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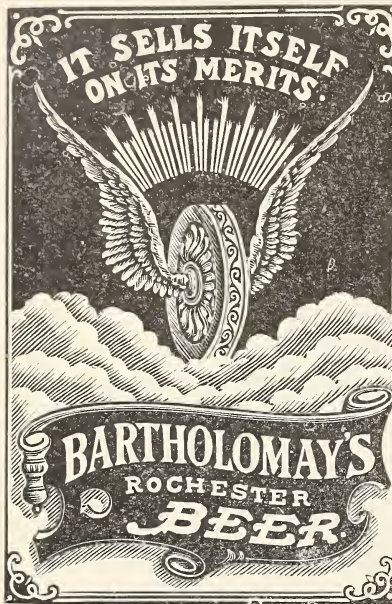
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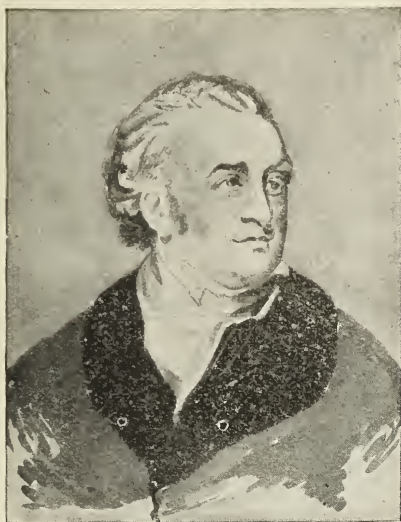
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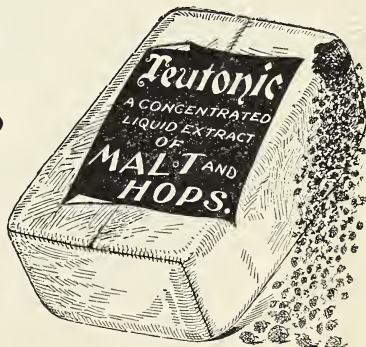
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Original Articles.

CHARLES FRICK, M. D.

COMMEMORATIVE ADDRESS DELIVERED AT THE OPENING OF THE FRICK LIBRARY OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, DECEMBER 10, 1896.

By Samuel C. Chew, M. D.,

Professor of the Principles and Practice of Medicine and Clinical Medicine, University of Maryland.

MR. PRESIDENT, GENTLEMEN OF THE MEDICAL AND CHIRURGICAL FACULTY, GENTLEMEN OF THE MEDICAL AND LEGAL PROFESSIONS OF BALTIMORE AND OF OUR SISTER CITIES, OUR HONORED AND MOST WELCOME GUESTS :

We have met together this evening for a two-fold purpose, the commemoration of an honored member of our profession and of this Faculty, Dr. Charles Frick, and the inauguration of a new department of our Library ; and these two objects are yet but one, for the books, upon the possession of which, through the munificence of Dr. Frick's brothers and of Mr. Reverdy Johnson, we enter today, are for a memorial, and a most fitting one, of the man whom we commemorate.

Very few of the present members of this Faculty knew Dr. Frick, for the average length of the active life of a generation has been more than fulfilled since he ceased to live and move among us, and a new generation of physicians has come upon the stage. But there are some who knew him well and count their knowledge of him among the most delightful of their experiences in life; and, although he was considerably my senior, so that when I was just entering upon my professional course he had already attained to middle life, yet there were many circum-

stances which brought me into close and intimate personal and professional relations with him.

Those of us who knew him thus well will always cherish his memory with a mingled feeling of admiration and of love. While that feeling could never fade from our minds, there is perhaps a special reason for evoking and reviving it at this particular time.

Dr. Frick was born on the 8th of August, 1823, and dying on the 25th of March, 1860, he was thus within a few months of completing his 37th year ; and so from his death to the present time, a period of nearly 37 years, just corresponding with the length of his own life, has passed away.

As for this reason the time for commemorating him is fitting, so also the occasion and mode of the commemoration are appropriate. For he was at once on the practical side of our calling, an able and skilled physician, and on its abstract and theoretical side a student and a scholar ; and as such it is meet that his memory should be perpetuated by books and identified with them forever.

Even in his early youth he was ever a student in something more and better than that technical and narrow sense in which the word is applied to those who are yet in their undergraduate

career, but he was a student in that nobler meaning of the term which indicates one who in Milton's splendid phrase is "seeking the bright countenance of truth in the pure air of delightful study." And thus in his maturer years he became a medical scholar and "a ripe and good one," ever engaged in investigating the principles of medicine and in studying the fundamental sciences of anatomy, physiology, pathology and chemistry, upon which as its only sure foundations all truly scientific and rational medicine must rest.

His was no mere "case knowledge" of his profession as our brethren of the Law apply that term to the attainments of those in their own calling who, ignorant of the principles of jurisprudence, seek only for points of likeness between the cases before them and others that have been already ruled upon. His mind was of that order which is satisfied as guides to action only with scientific principles or ascertained facts, a knowledge of which is never gained except by constant and diligent study of the best literature of medicine and the allied sciences. Study was ever his delight, for he knew that sound medical knowledge, like sound knowledge of every other sort, is builded up upon foundations deeply laid and that he who knows not the foundations will have but an imperfect and inefficient acquaintance with the superstructure.

Among the remembrances of conversations with him which come back to me after the lapse of many years is one in which he referred to a member of our profession as having neither accurate training of mind nor knowledge of medical literature. "But he has written a book himself," I remarked, believing, in the callowness of youth, that authorship in medicine of itself implied knowledge—an opinion of which, I need not say, I have long since been disillusioned.—"Yes," replied Dr. Frick, "it is true, he has written one book, and had he carefully read any other books worth reading, he would never have written that one." Very different is the judgment to be formed of the various contributions made by Dr. Frick himself to medical

literature. For all of the writings which he left as the result of his comparatively few years of strenuous and faithful work are characterized by the most accurate and careful observation, by patient and laborious analysis, by independent and original thought and by thorough familiarity with what others had done on the same lines of investigation.

In the earliest period of his medical studies he wrote his inaugural thesis on the subject of puerperal fever and fortifying the position which he took by a report of many cases observed by himself, he strongly maintained the contagious and communicable nature of the disease at a time when its character in this regard was by no means so generally held in the profession as it subsequently came to be.

In 1846, the year following his graduation, he made his first contribution to pathological knowledge after entering the medical profession. This consisted of a report made jointly by Dr. Washington F. Anderson and himself of twelve cases illustrating the pigmentary changes occurring in the liver in remittent fever, corresponding with the observations of Dr. Stewardson, which were published in April, 1841, in the *American Journal of the Medical Sciences*, and which were based upon seven cases. This report was freely quoted in 1847 by Dr. Elisha Bartlett, sometime Professor of the Practice of Medicine in the University of Maryland, in his classical work on the Fevers of the United States.

Dr. Frick, while still an undergraduate pupil, had devoted much attention to the study of animal chemistry and, pursuing the subject further in subsequent years, he reported in 1848 the result of a series of very carefully conducted analyses of the blood in health and in disease, which he had made, tabulating systematically the proportions of the various ingredients entering into its composition and showing the variations occurring in many important diseases, especially in tuberculosis, the essential fevers and rheumatism. This report attracted much attention at the time and as constituting a valuable ad-

dition to the knowledge of the subjects then possessed, it was referred to by various subsequent writers who were making similar investigations. It was based upon the study of one hundred and fifty cases of disease and it was remarked at the time that "Dr. Frick's patient spirit in investigation and his perfect fairness in his deductions were shown in the fact that he rejected no less than seventy of these troublesome analyses, because there was some little point in the diagnosis or in the process which he considered as uncertain." He concluded his paper with the statement that "ultimate chemistry plays a most important part in the production of disease; and in unraveling the tangled web of pathological hematology hereafter, its assistance must principally be relied upon," a remark which, however obvious it may be now when investigations in this same line of research have been carried so far and have accomplished so much, must be read in the light of the fact, that he was himself one of the early seekers of truth along this line, whose labors served to mark and light the way.

