new life and interest into the somewhat hackneyed, though none the less valuable, subject of constipation.

Dr. I. N. Love, in discussing the paper of Dr. Manley, said: "There can be no question that a majority of the diseases which afflict human beings, male or female, are largely dependent upon constipation, and consequently upon obstruction of the rectum. We are all of the opinion that a large part of the diseases of women are due to that factor. Their habits of life, their social, domestic and maternal duties, seriously interfere with that regularity which is so essential. Every individual should be anxious to properly cleanse the sewerage system of the body. The pelvis of a woman should be left to be occupied by the proper pelvic organs. A fecal accumulation is a mechanical obstruction pressing these organs out of position. I am thoroughly in sympathy with the position taken by Dr. Manley, and we, as physicians, should impress the mothers and young ladies in their homes that it is not only unsafe, but unesthetic and inartistic, to retain these accumulations that should have a place in the sewers of the city. They should be made to realize that the alimentary canal is a food tract in its entirety and that waste material should be removed from the bowels. There should be no necessity for cathartics or purgatives. Happy living, right living, successful living, depends quite as much on proper elimination as anything else.

Dr. Norval H. Pierce of Chicago read a paper on SUBMUCOUS LINEAR CAUTERIZATION; A NEW METHOD FOR REDUCTION OF HYPERTROPHIES OF THE CONCHAE.

The author called attention to the various methods ordinarily used for the reduction of such hypertrophies, and showed the disadvantages of such. The differentiation between hypertrophy and turgescence was pointed out. The operation proposed by the author was as follows: A small incision is made in the hypertrophied membrane, then with a blunt, flat probe the mucous membrane is carefully separated from the erectile tissue underneath. Then a sound, the end of which is cup-shaped, and upon which has been fused a few crystals of chromic acid, is inserted in the incision and the tract already made by the probe is thus cauterized. The advantages of this method are that there is no hemorrhage. It is less painful than by any other method. The functional activity of the mucous membrane is not in the least impaired. Patients will submit to this operation more willingly than to the burning of the cautery. The method is the most simple of any yet suggested. The reaction is usually insignificant. There is no slough. The danger of atresia is obviated.

Dr. Coulter complimented the author on the originality of his method and its various points of excellence, at least theoretically present. The main object to be attained is not only the redemption of hypertrophy, but as well the retention of function activity. Many operators in using the cautery destroy too much of the mucous membrane and do not go deep enough to remove or destroy any practical amount of the tissue underneath, which in reality is the pathological condition present. He suggested the possibility of the chromic acid being left within the operative field, in which case an undesirable slough would necessarily follow. The practice of many rhinologists in using a broad, flat electrode, and destroying a large amount of the mucous membrane, and in not going down to the bone, is to be deplored, as irrational, unscientific and impracticable. Inasmuch as by such measures they do not cure the hypertrophy, but do very materially reduce the functional capacity of the nasal mucous membrane.

Dr. W. L. Ballenger of Chicago: You who have used this cautery must have learned to use it with more caution than you once did. The rationale of Dr. Pierce's operations is certainly an ideal

one. If the hypertrophy can be removed without the destruction of any mucous membrane, little more is to be desired.

Dr. H. W. Loeb of St. Louis: It seems to me this operation is a thoroughly scientific one, if we can thus preserve the mucous membrane and its function. It occurs to me that antisepsis and asepsis would both be a necessity with this method. I would ask why we could not use a platinum wire properly made and introduced in the same manner. I have seen blindness result from cauterization of the inferior turbinates; is there danger in the use of the chromic acid by this method?

Dr. Stuckey: We must determine whether it is an hypertrophy or simply a turgescence. If the latter, it may be simply an acute condition caused by some idioyncrasy. If a true hypertrophy, this method would seem to be an excellent one, requiring, however, a considerable amount of technical skill. I am becoming more and more skeptical in the use of cocaine in the nose. There is the greatest danger of producing cocaine habitués by its use. I am able to get the same results without danger and less systemic disturbance by the use of a harmless solution of acetanilid.

Dr. Muir of New York: In reference to the question of Dr. Loeb I can say in our hospital in New York we have tried the submucous cauterization with the cautery wire, but in each and every case an undesirable slough was produced.

Dr. Love: Chromic acid needs to be used very carefully. It is very penetrating and must be controlled, but when controlled it is one of the kindliest cauteries we have. It produces an eschar that clings closely to the bone. The idea of the author that the nutrition of the hypertrophy must be cut off is a most scientific and practical one. I wish to enter my protest against the indiscriminate and careless use of cocaine in the nose. There are going about the country today hundreds of men and women, miserable victims of the medical profession's careless use of cocaine.

Dr. Horace H. Grant of Louisville delivered the address on surgery. He selected for his subject THE RELATIONSHIP OF DIAGNOSIS TO THE FUTURE SURGICAL PROGRESS. Some common ground must be chosen on which we can equalize our differences. Many of the most recent operations are already passing away under the effect of our modern scrutinizing investigation. We forget there are men in the quiet of their laboratories doing a work which makes all our wonderful progress possible and gives us these new methods. We cannot progress much farther in technique or operative skill. Any great amount of paraphernalia suggests a lack of personal resources in the operator. Almost any part and organ of the human body has been removed, recently, with more or less good to the patient. If we would make earlier and more careful diagnoses many of the possible failures would be precluded. No surgeon dare say to the patient, "If I had known yesterday or before, thus and so, the result would have been different." Are we not at fault sometimes ourselves? Rarely will we fail to secure an operation if the operator is certain of his diagnosis and demands the operation.