The same deep interest in animal chemistry led Dr. Frick to take up the study of urinary pathology with the like painstaking and conscientious care which he had shown in his other researches and which caused him to be spoken of by that distinguished physician and in every way admirable man, Professor John A. Swett of New York, as the best authority upon that subject in the United States.

I may say parenthetically that there has seemed to me to be a kinship in character and spirit, as well as a resemblance in professional career between these two eminent physicians, alike as they were in devotion to the duties of their calling, in their rectitude of purpose, in the clearness and comprehensiveness of their intellects, in the thoroughness of their methods of scientific work, in their faculty of inspiring love in all who knew them, and finally, and mournfully, in the early close by death of their bright and promising careers of usefulness.

The result of Dr. Frick's labors in the field of urinary pathology was the publication in 1850 of his work on Renal Diseases in which it was his object, as stated in his preface, to arrange his investigations in an intelligible form, and to remedy such defects in preceding works on the subject as made it distasteful to beginners. In these respects he succeeded admirably, and while, of course, great advances in our knowledge of the subject have been made in the forty-six years that have passed since the publication of Dr. Frick's work, it is still of high value and is well worthy of perusal as an excellent introduction to the subject of which it treats. From this value as well as from personal considerations, I prize as among the most cherished treasures of my own library a copy of this work with an autograph inscription.

His study of urinary pathology naturally led Dr. Frick to attempt the difficult task of clearing up the somewhat confused ideas existing as to the relation between albuminuria and the various organic changes in the kidney, grouped together as Bright's disease, and in 1855, in papers published in the *Virginia Medical Journal* and in the *American Medical Monthly* of New York, he strongly maintained the opinion then beginning to prevail, as against the teaching of the distinguished Dr. Bright, that the mere presence of albumen does not of itself show organic degenerative disease of the kidneys. This again may seem almost a truism now, but it is to be remembered that the obscurity of the subject was cleared up and what is simple, made so by just such work as Dr. Frick was engaged in, for "all can raise the flower when they have the seed."

The seven and thirty years which have passed since his death have witnessed vast changes and wonderful growth as regards pathological knowledge and therapeutic resources. A few instances among the many that might be mentioned may serve to show in part the difference between that time and the present. The cyclical course of pneumonia was then undetermined; the

so-called sorbefacient power of mercury in effecting the removal of pneumonic exudation was still maintained; the conception of pneumonia as an acute infectious disease of microbic origin had not yet been formed; the vast subjects of microbic pathology was in the distant future; the hydro-therapeusis of typhoid fever was practically unknown; and the strictly medicinal measures of antisepsis had not yet enabled surgery to add thousands and tens of thousands of years to the sum of human existence. And yet all the advances that have been made and the still greater results with which the future is teeming are and will be the direct consequences and logical outcome of such methods of work as Charles Frick and his co-laborers of forty years ago were engaged in.

In 1847, two years after his graduation, Dr. Frick had established in association with Dr. Elisha W. Theobald, Dr. Christopher Johnston and Dr. David Stewart, the Maryland Medical Institute, which was designed to be a preparatory and supplementary school of medicine; and here he improved the opportunities offered him for qualifying himself more fully for the position of a teacher of medicine, for which by natural endowments and acquired knowledge he was already well fitted. And when in 1858 the chair of *Materia Medica* and Therapeutics in the University of Maryland became vacant by the appointment of Professor George W. Miltenberger to that of Obstetrics, Dr. Frick was at once called to the place. His didactic lectures from this chair and his clinical instructions in the wards of the University Hospital, to the great value of which I can testify from personal recollection, bore the unmistakable stamp of original thought and large learning, and justified in the fullest degree the expectations which had been formed of his brilliant success as a teacher of medicine. There was in his lectures no effort at forensic display and no endeavor to dazzle with rhetorical phrases. He seemed always actuated by the wise teaching of D'Alembert that "the first duty of philosophy is to instruct and her best eloquence is precision."

But his career in this new and congenial field of work was destined to be short. The sad story of its arrest has been well told and is well known, so that its mournful details need not be repeated here. Let it suffice to say that in the attempt to give relief to a patient in the lowliest walk of life he contracted malignant diphtheria, of which he died on the 25th of March, 1860. In the memorial minute adopted by the Faculty of the University of Maryland they spoke of "the just pride with which in the midst of their grief they contemplated the heroic professional feeling which led their colleague to prefer duty to safety and to endanger and sacrifice his own life in a generous effort to preserve the life of a suffering fellow creature. Such a death they deemed the fit and crowning end of such a life."

One of his nearest friends has spoken of "his beautiful submission to God's will and of the calm, manly courage worthy of the Christian, with which he met the approach of death, which, though deeply regretted, was not untimely, for he had completed the work his Father had given him to do, and had done it well. He left his mark, his impress upon his generation. Young as he was in years, he was eminent in science, skillful in his art, high in the esteem of all who knew him, and his memory is cherished in the hearts of the many who loved him."

Do we not well then to keep alive that memory, and to re-consecrate it tonight by associating it forever with books—with the literature of that medical science which he so much loved, to which he gave his best thought and his unwearying labor, and of which the sole objects are beneficence and the good of humanity?

I can imagine that his "clear spirit which scorned delight and lived laborious days," looking down from where "beyond these voices there is peace," would rejoice in being thus allied with

The loved volumes where the souls
Of the great dead walk gloriously,
The Edens of the mind, the goals
Of mortal immortality.

The great dead—who still live on in the works which they have left behind them. "The best counsellors" says Lord Bacon, "are the dead, and therefore it is good to be conversant in books." So likewise many of the best and greatest leaders in the conflict in which we as physicians are all constantly engaged are among the dead. The scenes of that conflict may appear to be only in the wards and amphitheatres of hospitals, or in the hushed air of chambers of sickness; but if the veil were withdrawn, these might be seen as portions and parcels of that vast arena upon which is waged with unceasing warfare the tremendous contest between good and evil. In that contest I have known no wiser or purer counsellor, no braver or more devoted leader in the cause of truth and right than was he whom we tonight commemorate.

CHARLES FRICK, M. D.

Though time oft mantle of oblivion throws
O'er lives that in brightest luster seemed to close,
It has not yet effaced the memories thick,
That cling about the honored name of Frick.

Him nature formed in gentlest, manliest mould,
Unselfish, patient, modest, yet large-souled,
And amply gifted with those powers rare
That mark the man of genius everywhere.

Him nature taught her secrets to explore,
To penetrate disease's inmost core,
And in the crimson current's heated tide
To trace the paths where fevers lurk and hide.

To carve a way with methods new, to thrust
From musty shelves the antiquated dust;
To grasp the essence of a thing forsooth,
And let in grateful light upon the truth.

Such was the man—his work; faithful in all
And brave—'till came the fatal duty's call
And—ere the morn of life into full day
Had ripened—snatched his noble soul away.

These glorious lives—they are *our* heritage:
Hero, benefactor, martyr, sage!
May these be always found disposed and quick
To follow lead of lives of men like Frick.

—E. F. C.

UNSUSPECTED PERILS.

WHEN a short time back it was announced that societies were being established in various parts of the United States for the abolition of promiscuous kissing the news was received with incredulity and amusement. It appears, however, that not only are such societies in earnest, but that they have good reasons for inaugurating a crusade against indiscriminate osculation. A perusal of some recent numbers of American medical journals, says the *Lancet*, would tend to convince the reader that there are very real perils incurred in the practice to which objection is now made. Enthetic diseases leading to the gravest constitutional impairment have been contracted by innocent persons of both sexes.

We fear that there must be a large amount of unsuspected syphilitic disease in the States and are not surprised that notes of warning are being sounded by members of the medical profession. Various instances of the mode of infection are given by our contemporaries—*e. g.*, through the medium of the communion cup, of pipes and cigars, of sur-

gical instruments, of barbers' appliances, of pens and lead pencils, and of paper money, which is occasionally put in the mouth. Labial primary sores would appear to be quite common. A well-known New York physician affirms that a large number of his professional brethren have lately been attacked with digital primary sores, and that what he terms "professional syphilis" is much more prevalent than is generally supposed. As far as we can judge there is no exaggeration in this description of a regrettable state of affairs. It may be within the recollection of some of our readers that twenty years ago at Brives, in France, thirty-one cases of syphilis with four deaths were traced to a midwife who had a chancre on her finger. The writer we have quoted strongly urges professional men to discontinue work when suffering from suspicious sores on the hand, and insists on frequent and abundant use of soap and hot water as being more protective than aseptic solutions of mercury or carbolic acid, and recommends that in place of public worship each person should have his or her own communion cup.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

SEMI-ANNUAL MEETING HELD AT HAGERSTOWN, MD.,
TUESDAY AND WEDNESDAY, NOVEMBER
10 AND 11, 1896.

SECOND DAY.

WEDNESDAY, NOVEMBER 11.

Dr. George H. Rohé introduced the following resolution, which was seconded by *Dr. E. N. Brush* and adopted by the vote of the Society :

RESOLVED, That a committee of one from each senatorial district of the State, with the President of the Faculty as Chairman, be appointed to act in conjunction with the Committee of the Baltimore Neurological Society charged with the duty of suggesting certain amendments to the laws governing commitments of the insane to hospitals and asylums, and other matters connected with the relations of the State to the insane.

In seconding the resolution *Dr. Brush* said : " It gives me great pleasure to second that motion. I was a member of the Neurological Society of Baltimore, and had something to do with this subject when presented to the Legislature. I am not sure that we all appreciate the importance of this measure as thoroughly as we should. Under the laws at present on the books the insane can be committed to asylums in two ways ; first, upon the certificates of two physicians setting forth their reasons for the commitment ; and, second, by act of a jury convened as is the ordinary sheriff's jury. In this event, the patient must be declared both insane and a pauper. Now, you all know there are a number of persons all over the State entitled to admission and proper treatment, but who are not paupers. They are in fact more entitled to treatment than those who have always been paupers, probably as a result of their own bad habits. Another cause for complaint, too, is that lack of power to care for the insane has compelled a number of them to be sent to the almshouse, where they

received only such care and nursing as is accorded to the paupers. The possibility of recovery in these cases is a little less than nothing. It is not only inhuman, but, from a standpoint of public and political economy, a bad method. The average life of the insane, after insanity commences, has been in the last 30 years raised from 9 years to nearly 13. The average duration of patients who recovered under proper care is about 5 to 7 months. Is it better to spend a good round sum and take care of a man for 5 months, or to spend small allowances for 13 years for the kind of care and treatment that you would not give an ordinarily good horse. The object of this committee is to introduce a law that will protect the insane and the sane alike ; to see that the former are properly admitted to asylums and that the proper care and treatment shall be accorded them. Counties and county institutions should not have to care for the insane. They cannot do it. The State is the proper one to do so. Such institutions should be under State control, and it might be wise to have a board of inspection to act as a medium of communication between the insane on the one hand, and the public on the other. The States of New York, Michigan and others are giving their insane such care. New York appropriated last year \$3,000,000 to care for the insane within her borders. Maryland is said to be a poor State, but we are humanitarians, and she is not so poor that she cannot and will not take care of her insane.

Dr. Rohé : I would suggest that the committee will require some time to make up its report for the Faculty, and, as it is probable they will not get together much before the next meeting, I would not state a specified time for their report. This resolution is introduced now in order that the committee may make the proper preparations before the next meeting of the General Assembly, which occurs in January, 1898.

Dr. E. N. Brush then offered the following resolution of thanks, which was seconded by *Dr. C. Birnie*, and adopted by vote of the Society :

RESOLVED, That the thanks of the Medical and Chirurgical Faculty of Maryland, in semi-annual session assembled, are hereby most heartily tendered to the Washington County Medical Society and the members of the profession of Hagerstown and vicinity for the cordial welcome extended and the bountiful entertainment provided for the Faculty; to the very efficient cordial committee of arrangements for the many and unusual courtesies extended to the visiting members; to the Board of County Commissioners of Washington County, and the Honorable Edward Stake, Judge of the Circuit Court, for the use of the Court House as a place of meeting; to the editors of the *Hagerstown Mail*, *Evening Globe* and *Morning Herald* for the comprehensive reports of the proceedings; to the Board of Governors of the Conoco-cheague Club, the Western Maryland Railroad Company, the proprietors of the Hotel Hamilton and the Baldwin House, to the citizens of Hagerstown in general for the numerous acts of kindly hospitality and courtesy extended to the members of the Faculty.

Business having been concluded the Faculty then adjourned.

FRICK LIBRARY OF THE MEDICAL AND CHIRURGICAL FACULTY.

MEETING FOR THE FORMAL DEDICATION OF THE FRICK LIBRARY, HELD AT THE HALL, THURSDAY, DECEMBER 10, 1896, AT 8 P. M.

THE members of the Medical and Chirurgical Faculty were called together to formally receive from the liberal donors, the Messrs. Frick and Mr. Reverdy Johnson of Baltimore, the Frick Library. Dr. William Osler, the president in the chair, made the following

STATEMENT OF THE CONDITION OF THE LIBRARY OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, AND OF THE SECTION OF IT TO BE KNOWN AS THE FRICK LIBRARY.

According to the last report, the Library of the Medical and Chirurgical Faculty had about 8000 volumes on its

shelves. A large proportion of these are important periodicals, the sets of which have been faithfully kept up for many years by successive Library Boards. The income of the Faculty has only permitted an expenditure of a sum just sufficient for this purpose. Complete files of the more important English, French and German journals are now available for reference. The removal to our new quarters was thought to be a very fitting time to strengthen the hands of the Library Board by a combined effort among the members of the Faculty. Accordingly a new Book and Journal Club was organized, the object of which was to add to our journal list, and to buy the important new works as they appear.

The report of the work of the Club for 1896 will shortly be in your hands. I may say that the subscriptions of 120 members enables us to subscribe to a large number of journals, and to buy many new books. There are now on the shelves in the Frick Room periodicals sufficient for the working student in general medicine and surgery. We hope in 1897 to do still more, and early in the year the officers of the Club will make a systematic endeavor to obtain 200 members.

In apt illustration of the adage "The Lord helps those who help themselves," came the bequest of the Messrs. Frick in memory of their brother, Dr. Charles Frick. This has given us a beautiful reading-room, and has placed between 400 and 500 new books on our shelves. The present idea is to make the Frick Library the Medical Section of the General Library, and to place in it the works relating to medicine proper, in contradistinction to surgery and other branches. Through the liberality of Mr. W. F. Frick and Mr. Reverdy Johnson we shall be enabled annually to furnish new books as they appear. Dr. Frick's work was so largely in urinary and renal diseases that we propose to furnish the Library very completely in monographs upon this speciality.

It has been said that a man's books are a good index of his character; so,

too, the general medical library is in a measure the best index of the condition of the profession in a city. To be on a par with the large European and with the chief cities of this country, Baltimore needs a medical library at least four times the size of the present one. This in time we can have. Let me indicate the three ways in which individual members may help. First, by joining the Book and Journal Club, which enables us to add many new books and additional journals. Second, by bringing in new members, of whom we have only 500; there should be at least 1000. And thirdly, we can all remember the Library when we have ourselves been remembered in a fatter fee than usual, or in an unexpected wind-fall. To the more prosperous members of our Faculty I would say, "freely ye have received, freely give." We want large individual sums; we also desire small amounts from large numbers.