No term in all surgery is so often misapplied as conservatism. No aim is dearer to the surgeon than the ways and means of relieving his patient. We must not fall into the error of making one man great and another insignificant. The experience which age gives some men leads them to make valuable and correct diagnoses. Experience is and should be one of the greatest aids in diagnosis.

The skiagraph has lately come into importance in surgical work and it may be made an excellent adjunct in many instances. Its recent successes are noteworthy. It is yet, however, in its infancy and doubtless is capable of still more development. May we not soon expect to see the fetus in utero? No one doorway can open the royal road to success in the practice of surgery. The skillful and intelligent application of prompt relief, added to a careful diagnosis, will give us the most wonderful and satisfactory results.

What each one finds to do, let him do it with his might.

An unanimous vote of thanks was extended to Dr. Grant for his scholarly and interesting address.

Dr. Jas. H. Dunn of Minneapolis read a paper on APPENDICITIS ; TO OPERATE OR NOT TO OPERATE. If we could but foretell which of our cases were going to be fatal, we could much more easily and satisfactorily decide this question. The percentage of fatality is yet too high. Yet must we cease operating because of such fact ? A certain number of these cases will recover without surgical interference. Indeed, there is so large a number of such that I believe we very often, in our enthusiasm, operate when it would have been much better to have left them alone, so far as the knife was concerned.

Dr. J. B. Murphy of Chicago: The surgeon is brought face to face with a condition which has a recognized mortality of about 5 to 8 per cent. I think such a percentage is too high. We first have to contend with the presence or absence of suppuration. In 450 cases I do not think there has been an entire absence of pus in one single instance. I am satisfied there are some cases which can be cured by medicine, but can they be differentiated ? By medical treatment we have a mortality of 10 per cent. and if we have 3 per cent. by the knife, then we must operate to save the other 7 per cent. I do not think every case can be operated upon, but the conditions will show whether or not it is advisable.

Dr. Gustave Futterer of Chicago read a paper on PLEURITIC EFFUSIONS AND THEIR TREATMENT. A bacteriological examination should be made in all cases; both with cover-glasses, with culture media and by injections of the effusion in animals. Distinguish between exudate and transudate by using the acetic acid chemical test ; and by the same process eliminate mucine. Many cases of pleurisy are of an uric acid diathesis. These will yield readily to the treatment by the salicylates. I believe not more than 15 per cent. of pleuritic cases are rheumatic. The finding of pneumococci does not aggravate the conditions and often gives no markedly distinct symptoms. Pleurisy in typhoid is not a mixed infection, but a distinct condition. Tubercle bacilli are often found in the pleuritic effusions. I believe it is not only possible, but likely, that the tubercle bacilli do penetrate through the alveolar septa and enter the pleura without producing infection in the lungs. Tuberculosis may be differentiated by the agar culture. Hyperesthesia of different parts is frequently present.

I have washed out the cavity in fourteen cases with an antiseptic solution of one-half to two per cent. of clove oil, with most gratifying results in twelve of the cases. The advantages of this method are : Many patients will allow such an operation, who would object to an exsection of the rib ; no bulky dressings are constantly interfering with the comfort and convenience of both patient and physician ; much shorter time is required.

Drs. Larrabee, Daley, Turck and Patrick participated in the brief discussion which followed.

Dr. A. J. Ochsner of Chicago read a paper on NERVE SUTURES AND OTHER OPERATIONS FOR INJURIES TO THE NERVES OF THE UPPER EXTREMITY. My own observations and a study of the literature lead me to a confirmation of the following conclusions :

1. Every severed nerve should be sutured even after years.

2. The earlier the operation is performed the better.

3. If neither sensation nor motion is established within a year, the nerve should again be exposed, the cicatricial tissue removed and the end again sutured.

4. The end should be clean cut, should contain neither crushed tissue nor cicatricial tissue.

5. Tension must be avoided.

6. The wound must heal without suppuration to secure the best results.

7. Hemorrhage should be perfectly controlled to prevent intervening clot.

8. Carefully prepared catgut is the best suture material.

9. After suturing the ends either direct or " a distance " it is well to stitch

a fold of fascia over the united nerve ends.

10. The extremity should be placed at rest.

11. The external incision should be ample.

Dr. Henry P. Newman of Chicago read a paper on WOMAN AND HER DISEASES, VERSUS GYNECOLOGY. We are coming to a period of transition in the practice of surgical studies on the cure and prevention. Preventive medicine, hygiene, sanitation and sociology are now popular themes for medical societies. Philanthropy has taken the cue from medicine and is attempting to form a citizen rather than reform him. I wish to emphasize the fact that we are not dealing with the cold science side of our art, but with the highest of humane interests. The amount of ignorance in the average woman of nature's requirements is appalling. Woman's sphere has lately widened until now it is as wide as man's. Has she equipped herself for this race intelligently? Look at the average woman in the cities; the average stenographer, saleswoman, the business woman, do they not daily outrage their bodies by compliance with the dictates of fashion in food, dress and habits?