In two years this Ancient and Honorable body will keep its Centennial Festival, at which time we may look forward with confidence not only to cancelling the debt upon our building, but also to the acquisition of a considerable capital fund, the interest of which may be applicable to a still further extension of our Library and accommodations.

Dr. Samuel C. Chew then delivered the **COMMEMORATIVE ADDRESS**. (See page 181.)

Mr. Reverdy Johnson, a warm personal friend of the late Dr. Charles Frick and a member of the Baltimore Bar, then paid a tribute of a personal friend in the following address. He, at the same time, presented to the library a copy of Dr. Frick's "Renal Affections" with autograph inscription and also his gift of one hundred dollars a year to the library.

This movement of the medical profession to recognize talent and worth does credit to itself, while recalling the merits of one so soon torn from a career of reputation and usefulness.

Dr. Chew has dwelt fully upon the medical relations of a lamented member; may it be my part, as a close personal friend, to refer to the man as illustrated

by his many attractive traits of character.

Dr. Frick was one who attached others to him by kindness, sympathy and a willingness to help. What better combination could be formed for the complex moulding of the physician, the useful citizen, and the faithful friend? To all who in those younger days consorted with him in social pastime and recreation hours, there were none who did not regard him in that light and always hail his sunny, cheerful presence. The elders of your profession, here this evening, know full well how these personal attractions, apart from professional ability, endeared him to those who sat under him in the lecture hall and how sincerely they mourned his sudden and untimely death.

Many were the eyes dimmed by tears as the sad news broke upon them, and I am sure the juniors of that day who, here or elsewhere, have advanced to the first rank in the profession, will respond in all sincerity to the touching tribute to the memory which you now inaugurate.

In application to his pursuit, Dr. Frick was untiring and persistent.

Often have I been with him in his office hours, when, without apparently relaxing thought or attention to his instrument, he would assume the double part of companion and steady investigator; never forgetting his aim of research, and the laudable ambition of advancing his profession and the welfare of his fellow man.

Those of you who know the special line to which he devoted himself can better appreciate its medical trend than the mere layman; and some of you, with your more advanced knowledge, and the modern appliances of theory and practice, may have seen realized the ends at which he aimed.

He who is successful in early research is as much entitled to merit as those who work out the problem to solution; might we not, therefore, say that the name you have applied to your association may claim some portion of the blessings of suffering ones on the medical men of this modern era?

Of all the personal companions of the days to which I refer but very few survive, and those are here to do tribute to a memory which is as warm with them as with his professional brethren who are moved to this graceful memorial.

May the association flourish, and may all its younger members be encouraged and aided by the name it bears.

Dr. J. M. DaCosta, President of the College of Physicians of Philadelphia, then congratulated the Faculty on this addition and gave a brief review of the condition of libraries in various parts of the world.

Dr. Joseph D. Bryant, President of the Academy of Medicine of New York, also made some remarks on the value of libraries to the profession as follows :

I desire at the outset to express the great pleasure which I feel tonight because of the opportunity to be present and unite with you in the rejoicing that attends the triumph of so important an event as this. While it is not likely that I can add to the measure of your joy, still, it is probable and, I think, fair, that I should absorb as much as is possible of the spirit of the occasion, and return with it to my colleagues in New York.

We of the New York Academy of Medicine are now engaged in the establishment of a fund of \$100,000, the income of which is to be devoted only to the purchase of books for the library of the organization. At the present time the fund exceeds \$50,000, \$30,000 of which was secured within the last year. The library now numbers over 55,000 volumes and is increasing at the rate of 2500 per annum along the older methods of procedure.

The importance of events of the present nature can be fairly appreciated only by those who know the value of books or are engaged in the consummation of achievements of a similar character. Much that is very good, indeed, has been said by writers of many periods in commendation of books; and, as an author properly said, "One cannot celebrate books sufficiently. After saying his best, still something better remains to be spoken in their praise." (Alcott).

And while it may not seem strange that writers of good books should often regard the products of their labor with less favor than that indicated in the preceding expression, yet it is striking that they, with all thoughtful people, regard a good book as the only true and unwavering friend that man possesses. The kind of books which one covets, quotes and communes with during the leisure moments is a surer indication of his character than are the opinions of the local clergy. The former are unimpressible, silent witnesses of good and bad alike and testify with a certainty that admits of no dispute.

"Oh, that mine adversary had written a book," was uttered by patient Job—for reasons of his own—more than 3000 years ago and has been repeated often since by those familiar with the fallibility of human judgment and the steadfastness of printer's ink, for similar reasons.

All books are not good books, even though they be "doctor" books. But all books are a fair index of the time of their birth, no matter what they be.

Medical books, like other books, are the repositories of the mental conceptions and experience of those who have gone before and those following after. They contain the aggregated wisdom of past observation, enabling those of the present to build on a higher and securer foundation. And you, my friends, and every one, find the sufferings in the world lessened and happiness augmented; the lives lengthened and human usefulness extended, because of the presence and the purpose of medical books.

The medical press is the day-book and the medical tome the ledger of the medical events of the time. The record of the past is the compass of the future, which points the way to success as unerringly as does the magnet to the home of perpetual snows.

Records of the past, did I say? "There is no past so long as books shall live," said Bulwer-Lytton. Rather let us say that in the presence of books the past with its lessons is ever before us.

A library is a collection of books and the influence which it exercises is in di-

rect proportion to the number and standard of its factors. In order that a library shall be thoroughly effective, the component parts should be selected and maintained with consummate care and by wise authority. The crippled responses of an incomplete medical library are like the halting gait of one with a leg shorter than the other. A worthless book in a practical library is out of place as much as a grog-shop in a respectable community. And as one micro-organism may defile the mass, so one pestilential book may for a time paralyze the usefulness of the entire collection.

The plenitude in number and quality of the books of a private or public medical library is quite as certain a token of the status of the possessor as is the thermometer of the weather, provided always that the effects of attrition on the books and the minds show that, as the pages become duller and thumb-worn, the minds become brighter, though care-worn. Dawson said, on an occasion somewhat similar to this, "Remember, we know well only the great nations whose books we possess; of other nations we know nothing or but little."

The students of antiquity burrow among the ruins of ancient cities, in search of a trace of character outline that may link the past with the present, as famishing moles burrow for a bit of food. The evidences of this nature which may be found where Baltimore now stands, thousands of years along, by students of that period, will indicate to them Baltimore's station in the affairs of men during the period of her existence. Therefore, you build not only for the present but for the future; not only for the enlightenment of the profession of today, but for the instruction of those who may interrogate the silence of the days to come.

How fitting, then, it is that vanished minds be commemorated by the indelible thoughts of the period in which they lived. No monument of stone nor steel can speak with its one tongue as can a library with its tens of thousands. The one points upward only, and in silence tells its simple tale; the other points everywhere, expressing not only the

purpose of its presence, but declaring in loud tones in many tongues the truths of the age of its respective units.

It has seemed to me often that the gladness of benevolence reaches its highest point when it shall have been prompted by the giving of a library of useful books to a needful cause. Indeed, those citizens who heed the bidding of this desire contribute more to the moral excellence of a community than do those who found cities and establish avenues of commerce. I wish to say to those who have met so generously the requirements of this occasion, that the fruits of the act will ever increase in their abundance and richness; and, to those who may be likewise inclined, I will add, they who give books bestow knowledge; they who bestow knowledge, give power, for "Knowledge is power," said Bacon.

In the instance of good medical books is given the power to remedy the afflictions of life, thus increasing life's happiness; in the instance of all good books, the power that brings man still nearer to Him in whose image and after whose likeness he was created.

RESOLUTIONS.

THOMAS CARNES PRICE, M. D.