The tendency of gynecologists to enter surgery is to be deprecated. It narrows his opportunities. He had better stay attached to obstetrics and pediatrics. A woman's generative organs should not be doomed because she has needed to visit the gynecologist. A good diagnostician must know as much about women as about disease; as much about environment and social and domestic relations as about pelvic lesions.

As specialists we must recognize and exercise the important interests in a medical science which will prevent, rather than cure, disease. As we know what can be acquired may be prevented, hence we as specialists should lead in the reform of those conditions which are detrimental to the health of woman.

Dr. F. F. Lawrence read a paper on THE PATHOLOGY AND TREATMENT OF SUPPURATIVE SALPINGITIS.

The tubal mucosa is a true mucous membrane, possessed of all the histological elements of mucous membrane. The fimbriae are prolongations of the folds of mucous membrane, with a few muscular fibers beyond the end of the tube.

The closure of the end of the tube is effected by — first, the unfolding of these plicae and the elongation of the muscular fibers with coincident inflammatory exudate and not by adhesions of the peritoneal surface. Second, the formation of adhesions between the fimbriae and other structures. Third, embedding of the fimbriae in inflammatory exudate.

The closure of tubal ostia results in forming of circumscribed abscess, the pathology of which is the same as that of suppuration with abscess formations in mucous membrane in other parts of the body, except for its effect upon important contiguous tissues. Occasionally the uterine end of the tube communicating with the uterine cavity, through which it may in part discharge its contents.

Treatment. — The treatment of pus tubes cannot be fixed by any iron-clad rule. Each case must be treated according to the conditions there presented. We must even incise and drain in some cases. Seldom will vaginal section be required, and only in carefully selected cases. Hysterectomy is indicated in those cases where we find abscess of the uterine wall, tuberculous deposits, fibroids, or malignant disease in the fundus. As hysterectomy destroys the pelvic floor it should never be performed except where there is some tangible lesion of the uterus. Abnormal section will be necessary in many cases.

Dr. James B. Herrick, Chicago, read a paper on THE IMPORTANCE OF PHYSICAL SIGNS OTHER THAN MURMUR IN THE DIAGNOSIS OF VALVULAR DISEASE OF THE HEART.

Standard text-books teach that an endocardial murmur is not always an evidence of a valvular lesion and also that a valvular defect may exist and still no murmur be present. Practically, however, conclusions are usually based upon the presence or absence of

murmur. This is wrong, for there may be a valvular disease without a distinct murmur being audible. Other findings than murmur must be used in determining the existence of a valvular lesion. Every valvular lesion must result in hypertrophy and dilatation of the heart behind the valve diseased. An increase in tension of the pulmonary circulation follows any valvular lesion at the mitral orifice, and later any aortic disease. This will show in increased force of the pulmonic second tone.

Stenosis of the orifices of the left heart means a smaller amount of blood in the general arterial circulation, therefore, lessened arterial tension.

Failure of the right heart is followed by venous congestion, *e. g.*, venous pulse, hepatic and portal congestion, anasarca, etc.

Hypertrophy may be recognized by the heaving, forcible apex impulse. Epigastric pulsation may call attention to enlarged right heart. The jugular pulse, the hepatic and capillary pulse are all of diagnostic value. The visible pulse of aortic regurgitation is almost pathognomonic.

Palpation is important. Extra-cardiac causes for murmur, such as might arise in a heart dislocated by presssure or retraction, can usually be excluded by percussion.

A weak aortic sound may be an indication of obstruction. The reduplicated second sound may point to valvular disease. A sharply accentuated first sound at the apex is common in mitral stenosis. The peripheral tones in aortic regurgitation are an exceedingly valuable confirmation.

Cases illustrating the foregoing were referred to.

Error in calling an inorganic murmur organic is readily made unless the secondary sounds are carefully sought for. The intention of the paper was not to undervalue the importance of endocardial murmur, but to insist that it is only by the complexus of signs and symptoms that an accurate diagnosis can be made. Of all the evidences of heart disease, the least valuable is the endocardial murmur.

Medical Progress.

Primitive Obstetrics.—Dr. Howard A. Kelly, in quoting from an address of the late Dr. Edward R. May of Wilkesbarre, Pa., says that Dr. May had never seen or owned an obstetric forceps, but that when he had a case on which one would have ordinarily used forceps, he incised the fetal scalp with scissors, inserted the index finger between it and the calvarium and extracted the child. Many baldheaded citizens of that region carry cicatrices as a memento of this primitive obstetrical method.

* * *

The Responsibility of Treatment by Hypodermic Injections.—An inquiry was held by the coroner at Birmingham, as recorded in the *Lancet*, relating to the death of a patient at the workhouse infirmary. The evidence showed that a man aged thirty-nine was admitted with acute bronchitis and an affection of the heart. The visiting physician, Dr. Short, ordered a hypodermic injection night and morning of a solution of strychnine. The nurse in charge sent hurriedly for the resident surgeon on the evening of the 18th, saying that she had by mistake given the patient an injection of five drops of a morphia solution equal to half a grain. Notwithstanding all remedies used the man died some two hours afterwards. The nurse stated that she had given twelve injections of the strychnine previously at the required times. The morphia and strychnine bottles were both alike in style and color and form of label. The cupboard, which contained about forty such bottles, had been cleared out on the previous day, and the bottles she supposed must have become disarranged. The jury returned a verdict of "Death from misadventure," and recommended that all poisonous subcutaneous injections should be given under the superintendence of the resident medical officers, and that the medical officers should exercise such supervision as to render it impossible for the nurse to obtain or administer any injection other than that prescribed for the patient.

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The Eastern Shore.

IT is no easy matter to change opinions once formed and remove prejudices, especially in a conservative part of the country. The Eastern Shore of Maryland has for years been proverbial as the land of all lands where malaria prevailed and where every inhabitant shook with ague in spite of the consumption of quinine and whiskey in no small quantities. This was the state of affairs years ago and those who have not kept up with the times believe that the malarial germ still holds sway east of the Chesapeake Bay.

Statistics have been hard to collect on this subject, but the observations and experience of physicians has gradually forced the truth that malarial disease is passing away from that historic region.

Some years ago Dr. Chancellor, then Secretary to the State Board of Health of Maryland, published articles showing the decrease of malaria, and later a very able paper by Dr. J. C. Clarke, formerly of Federalsburg, but now assistant at the Maryland Hospital for the Insane, proved conclusively what sanitation had done to drive out this dread scourge.

The latest testimony to the fact that malaria is fast disappearing from most parts of the Eastern Shore is set down in two very attractive articles in the September and October numbers of the *Health Magazine*. The editor of that progressive journal hesitated to write up accounts of any region until he, with a true spirit of enterprise, had himself visited and explored it personally. With his faithful steed of iron and pneumatic tires full of wind he started out to see just what condition of health was to be found in the counties of Maryland east of the bay and to find out whether previous statements were founded on fact or not.

He found not only that natural beauty which has always been characteristic of that "garden spot" of Maryland, but he studied carefully the statistics of sickness and death and came back more than ever convinced that preventive medicine had worked wonders in removing from that fair region the stigma which had rested on it so long.

Malaria is known to flourish in marshy, damp districts, especially where fresh and salt water are mixed and where the water tends to become stagnant. Irrigation, drainage and cultivation of land does more than anything else to raise the standard of health in any community. All throughout this part of Maryland, the *Health Magazine* states, this cultivation has so drained the lands and raised them to a high state of prosperity that malaria has rapidly disappeared.

Also the supply of drinking water has been more carefully selected. Instead of using streams which might and actually do carry in them the organism of malaria, wells have been bored from which pure and wholesome water is obtained. The climate and general contour of this part of the State, which has so much water in its make-up, adds greatly to its beauty and healthfulness and makes it a favorable resort for the seeker after health, as well as the hardy sportsman.

The *Health Magazine* has done a good work in helping to make public the great advantages of the Eastern Shore of Maryland and if the editor of that publication has succeeded in showing what vast resources lie in this part of the State, he has not written in vain.

Mortality of the Negro.

While the negro is especially immune to some diseases, he seems particularly susceptible to those diseases which are more universally prevalent. He is also more affected by environment and other conditions than the white under the same circumstances. This difference is likely due largely to ignorance.

Dr. G. W. Hubbard, in comparing the condition of the negro as a slave and as free at the present time, reviews in the *Medical and Surgical Reporter* truths which are apparent to all observant physicians, especially to those who practice in cities where the negro is an element in the population.

He, in common with many other physicians, has noticed that pulmonary consumption was comparatively rare among the slave population and some even maintained that it was unknown as a disease in that race, but from about the year 1855 up to the present time, this disease has made greater and greater inroads into that race until it seems almost a wonder that so many still live.

According to the census of the large southern cities the mortality from consumption among the blacks was from 50 to 100 per cent. higher than in the whites. In Baltimore the returns of the Health Office will show that the blacks have a mortality about double that of the whites. This is probably greater, too, than recorded, for many cases, especially when dying without medical attendance, are not always put down to consumption. Those of pure African descent are less susceptible to this disease than the mixed race.

Of course it is easy to see that ignorance of the proper way of living, unhygienic surroundings, insufficient and improper food and many other causes all tend to bring out pulmonary consumption in those who have the slightest tendency to it and certainly arouse it in those born without a predisposition or inherited taint. It is very evident that this race is kept up by a large birth rate which, as a rule, is unrecorded in the vital statistics.

Hygienists have attempted with little success to show these people how to live and how to avoid disease, but lack of money and often lack of intelligence prevent a practical application of any sanitary rules. It would be hard to convince anyone visiting such a city as Washington, for example, that the negro race is dying out, but that death plays havoc with the poor of this race is well known to all.