At a meeting of the Georges Creek Medical Association, held at Frostburg, Maryland, on the eighteenth day of November, 1896, the following was unanimously adopted:

WHEREAS, It has pleased God in the exercise of His Divine will to remove from the sphere of his usefulness our esteemed friend and co-worker, THOMAS CARNES PRICE, M. D.; and

WHEREAS, It is most right that we take to ourselves that consolation afforded by the rehearsal of a virtuous life;

THEREFORE, Be it

Resolved, That, as an association of physicians who knew him personally and lovingly, we add our own to the many other expressions of his manly character and professional worth.

Resolved, That we recognize in him a

physician modest and just, despising not the humblest who sought the benefit of his ripe knowledge; suave, courteous and gentle, noted for his urbane manner; who knew no professional trickery or device, deserving and enjoying the respect of his colleagues and the gratitude of his patients, he will ever live in their memories, abounding in charity for his brethren and ever zealous for the welfare and dignity of his calling. A consultant who judged conscientiously, more careful of the rights of others than of his own, with a liberality that was admirable, seeking not renown but exactness—a man in all the walks of life blameless.

Resolved, That Dr. Price possessed the true elements of manhood; he was true, genuine, sincere and real. Probity, uprightness and unselfishness were typified in him, while his character was imbued with and moved by a deep religious conviction. He was filled with the warmest and tenderest sympathies for his suffering fellow-man.

There is no death; an angel form walks o'er the earth with silent tread;

He bears our best loved things away, and then we call them dead.

Resolved, That these resolutions be recorded among the minutes of this Association, and a copy of the same sent to the MARYLAND MEDICAL JOURNAL for publication; and that we tender his bereaved family our sincere sympathy, knowing that to them his life was a pæan of affection and one long benediction.

C. C. JACOBS, M. D.,
President,

B. M. CROMWELL, M. D.,

C. BROETMARKEL, M. D.,

J. O. BULLOCK, M. D.,
Committee.

W. OLIVER McLANE, M. D.,
Secretary.

SURGEONS WANTED.—One of the effects of the Cuban struggle is a demand for surgeons, and an exchange says that General Weyler could use one hundred surgeons now and has extended the age limit to attract surgeons to the service.

Medical Progress.

ACTION OF BOARDS OF HEALTH.—Some startling rumors have reached the *American Medico-Surgical Bulletin* of proposed legislation by boards of health.

Out in Indiana an official of the Board of Health, of misogynistic tendencies, has discovered that the practice of osculation is attended with the danger of communicating disease. He is endeavoring to persuade his colleagues to issue an edict forbidding the practice, or, should this not seem feasible, to require maid and youth, widow and bachelor, to rinse their mouth with some disinfectant solution before resorting to the time-honored and most seductive practice. From a strictly sanitary standpoint the *Bulletin* trusts the efforts of this advanced board of health officer may prove successful, although skepticism is uppermost when we remember that, since the day when "the breath blew o'er Eden," it has become a second nature with mankind to osculate at every opportunity. So strong is the force of habit, and so impulsive is the act, that we question if many, aside from crusty old bachelors, could be compelled to rinse their mouths with antiseptics before lip met lip in quick response to instinct's mandate.

Another board of health, and nearer home, is seriously considering the advisability of forbidding the appearance of dogs on the streets on the ground that the excrement is dangerous to health. Why stop short at dogs, gentlemen? Horses and cats drop excrement of a far more offensive type! The *Bulletin* praises your ardor, but really are there not more palpable dangers to health, to which you seem blind? Stop the street noises; force wealthy and powerful corporations to cease deluging the streets and the interior of houses with cinders; continue the good work of tearing down rookeries. These and other nuisances to health having been abated, it will be time to wage war on man's best friend, the dog, and if do so you must, pray devise an antiseptic stopper to be inserted into an essential sphincter of the dog in order that man may not be deprived of

one of the chief pleasures in life—that of the companionship of the dog.

Indeed, gentlemen of boards of health, are not your duties onerous enough that you must seek to play with “trifles light as air”?

* * *

THE AFTERNOON NAP.—The frequency with which medical men are asked whether it is harmful to indulge in the “afternoon nap” is not, perhaps, surprising for several reasons. Most persons have had experience of the seductive charms of the somnolence which has followed the comfortable ingestion of a midday or evening meal. The meal finished, the diner arranges himself comfortably in an armchair; it may be he lights a pipe or cigar, takes up a newspaper, and prepares to make the most of the restful condition of his mind and body. But nature soon begins to assert her sway. In time, the eyelids close, the head begins to nod, the newspaper falls from the hands, the pipe, no longer supported in the mouth, falls to the floor, and the symptoms of a nap are complete. Whether the “winks” be forty or one hundred in number, the result is the same—a short, sound sleep. Then comes the question—Is it harmful thus to fall asleep after a meal? *Medical Progress* thinks not; for the very obvious reason that the process is merely a physiological one, and as such, when it occurs, is quite natural. When digestion is in progress, nature has arranged that all the available blood in the body shall be collected in and about the digestive organs. Consequently the blood supply to the brain falls to a low ebb, and thus sleep is easily induced. On the other hand, of course, physiologically, it is wrong for brain work to be attempted immediately after a solid meal.

* * *

UNDERPAID PHYSICIANS.—The following from a sermon delivered by the Bishop of Norwich, England, will be read, we doubt not, with interest by many American physicians and laymen. As quoted in the *Medical Herald*, he said:

“Nor can I, nor shall I, be silent

about the wrongs to which scores of medical men are subject. I refer to the startling contrast there is between the inexorable demands which society makes on medical men, and the elasticity of the social conscience with respect to his remuneration. I have known cases where they are summoned, at all hours and all seasons of the year. Their bills are presented with timidity, if not anxiety, and they are sometimes received with amazement, sometimes with indignation, and sometimes relegated to oblivion. Nor are cases unknown where the righteous demand for work done is met by calling in another practitioner; he, in turn, to suffer as his brother did before him. I cannot permit myself to imagine that I address any such wrongdoer here today. But if I do, then, in my Master’s name, I entreat you to remember that the medical men of this nation are the highest type of their class in the world; they are entrusted with the secrets of domestic life; they have all our liabilities of their order; they frequently die as martyrs to science, to suffering, to sympathy, to destitution. Believing this, my plea is that every unpaid medical bill be discharged generously, gratefully, cheerfully, and that whatever account must be deferred in payment the last to be deferred is the account of him who is the human agent who has brought us into the world, enables us to continue our work in life, and many a time lays down his own in endeavoring to baffle death.”

* * *

THE TREATMENT OF HEMORRHOIDS BY WHITEHEAD’S METHOD.—Delorme (*British Medical Journal*), at the Tenth Congress of the French Surgical Association, spoke very favorably of Whitehead’s treatment of hemorrhoids, which he regards as the method of election in cases of large internal or extero-internal piles forming a prominent circular mass. In eighteen cases thus treated by the author the results were very satisfactory as the operation was followed by primary union, exact apposition of the skin and mucous membrane, the formation of a supple and dilatatable cicatrix, and freedom from both retention and inconti-

nence. The cure is a radical one provided the gut be incised above the zone of venous dilatation. The immediate hemorrhage, though sometimes embarrassing, is rarely profuse. The following are regarded as indispensable conditions of the success of Whitehead's operation: The incision to be made above the limits of the affected mucous membrane; the selection of a strong suture; careful preservation of the sphincters, especially the external; the maintenance of absolute rest of the perirectal muscles until the complete development of firm union.

* * *

USEFUL MEDICATION IN TYPHOID FEVER.—A very intelligent aspect of the drug treatment of typhoid fever is given by Dr. Henry R. Slack of La Grange, Georgia, in the *Atlanta Medical and Surgical Journal*. He remembered the experience of his old preceptor, Dr. H. V. M. Miller, who noticed that cases seen at rare intervals in a scattered country practice seemed to do better than those who received many visits in the city. Some cases will recover and some die in spite of all treatment.