Probably on the principle of the survival of the fittest, the hardiest of them will live and procreate; but until their intelligence reaches a higher grade and until the sanitary police have more power, this high rate of mortality will affect this race and also indirectly the white race.

When a disease like pulmonary consumption slowly eats its way into any body of persons the process is so gradual that no alarm is felt and steps for checking the disease are not taken or are not heeded. But let a great epidemic come along and sweep away many in a short space of time and then sanitation will have full sway.

An epidemic of a fatal disease does more for the cause of hygiene than a disease which is always with us and is familiar to us in all its details. A cholera scare is not without its advantages.

* * *

Diphtheria Organisms in Healthy Persons.

The finding of the Klebs-Loeffler bacillus in normal throats and noses has markedly affected the statistics in a way not usually appreciated. Dr. H. W. Gross found, in the Children's Hospital of Boston, and records in the *University Medical Magazine*, that in 314 normal throats 7.9 per cent. contained the bacillus of diphtheria and the average existence of the organism in the mucous membrane was fifteen days; the shortest time was one day and the longest time over three months.

The nose was the principal habitat in 65 per cent. and the throat in 35 per cent. These experiments seem to show that diphtheria bacilli, both virulent and non-virulent, are present in an unfortunately large percentage of apparently unaffected nasal and pharyngeal mucous membranes.

It is easy to see that if all cases in which the diphtheria organism is found are treated with the antitoxine and are recorded as cases prevented, when it is not known whether they, if left untreated, would have contracted the disease or not, the general statistics of cures will be greatly favored. Such cases recorded by Dr. Gross should be especially classified.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 10, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		4
Phthisis Pulmonalis		17
Measles		
Whooping Cough	1	2
Pseudo-membranous Croup and Diphtheria.	11	4
Mumps		
Scarlet fever	10	1
Varioloid		
Varicella		
Typhoid fever	17	9

Dr. J. Franklin Woodward has moved from Richmond to Norfolk, Virginia.

The 75th birthday of Professor Rudolph Virchow was celebrated in Berlin last Tuesday, October 13.

The Journal of Physical Chemistry is the name of a new journal which is published at Cornell University.

The improvements and additions to St. Joseph's Hospital of Baltimore are already well under way and will add greatly to the facilities of that institution.

Dr. A. C. Patterson, confidential financial clerk to Dr. W. W. Godding, Superintendent of St. Elizabeth Hospital for the Insane, the government hospital near Washington, is said to have been found short in his accounts.

The Visiting Nurses' Association held a meeting last week and reported that 2056 house to house visits had been made since the first of the year. This is a deserving charity of Baltimore supported by private contributions.

The statue of Thorwaldsen's "Christ, the Divine Healer," the gift of Mr. W. W. Spence of Baltimore to the Johns Hopkins Hospital, was unveiled with appropriate ceremonies last Wednesday afternoon in the rotunda of the hospital.

Dr. B. Mead Bolton, who was formerly connected with the pathological department of the Johns Hopkins Hospital and who is now bacteriologist to the Philadelphia Board of Health, has been recently appointed instructor in bacteriology and pathology in the University of Missouri at Columbia.

There are forty-two new students enrolled in the medical department of the Johns Hopkins University. Of these, about ten are women. The total number of students in the four years since the opening of the medical school is 126.

At the last meeting of the State Board of Health of Maryland, at which the new secretary, Dr. John S. Fulton, began his duties, the main work was directed to the cleaning up of the small towns of the State. Notices of nuisances have been served and impure water has been detected in many places.

The medical clinics at the Johns Hopkins Hospital, which are held by Dr. William Osler in the amphitheater on Wednesdays at 12 noon, are open to members of the profession. During the early part of the session the subjects of typhoid fever and malaria will be discussed and illustrated by cases from the wards.

The School Board Committee on Health of the City Council of Baltimore has directed the principals of the public schools to attend to the testing of the pupils' eyes early in the session. Pupils with defective vision will be given a note to their parents or guardians calling attention to the defect and requesting an examination by an oculist.

At the recent meeting of the American Dermatological Association the following officers were elected for the ensuing year: Dr. James C. White, President; Dr. Louis A. Duhring, Vice-President; Dr. John T. Bowen, Secretary and Treasurer. The next meeting will be held in Washington, D. C., in connection with the Congress of American Physicians and Surgeons.

The Johns Hopkins Hospital Training School for Nurses has lengthened its course to three years. A maternité ward and a children's ward will be opened this year. The former will have 30 beds and the latter about 18. There are 64 pupils in the training school and 14 graduate nurses. It is also stated that the nurses now work eight hours at a time instead of twelve as formerly. The American Association of the Superintendents of Training Schools, of which Miss Nutting of the Hopkins Training School is president, will meet in Baltimore in February.

Book Reviews.

A Manual of Obstetrics. By W. A. Newman Doland, A. M., M. D., Assistant Demonstrator of Obstetrics, University of Pennsylvania, Instructor in Gynecology in the Philadelphia Polyclinic, etc. With 163 illustrations in the text and 6 full page plates. Philadelphia: W. B. Saunders. 1896.

Students who, through lack of time or disinclination to study, consider Lusk or the other standard text-books on obstetrics too voluminous, will find in this volume a very good substitute, without the details and references of the larger books. The work in most respects is a very good one.

We should not advise, as does the author, the employment of the vaginal douche at the conclusion of labor; as we believe that the parturient woman should be considered as a *noli me tangere* after the conclusion of the second stage of labor, unless some perfectly definite indication for interference arises. And we are confident that its routine employment in the vast majority of cases will do more harm than good.

We would also condemn the employment of a pad above the fundus uteri and the abdominal binder during the first week or ten days of the puerperium; as we are confident that not a few cases of retroflexion are the result of the practice.

The importance given to the consideration of the question of disinfection of the accoucheur and the patient cannot be too highly commended.

We note that the author, in discussing the diseases of the placenta, refers to "chronic tubercular placentitis or phthisical placenta."

It is not apparent from the text whether he is referring to tuberculosis, or to one of the many varying conditions which the older writers designated by this term. If he refers to tuberculosis, it would appear from the text that it is not of infrequent occurence; while in reality it is extremely rare, only three or four well authenticated cases having been reported. While the old term of phthisical placenta should be relegated to oblivion, as it gives no conception of any definite pathological condition.

We also note that no mention is made of the employment of the anti-streptococcus serum of Marmorek in the treatment of puerperal septicemia.

Current Editorial Comment.

SUPERFLUOUS SCHOOLS.

Cleveland Journal of Medicine.

The medical profession realizes plainly that the average income of physicians would not be so low if there were not so many schools, dispensaries and hospitals giving free treatment to many patients well able to pay. Worse than that, these institutions actually bid for more cases so as to have greater attractions for students. The evil is not in having too much clinical material for our medical students, for they need much, but in scattering the teaching work in too many institutions, thereby multiplying many fold the number of cases needed for instruction, as well as half-educating twice too many physicians.

PURE WATER SUPPLY.

Lancet.

No matter how irreproachably pure a water supply may appear to be, yet the continual passage of a large volume of it through a reservoir will invariably result in the deposition of more or less slime on the walls of the tank. This is due principally to the growth of algae and other probably harmless vegetable matter. Indeed, this slime is accorded by bacteriologists certain actively virtuous qualities, not the least important of which is that of entangling microbes in its slimy interior. But it is in consequence of this very fact that the slime is found after a time to teem with organisms.

THE KNEIPP CRANKS.

Medical Record.

If the present frightful death rate of the diseases claimed to be curable by this method can in any way be lowered, why not give these wonder workers an opportunity to be seen and heard? That would appear to be the only way out of the present difficulty of finally settling the now momentous question. The mission becomingly borrows an odor of sanctity from the head and front of its humble and modest projector. Faithful disciples, let your light shine by all means, and when the figurative bushel is thrown away with the shoe may you, while knuckling to this work, continue to glisten with the cleansing invigoration of the morning dew and blend your unconfined exhalations with the grassy scent of breezy lawns.

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913 F Street, N. W. BALTIMORE, MD.

Convention Calendar.

OCTOBER						
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DECEMBER						
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State Societies.

OCTOBER.

13-15. NEW YORK, at New York. E. D. Ferguson M. D., Secretary, Troy, N. Y.
13-15. TRI-STATE, of Alabama, Georgia and Tennessee, at Chattanooga, Tenn. Frank T. Smith, M. D., Secretary, Chattanooga. J. B. Murfree, M. D., President, Murfreesboro, Tenn.
15-16. VERMONT, at St. Johnsbury. D. C. Hawley, M. D., Secretary, Burlington, Vt.

NOVEMBER.

10-11. MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, at Hagerstown.
27. NEW YORK STATE ASSOCIATION OF RAILWAY SURGEONS, at New York City. C. B. Henich, M. D., Secretary, Troy.

National Societies.

NOVEMBER.

10. SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION, at Nashville. W. E. B. Davis, M. D., Secretary, Birmingham, Ala.
16-19. PAN-AMERICAN MEDICAL CONGRESS, at City of Mexico, Mexico.

DECEMBER.

30-31. WESTERN SURGICAL AND GYNECOLOGICAL ASSOCIATION. Herman E. Pearse, M. D., Secretary, Kansas City, Mo.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. Meets 2d and 4th Mondays of each month.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets 2d and 4th Wednesdays, 8 P. M.

CLINICAL SOCIETY, 847 N. Eutaw St. Meets 1st and 3d Fridays—October to June—8.30 P. M. S. K. MERRICK, M. D., President. H. O. REIK, M. D., Secretary.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d Tuesday of each month—October to May (inclusive)—8.30 P. M. W. S. GARDNER, M. D., President. J. M. HUNDLEY, M. D., Secretary.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. W. S. GARDNER, M. D., President. CHAS. F. BLAKE, M. D., Corresponding Secretary.

PHARMACEUTICAL.

I AM pleased to say that the most excellent preparation "Seng" has given me complete satisfaction. I can sincerely recommend it in all cases where such a delightful as well as efficacious remedy is indicated. It will afford me pleasure to speak of its merits on all suitable occasions.—GEORGE W. BABCOCK, M. D., Chelsea, Mass.