Dr. Slack, who is also a graduate pharmacist, noting the alleged success of Dr. Woodbridge, worked at many new drug combinations and among them he suggested the following combination in typhoid fever when the temperature is high and the heart complications render the use of the usual antipyretics dangerous:

R.—Ammonii carbonatis, 8 gm. (ʒ ii.)
 Acidi salicylici, 10 gm. (ʒ iiss.)
 Elix. pepsini lactat.,
 Aquae cinnamomi, āā, 60 cc. (ʒ ii.)
 M. Sig.—Teaspoonful in a little water every three hours.

He does not claim to abort typhoid fever with this prescription, but he finds it does relieve many distressing symptoms. In prescribing this treatment the pharmacist should be cautioned to use only the translucent lump of ammonium carbonate, which should be dissolved in cinnamon water, then adding the salicylic acid and lastly the elixir of lactated pepsin.

RESULTS OF PARTIAL SECTION OF THE GLOSSO-PHARYNGEAL NERVE.—An abstract of an article by S. Meyer is published in the *Lancet* giving the results of some experiments he has made upon the glosso-pharyngeal nerve. He effected partial division of this nerve in young rabbits, and thirty hours after the operation observed a commencing conversion of the neuro-epithelial cells of the taste-buds into laminated epithelium. The process of change first made its appearance in the lowermost buds, then affected the uppermost, and finally exhibited itself in the middle buds of each row. There did not appear to be any cell destruction, but simply an alteration in the characters of the cells now no longer under the influence of the nerve. After about twelve days the last remains of the gustatory bulbs disappeared and the grooves of the circumvallate papillae began to be filled up with laminated flattened epithelial cells. The epithelium at the bottom of the furrows presented numerous leucocytes distributed amongst the cells, which in part escaped through the original openings of the cells. The only change in the peripheral portion of the divided nerve was simple degeneration.

* * *

TUBERCULOSIS IN INFANCY.—Tuberculosis was formerly considered a rare disease in infancy, but recent investigations have shown the disease is more common at that early period than was formerly supposed. Dr. L. Emmett Holt published some statistics in the *Medical News* from which he concludes that: Intra-uterine infection in cases of tuberculosis is very rare, the child often escaping even when the mother is suffering from active disease in an advanced form.

2. Infection through the alimentary tract is also very rare, and will not explain more than one or two per cent. of the cases.

3. The distribution of the lesions in tuberculosis of infancy and early childhood points conclusively to infection in the vast majority of cases through the respiratory tract.

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MARYLAND MEDICAL JOURNAL,
 209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
 913 F Street, N. W.

BALTIMORE, DECEMBER 26, 1896.

A YEAR ago the MARYLAND MEDICAL JOURNAL made the following announcement:

With the desire to improve *The Journal for 1897.* the literary character of the MARYLAND MEDICAL JOURNAL, the management has arranged with a number of specialists of prominence to act as collaborators throughout the year 1896. Each collaborator will have charge of one department and will give a careful, critical review of books, a report on the progress of medicine and contribute editorials in his special department. It is hoped in this way to materially strengthen the standing of the JOURNAL and to give the readers as good matter as possible from the material within the State of Maryland and the District of Columbia.

A journal is not always what the editors make it, but depends on the literary center in which it lives. The endeavor will be to give work principally of a practical nature, but the results of scientific and laboratory work will not be passed over. If it is found that the proposed division of labor and infusion of new literary blood meets with the approval and support of the readers, the JOURNAL will then be ready to make other advances.

With this idea arrangements were made with specialists to collaborate with the editor and the following staff was organized and began work January 1, 1896:

Surgery, Dr. RANDOLPH WINSLOW; *Gynecology*, Dr. Thomas A. Ashby; *Obstetrics*, Dr. John Whitridge Williams; *Eye and Ear*, Dr. Hiram Woods; *Skin*, Dr. T. C. Gilchrist; *Materia Medica and Gastro-Intestinal Diseases*, Dr. Charles E. Simon; *Psychiatry*, Dr. Irving C. Rosse; *Nervous Diseases*, Dr. George J. Preston; and *Children*, Dr. A. K. Bond. The department of general medicine was given to the editor. These gentlemen have all faithfully done their work throughout the past year and if any improvement has been noticed in the JOURNAL it is undoubtedly due to the coöperation of such an able corps of physicians.

It has been noticed that some cavillers still maintain that the MARYLAND MEDICAL JOURNAL is not up to the proper standard, but inquiry usually brings out the fact that such fault-finders are men who never take the JOURNAL, never read it and have never in any way contributed toward its support. These are such as live in a chronic state of grumbling and croaking and, like bilious people everywhere, never see any good in productions of their own neighborhood.

Medical journals, like medical societies, are needed in every community, not only as a means of communication between physicians, but as moulding and reflecting medical opinion. Still further, medical journals diffuse medical knowledge and raise the standard by compelling a more careful and considerate expression of opinion. When a man knows that his words are to be printed and read he is much more careful of what he says and how he says it.

Medical journals also serve the further purpose of spreading abroad knowledge of the wares which are advertised in these journals. Advertisers are too often ignored by the unthinking physician, while everyone should know that it is through the advertiser alone that the publication of a medical journal is made possible. The physician who fails to read the advertising pages of his journal is far behind the times and needs instruction.

The following additions have been made to the staff of collaborators for 1897: Dr. Henry Dwight Chapin of New York, in *Diseases of Children*; Dr. Robert Tunstall Taylor, in *Orthopedic Surgery*; Dr. Thomas H. Buckler, Jr., in *Gynecology*, and Dr. Edward M. Schaeffer, in *Physical Culture, Hygiene and*

Sanitary Science. The collaborating staff will then be as follows :

Surgery: RANDOLPH WINSLOW, M.D., Professor of Anatomy and Clinical Surgery, University of Maryland.

Orthopedic Surgery: ROBERT TUNSTALL TAYLOR, M.D., Surgeon in Charge of the Hospital for the Relief of Crippled and Deformed Children; Clinical Professor of Orthopedic Surgery, Woman's Medical College; Demonstrator in Orthopedic Surgery, Baltimore Medical College.

Gynecology: THOMAS A. ASHBY, M.D., Professor of Diseases of Women and Children, Baltimore Medical College; Professor of Obstetrics, Woman's Medical College; and THOMAS H. BUCKLER, Jr., M.D.

Obstetrics: JOHN WHITRIDGE WILLIAMS, M.D., Associate Professor of Obstetrics, Johns Hopkins University.

Ophthalmology and Otology: HIRAM WOODS, Jr., M.D., Clinical Professor of Eye and Ear Diseases, University of Maryland, and Surgeon to the Presbyterian Eye, Ear and Throat Charity Hospital.

Dermatology: T. C. GILCHRIST, M. R. C. S. (Eng.), L. S. A. (Lond., Eng.), Associate in Dermatology, Johns Hopkins University; Clinical Professor of Dermatology at the Baltimore Medical College and the Woman's Medical College.

Materia Medica and Gastro-Intestinal Diseases: CHARLES E. SIMON, M.D., Late Resident Physician, Johns Hopkins Hospital, author of "Clinical Diagnosis."

Psychiatry: IRVING C. ROSSE, M. D., Lately Professor of Diseases of the Nervous System, Georgetown University; Member du Congrès International d'Anthropologie Criminelle; of the American Neurological Association; the New York Medico-Legal Society; Vice-President of the Medico-Legal Congress, etc.

Nervous Diseases: GEORGE J. PRESTON, M. D., Professor of Physiology and Clinical Professor of Nervous Diseases, College of Physicians and Surgeons.