ABOUT eight weeks since, I was called to see a patient of Dr. L's; we found her with excruciating pains in the hepatic region, constant vomiting with distress in stomach, in fact, could keep nothing down for a couple days. Enlarged liver easily felt below the costal margin, very sensitive, so much so that we strongly suspected malignant disease. The symptoms were discouraging decidedly, as the doctor had given her nearly every medicine used in hepatic diseases without relief. I suggested Peacock's Chionia; it was given and she began to improve, and at this date is as well as usual. It certainly was an efficient remedy in her case, and the result deserves recording.—F. W. BATHRICK, M. D., Battle Creek, Mich.

ARGONIN IN THE ACUTE STAGES OF GONORRHEA.—A Preliminary Report. In the August issue of the *Journal of Cutaneous and Genito-Urinary Diseases*, Dr. Geo. K. Swinburne of New York relates his clinical experience with Argonin in the treatmet of 51 cases of acute gonorrhea observed in his service at the Good Samaritan Dispensary. This drug is a combination of silver with casein, and is a white powder, which carefully heated with water over a water bath forms an opalescent, viscid, albuminous fluid. The maximum strength of this solution is 10 per cent.; the reaction is neutral. Of the powder, fifteen parts contain as much silver as one part of silver nitrate. A peculiarity of this compound is that the silver is not precipitated by the addition of sodium chloride, nor is the compound decomposed by contact with albuminous substances. According to Jadassohn it possesses powerful germicidal properties; it is not irritating to the mucous membrane of the urethra even in the concentrated solution, nor is it escharotic; it possesses, however, no astringent properties.

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PHARMACEUTICAL.

LISTERINE and water, equal parts, or one to four, according to age of patient and severity of the inflammation, is very grateful in erysipelas, whether upon the cutaneous surfaces or mucous membranes. Six drachms of gelatine, dissolved by the aid of gentle heat, in seven ounces of Listerine, with five grains of the oxide and twenty grains of the chloride of zinc added to it, forms an adhesive paste which has proven of considerable utility in various forms of cutaneous eruption, excoriation, etc.

W. A. BAKER, M. D., Clark's Mills, Pa., says: I have had occasion to try Celerina, and am highly pleased with the result. I have used it with marked success in nervous prostration. A lady, 64 years of age, of nervous temperament, was stricken down with congestion of the right lung. After the congestion disappeared, her nervous system failed to recover, resulting in prostration. After trying several remedies, I commenced using Celerina and gave teaspoonful doses every six hours, with steady improvement, until restored to normal condition.

P. N. DE DUBOEAY, M. D., F. R. C. S., of Tallulah Falls, Rabun Co., Ga., September 22, 1896, writes: I have used Papine, Bromidia and Iodia extensively in my practice, and expect to continue doing so, as these preparations undoubtedly are of great value. I have found your Iodia specially useful in cases of menstrual disorder generally and as an alterative. Papine must of necessity come generally into vogue with the general practitioner, relieving pain as it does without unpleasant after-effects.

FERRATIN.—Under ordinary circumstances the liver of the pig contains an acid albuminate of iron which has been styled "Ferratin," and this has been used with success for therapeutic purposes. M. Germain Sée states that even when taken for a considerable period it never causes gastric or intestinal disturbance, and never gives rise to the formation of sulphuretted hydrogen in the bowel. Indeed, it improves the appetite and regulates the intestinal functions. The dose of artificial Ferratin is from eight to twenty-four grains *per diem;* it is not soluble in water. In a large number of cases of chlorosis and anemia following acute affectons, Banholzer found the hemoglobin increased by five per cent. after a week's treatment by Ferratin, and at the same time there was a marked increase in the number of red corpuscles. Similar results were obtained in chlorosis and anemia, which were not due to acute diseases, and it was noted that all the patients enjoyed an excellent appetite while under the treatment. When a comparison was instituted between Ferratin and Blaud's pills it was found that the former produced the greater increase in the hemoglobin.

EPILEPSY.—Since Brown-Séquard formulated his celebrated mixture of the bromides these have everywhere been regarded as the "sheet anchor" in the treatment of epilepsy and whatever progress has been made has only been in the line of additions to these efficient remedies. Hammond (Diseases of the Nervous system) says: "The treatment of epilepsy rests solely on experience. . . Among medical remedies the bromides stand pre-eminent and should be thoroughly tried first in every case." He adds: "Herpin several years ago called attention to the salts of zinc in the treatment of epilepsy. . . I have used the lactate and still more recently the bromide with very definitely beneficial results. Lauder Brunton says of the bromide of potassium: "It is especially beneficial in epilepsy and by its use convulsions can almost always be lessened, if not entirely stopped." (Therapeutics, etc., p. 521.) Allen McLane Hamilton says of the treatment of epilepsy: "No general remedies have been of so much service as the bromides, especially those of sodium, ammonium and potassium, and since their introduction about twenty years ago, the number of cures has greatly increased and the prognosis improved as our knowledge derived from experimental therapeutics has broadened." (Reference Hand-Book, Vol. II, p. 708.) The literature upon this subject is so vast that volumes might be filled with quotations from standard authorities only, but our desire is to make the briefest reference to these with the view of calling attention to Neurosine, the elegant preparation of the usual bromides, together with bromide of zinc and the pure and reliable extracts of cannabis indica, henbane and belladonna.