Children: A. K. BOND, M. D., Clinical Professor of Diseases of Children, Baltimore Medical College; and HENRY DWIGHT CHAPIN, M. D., Professor of Diseases of Children, Post-Graduate Medical School of New York, Physician to the Demilt Dispensary, Attending Physician to the Babies' Ward, Post-Graduate Hospital.

Physical Culture, Hygiene and Sanitary Science: EDWARD MORTON SCHAEFFER, M. D., Member of the American Association for the Advancement of Physical Education, Editor of the "Health Magazine."

General Medicine: WILLIAM B. CANFIELD, M. D., Lecturer on Clinical Medicine, University of Maryland, Visiting Physician to the Union Protestant Infirmary and Hospital for Consumptives.

* * *

THE absence of any uniformly recognized authority on orthography in the United States has caused a wide diversity in the spelling of certain words and the almost too ready coinage of new words without sufficient sanction as to form and construction.

It is very satisfactory, therefore, to note in the last number of the *Bulletin of the Johns Hopkins Hospital* that Dr. Lewellys F. Barker in using certain neurological terms made necessary by the ever rapid advancement of that branch of medicine, looks the subject up carefully and uses the word "neurone" only after obtaining the authority of such a classical scholar as Professor Gildersleeve.

If some body of learned men like the French Academy could act as god-father to all new terms and words, settling once for all the correct spelling and definition, then the multiplication of dictionaries with the varied orthography would be avoided. The best medical dictionary in English is marred by spelling which robs so many words of their philological originality. The history of a nation may be traced through its language and while changes in the forms of words must of necessity take place, such changes are usually gradual. The British nation is very conservative in most matters and especially in that of spelling.

Some publishing houses, notably the Appletons, adhere closely to British orthography and it must be confessed that the orthography of the *Journal of Experimental Medicine* is much preferable to that employed in some of the weekly medical journals. Even the final "our" in such words as "colour" is refreshing after reading in one of the newer journals of a "clinic lecture."

Would-be philologists should remember that the language of a nation is sacred and, except perhaps in dialect stories, should be respected.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 19, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		20
Phthisis Pulmonalis.....		19
Measles.....	4	
Whooping Cough.....	4	1
Pseudo-membranous Croup and Diphtheria. }	33	8
Mumps.....		
Scarlet fever.....	38	
Varioloid.....		
Varicella.....	2	
Typhoid fever.....	3	4

Germany expects to add a sixth year to its medical curriculum.

South Carolina colored physicians have formed a State Society.

The Detroit College of Medicine was destroyed last week by a disastrous fire.

Cambridge, Mass., has an institution called the Holy Ghost Hospital for Incurables.

The New York Academy of Medicine will celebrate its semi-centennial on January 29.

Dr. C. Hampson Jones was recently appointed sanitary inspector in the health department.

Dr. George M. Gould of Philadelphia has issued a book of poems entitled: "An Autumn Singer."

The Western Ophthalmological, Otolological, Laryngological and Rhinological Association will meet in St. Louis, April 8 and 9, 1897.

Another midwife was convicted last week of failing to notify a physician or the health office in a case of ophthalmia neonatorum.

The *American Medico-Surgical Bulletin* will hereafter be issued as a semi-monthly, with Dr. R. G. Eccles of Brooklyn as editor.

Dr. W. M. L. Coplin of Philadelphia has been appointed bacteriologist to the Pennsylvania State Board of Health, and Dr. Richard Slee of Swiftwater, Dr. Nelson F. Davis of Bucknell University, and Dr. Robert L. Pitfield of Germantown, assistant bacteriologists.

The *New York State Medical Reporter* announces a list of department editors for 1897, showing the progress reached by that journal.

The first medical school in America was established in Mexico; the first printing press on the western continent was set up in the same city.

Dr. George M. Sternberg, Surgeon-General of the United States Army, has received the honorary degree of LL.D. from Brown University.

Nearly fifty per cent. of San Francisco dairy cows will have to be slaughtered to stamp out tuberculosis, which is making great havoc among them.

The value of the municipal bacteriological laboratory was illustrated of late when milk which had passed the ordinary tests by the inspectors and also the test in the chemical laboratory was found by Dr. Stokes to contain streptococci and was consequently confiscated and the dairy farm blacklisted.

The death of Dr. Déclat of Paris is announced. He was the author of several treatises on antiseptic methods of treatment. His most remarkable are on the treatment of infectious diseases by carbolic acid. Dr. Déclat was well known to a large section of the Paris public. After a long medical career he retired to Nice, where he died.

At the meeting of the American Public Health Association the following officers were elected for the ensuing year: President, Dr. H. B. Horlbeck of Charleston, S. C.; First Vice-President, Dr. Peter H. Bryce of Toronto; Second Vice-President, Dr. Ernest Wende of Buffalo; Treasurer, Dr. Henry D. Holton of Brattleboro, Vt.; Secretary, Dr. Irving A. Watson of Concord, N. H. Place of next meeting, Philadelphia, 1897.

The trustees of the Johns Hopkins Hospital have made the following additions to the hospital staff: Dr. George W. Dobbin, resident obstetrician; Dr. W. W. Dabney, assistant resident obstetrician; Dr. S. McP. Glasgow, assistant resident gynecologist; Drs. E. B. Block and T. McRae, assistant resident physicians. Dr. Dobbin has acted for some time as assistant to Dr. Howard A. Kelly. The children's ward, which has been completed, will not be opened until after the holidays.

Book Reviews.

PARK'S TREATISE ON SURGERY. By American Authors. Edited by Roswell Park, M. D., Professor of Surgery and Clinical Surgery, Medical Department, University of Buffalo, Buffalo, N. Y. In two very handsome octavo volumes, comprising 1600 pages, with 786 engravings, largely original, and 37 full-page plates in colors and monochrome. Volume I, General Surgery and Surgical Pathology. Volume II, Special Surgery. Price, per volume, cloth, \$4.50; leather, \$5.50. Net. Lea Brothers & Co., Philadelphia and New York.

The second volume of this treatise treats of Special or Regional Surgery. The subjects covered by this book are numerous. Head troubles are treated by Dr. Park; diseases of the spine by Dr. E. H. Bradford of Boston. The details of the operations on the nerves are very meager. The method described for the removal of the Gasserian ganglion is complicated and difficult to understand and no mention is made of the Hartley operation.

Dr. Duncan Eve gives a series of injuries to the heart. Dr. Eve recommends heart suture in wounds of this organ, as well as heart puncture in conditions of great engorgement. Dr. Dennis of New York, who contributes the chapter on "Surgery of the Chest," recommends pneumotomy for the evacuation of abscess of the lungs and has collected fifteen cases of complete recovery after this procedure. The following statement is made by the authors of the chapter on "Injuries and Wounds of the Abdomen," Drs. M. H. Richardson and Farrar Cobb of Boston: "In gunshot wounds involving the abdominal cavity, exploration by laparotomy is always indicated in the first hours; after an interval of six hours or more without symptoms of either hemorrhage or peritonitis, the treatment may be expectant." We cannot thoroughly commend this statement; in our opinion all penetrating gunshot wounds should be treated by exploratory incision if seen within twenty-four hours from the time of injury. The same authors, in speaking of the indications for operation in appendicitis, say "a high temperature alone is of slight significance as an indication for operation; a high pulse alone is a much more reliable guide." This is an important axiom. Park's System is a most valuable addition to our list of text-books.

Current Editorial Comment.**PHYSICIAN'S WORK.**

Medical Examiner.

THE sage advice has been given that physicians should work less. That's all right, but physicians are not throwing away any practice. If his income and work were assured factors, the doctor could regulate the amount of work to be performed and his probable compensation. This is impossible. His practice usually comes by spurts. There is a busy season and a quiet season, and he must earn money while he has the opportunity. The advice is good, but impracticable.

PAUPERIZING THE PROFESSION.

Tri-State Medical Journal.

NOT content with fostering many cheap insurance schemes and aid societies, whose members receive gratuitous medical and surgical treatment for the payment of a ridiculous fee, Saint Louis now boasts of at least one hospital where free treatment is given to all who join an association, whose members pay the magnificent sum of fifty cents a month! With the City Hospital, Female Hospital and Poor House, in addition to the countless free clinics and dispensaries at the command of all who cannot or wish not to pay a fee, the outlook for the future finances of the general practitioner is exceedingly bad. Before the profession is pauperized we hope the general government will pension all physicians and surgeons.

PHYSICIANS' RIGHTS.

Medical Record.

FAITH, hope and charity healers, mind, brain and thought curers, hypnotic, hydro-pathic, magnetic, eclectic, spiritualistic, human and divine workers of miraculous cures increase and flourish. The reputable physician walks to his dispensary class and treats many who should be going to his own or to his brother's office, and who will tomorrow run off to "a divine healer" and leave a bank bill on his table in return for the benefit they hope will come from the laying on of hands. There are many things the self-respecting physician cannot fight against, but how some men can put up with the indignities placed upon them by hospital authorities and continue to respect themselves is more than we can explain.

Publishers' Department.

Convention Calendar.

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.
- MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.
- THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. Meets 2d Mondays of each month at 8 P. M.
- THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P. M.
- THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.
- MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.
- UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, dent. E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

- CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. HENRY B. DEALE, M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. H. HOLDEN, M. D., Recording Secretary.
- MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 2d Monday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LEWELLYN ELIOT, M. D., Secretary and Treasurer.
- MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. W. P. CARR, M. D., President. J. R. WELLINGTON, M. D., Secretary.
- MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. S. S. ADAMS, M. D., Recording Secretary.
- WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. M. H. ANDERSON, 1st Vice-President. MRS. MARY F. CASE, Secretary.
- WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

PROGRESS IN MEDICAL SCIENCE.

MANAGEMENT OF INCURABLE CASES OF CANCER.—In an instructive and valuable article on this subject Dr. Daniel Lewis, surgeon to the New York Skin and Cancer Hospital (*Medical News*, November 7, 1896) states that the resources which may be employed to advantage in these hopeless cases vary according to the site of the disease, and, in some degree, to the temperament of the patient. The remedies indicated may be classified as follows: 1. Physiological influences: 2. Medicinal agents: 3. Surgical operation: 4. Local applications, dressings, antiseptics, etc.: 5. Anodynes: 6. Inoculation with various toxins. As regards local applications Dr. Lewis remarks that the use of iodoform in private practice has become an inexcusable offence since the introduction of other remedies, and that there is no further necessity for a surgeon to render himself a nuisance to every one he meets by dressing a case with iodoform gauze or powder. If an ointment dressing be indicated he considers Aristol with vaseline of suitable strength (20 grains to 2 drachms to one ounce) as among the best. This or any other ointment will be more grateful to the patient if spread upon a thick layer of absorbent cotton instead of lint or gauze. The cotton is more easily adapted to every inequality of the ulcerated surface and from its lightness and tendency to cling to the surface when moistened, is seldom displaced. In cancer of the uterus the author says a deodorizing lotion is of the first importance and one containing eucalyptus is preferable to a plain antiseptic solution. The vagina may also be loosely packed with cotton tampons, saturated with a solution (five per cent.) of Aristol in abalone or benzoinol, a dressing which the nurse can readily renew. A vulvar pad of finely prepared oakum is both absorbent, a good deodorant, and cheaper than cotton, and is equally useful in advanced cases of cancer of the rectum.

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A POWERFUL STIMULANT TO NUTRITION AND ASSIMILATION.—In the medicinal and dietetic treatment of phthisis, scrofula, rachitis and strumous diseases cod liver oil must be accorded the first place. Owing to improvements in the process of manufacture this valuable medicinal product is now commercially obtainable of good quality. But it possesses a far from pleasant odor and has a tendency to disturb the digestion, causing the much dreaded repeating. Eructation and repugnance, certainly brought on by the continued use of cod liver oil, which features considerably interfere with the unlimited use of the remedy, are due to impurities which are partly formed during the process of manufacture by decomposition and putrefaction of the liver tissue, and secondly to certain products from the oil itself formed by the oxidation of the free fatty acids. In Adipogen we possess a preparation in which the fat-producing qualities of the oil as well as the alterative and tonic properties of the alkaloids of the liver are combined with a naturally mild and agreeable taste entirely different from that of cod liver oil, resembling that of fine, salted sardines à l'huile. It is manufactured in Norway from fresh cod livers. According to researches of Professor R. H. Chittenden of Yale University, the preparation is characterized, in addition to the large percentage of cod liver oil, by considerable albuminous or proteid matter, which with the inorganic salts present, materially adds to its value as a nutrient. Taken with bread or toast, even children take it willingly and with liking; its administration can be continued for a long time without causing the slightest repugnance, and it is easily digested and assimilated. Adipogen is recommended to the medical profession as a palatable and well-relished preparation of the fresh liver of the codfish, containing all the oil naturally present in the liver as well as its entire active principles (alkaloids) which act as powerful stimulants to nutrition and assimilation, and to which the oil owes its alterative properties. According to Prof. Chittenden's analysis Adipogen contains 51.38 per cent. cod liver oil, 11.02 per cent. proteid matter, 5.11 per cent. mineral acid and 0.57 per cent. phosphoric acid (P_2O_5). In his opinion the considerable

percentage of albuminous or proteid matter, with the inorganic salts present, adds largely to its worth as a valuable nutrient. Messrs. Lehn & Fink of New York are importers of this food.

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IRRIGATION IN OBSTETRICS.—Dr. Llewellyn Eliot, Surgeon to Providence Hospital and Eastern Dispensary, and President of the Medical Association of the District of Columbia, etc., Washington, D. C., read a paper on "Accouchement Force, in certain Obstetrical Complications," before the Section of Obstetrics and Gynecology, at the Forty-fourth Annual Meeting of the American Medical Association, which would be profitable for any practitioner. In the course of it he made the following statement, which we unhesitatingly endorse: "In irrigating these cases we may use the solution of bichloride of mercury, carbolic acid or any other medication which individual preference may suggest; for my part I employ a solution of Tyree's Antiseptic Powder, which consists of borax, alum, carbolic acid, glycerine, and the active principles of thyme, mentho, gaultheria and eucalyptus scientifically combined." An admirable antiseptic for the various forms of leucorrhœa.

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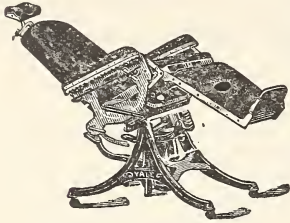


Fig. V—Semi-Reclining.

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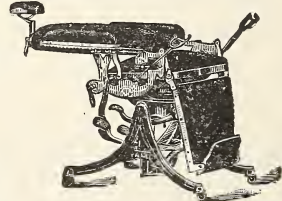


Fig. XVII—Dorsal Position.

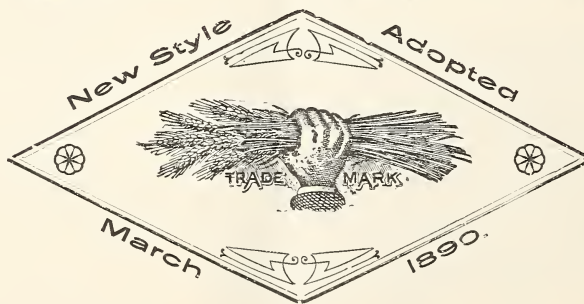
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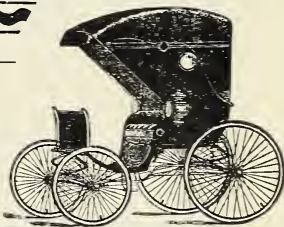
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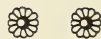
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