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DR. WM. O. BASKERVILLE, *Oxford, N. C.:* "BUFFALO LITHIA WATER, Spring **No. I, is a powerful tonic to the Nervous System as well as to the blood.** I have known it to produce **magical effects in Nervous Prostration,** resulting from overwork, prolonged mental strain, etc., and convalescents from adynamic diseases have been restored to health in a surprisingly short time, the water being a direct blood-producer, a valuable heart-tonic, and a physiological diuretic."

DR. GEORGE A. FOOTE, *of Warrenton, N. C., ex-President of Medical Society of North Carolina:* (Spring **No. I.**) "As a remedy in cases of **Nervous Exhaustion, Lassitude,** etc., I know of nothing in the domain of *Materia Medica* equal to the Water of this Spring."

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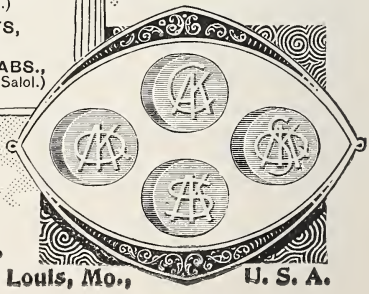

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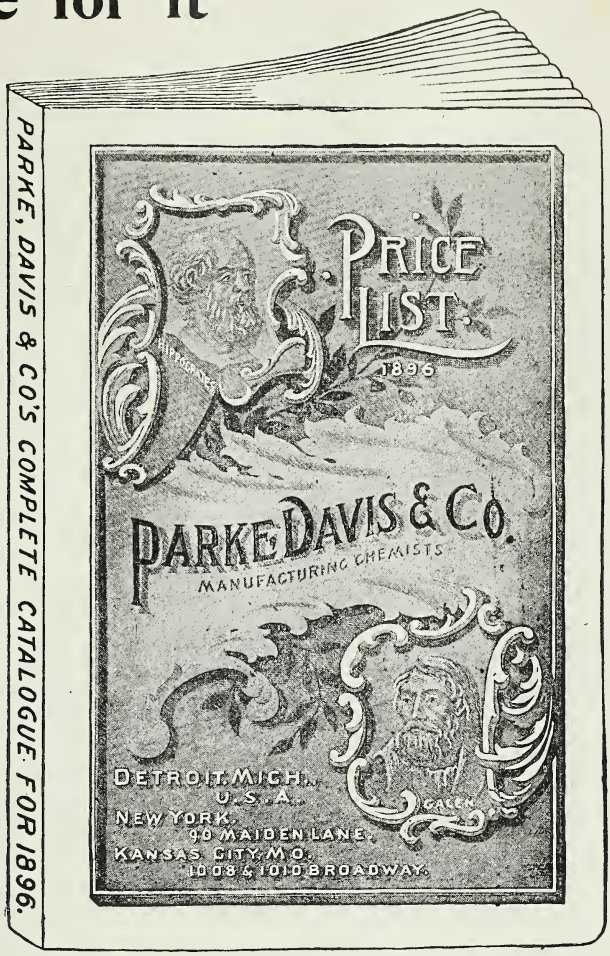

We are in receipt of a handsome Price List from Parke, Davis & Co. Besides being a price list, the book contains much valuable information of a general character. Ask for a copy.—*The National Medical Review.*

The Price List which Parke, Davis & Co. are now distributing is an admirable catalogue in its completeness, convenience of arrangement, and wealth of miscellaneous information. By all means, write the house for a copy.—*Buffalo Medical Journal.*

Messrs. Parke, Davis & Co.'s Catalogue for 1896 is a most useful book of reference for the practitioner, even if he is not interested in the prices. The lists may be perused to advantage as a reminder, and their arrangement is such that they are readily consulted.—*New York Medical Journal.*

Parke, Davis & Co.'s Price List for the current year is not only a price list, but contains much of value to the prescriber, notably one hundred and eighty-three Notes of Reference, which are illustrated, and which should be reviewed by every medical man.—*Colorado Medical Journal.*

Parke, Davis & Co. are now distributing their Price List for '96. They furnish the market with twenty-nine distinct lines of preparations and *six thousand* different products. The List is very convenient for reference, admirably printed, and cleverly arranged. No physician should be without one.—*Medical Fortnightly.*

We have just received the Catalogue and Price List of Messrs. Parke, Davis & Co. for 1896, which is something more than a mere commercial list of medicines with prices affixed. It is a book of pharmaceutical information of great value. There are two hundred and eight pages taken up with a list of medicinal preparations. There are five pages devoted to "Digestive Ferments" and "Food Products." There are twenty-eight pages of "Notes of Reference." There are ten pages of "Synonyms," and a full Index. We are thus specific in reference to this book, for we wish to convey to medical practitioners as near as possible a good idea of the exhaustive and painstaking work which has been performed in the making of this Catalogue. A copy will be sent to any physician on request.—*Dietetic and Hygienic Gazette.*

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