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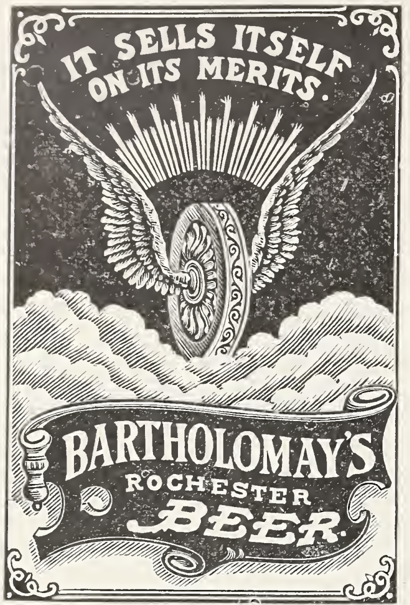

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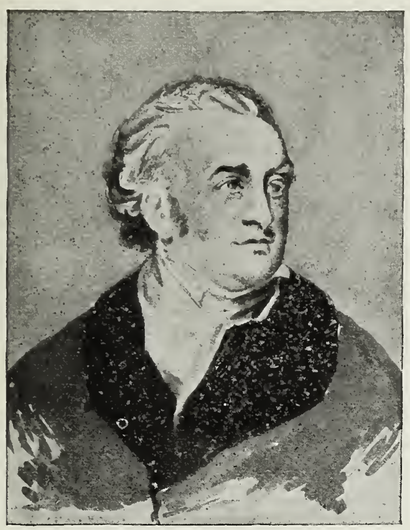

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVI.—No. 7. BALTIMORE, NOVEMBER 28, 1896. WHOLE No. 818

Original Articles.

THE PRACTICAL USE OF SKIASCOPY.

By H. O. Reik M. D.,
Assistant Surgeon Baltimore Eye, Ear and Throat Charity Hospital, and Assistant in Ophthalmology and Otology at the Johns Hopkins Hospital.

READ AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT HAGERSTOWN, MARYLAND, NOVEMBER 10 AND 11, 1896.

I DESIRE to call the attention of the society to this aspect of the subject because I fear we have been too much inclined in the past to treat it as of scientific and theoretical value rather than of practical service. It is not surprising that this is so, for most of our textbooks have spoken of the method very briefly and given such poor explanations of its use that if one simply followed their directions, discouraging results were apt to be the issue.

Within a comparatively recent time, however, careful attention has been given to the principles involved in the test, and the essential details of its use so developed, that anyone who is willing to give it close attention for a short while can easily become the master of it and to do this is to become an earnest advocate of its use.

Dr. Edward Jackson of Philadelphia has perhaps done more than anyone else to make this method of examination a perfect one, and to succeed with it, it is only necessary to follow strictly the directions laid down in his monograph "Skiascopy," which was published last year. The points that Dr. Jackson lays particular stress upon are, the use of a perfect mirror with small sight hole, a small point of light and an otherwise darkened room.

I have here a chimney, devised by Dr. Thorington, which secures control of the light very nicely. It is, however, more elaborate than necessary. With this over an ordinary Argand gas burner no light escapes to interfere with the examination, and by revolving the disk either a small or large point of light, as desired, may be obtained. A small point of light falling directly upon the mirror gives the best source of illumination for accurate work. The mirror may be either plane or concave, but should be a perfect one with a small opening, the edges of which give forth no reflections.

That skiascopy is in all respects the best of the several objective tests for refraction is, I think, beyond question, and for a comparison of the different methods and a summing up of their respective values, I would refer you to the report of the special committee on this subject, which was made at the 1894 meeting of the American Medical Association, and which is to be found in the *Journal of the American Medical Association*, Vol. xxiii, pages 337 to 342.

This committee reported in favor of

the use of ophthalmoscopy, ophthalmometry and skiascopy in all cases, but said of skiascopy, "It is, on the whole, the most accurate and reliable objective method of estimating ametropia. It measures the total refraction of the eye, whether this be static refraction or the refraction by accommodation. Applied in the direction of the macula, it measures in the visual zone exactly the refraction that is measured by the subjective method. . . . For eyes having a distinct and sufficiently extended visual zone, it is accurate to within one-eighth of 1 D."

These claims for accuracy are made by men who have used the method a long time, and who are all careful observers. I have frequently been able to decide between astigmatic glasses differing only one-eighth of 1 D., and astigmatism of one quarter diopter is very readily determined. Such exactness can hardly be claimed for any other method of examination.

One of the most difficult points I had to contend with, before I began to use this method, was the determining of the exact axis of my correcting cylinder lens, in astigmatism. With the use of test letters intelligent persons will often give hesitating replies when asked to decide which gives them the best vision, the glass with its axis held at 75° or at 90°, or even when greater variations than 15° are made; or, what is perhaps worse, the patient will give conflicting statements at different sittings, or at different moments during the same sitting, although you know they are making an honest effort to decide rightly. In such cases I have derived the greatest help from skiascopy.

The meridian of astigmatism and the axis at which the correcting cylinder should be placed can be determined so exactly as to leave no doubt in the examiner's mind. This is done promply and without any assistance from the patient.

Again, it is often difficult to say whether it is best to make a spherical glass an eighth or quarter diopter stronger and the cylinder as much weaker, or, *vice versa*, for the patient reads equally as well with the one combination as with the other and the astigmatic lines give you little or no help. I question whether we are doing right to ask or permit the patient to decide such points in most cases. But few of our patients are capable of appreciating such fine distinctions and the majority are more than liable to make the wrong selections.

By this method the responsibility of a decision is made to rest where it belongs, upon the physician, and he should certainly be willing to accept it, for the blame of an ill-fitting glass will sooner or later fall upon him. In difficult cases aid of the axinometer may be called into use and then it is only in rare cases that the examiner will hesitate in deciding the exact meridian of astigmatism.

I have said nothing about the special advantage of this method in examining children, nervous individuals and illiterates, partly because such advantages are so palpable and partly because I advocate the use of the method in all cases where ametropia is suspected. As to the amount of time consumed, I think it will be found that while perhaps more time is necessary to the first examination, a smaller number of visits on the whole will have been made. This is of particular importance in our hospital work, and I am sure that the saving of time there is very considerable.

In conclusion, the ease with which this method may be applied and the certainty of the results obtained make it applicable to every case of refraction and I would strongly recommend its use as a part of our routine practice.

Hysterical Achillodynia. — Dr. C. Féré speaks in the *International Medical Magazine* of the pain in the tendon of Achilles during extension or under pressure on the side of the body in which the hysterical stigmata predominate. It is associated with swelling of the part and persists after the other hysterical symptoms have disappeared. Albert has described such a pain in the tendon of Achilles, which disappears when the patient is lying down.

TREATMENT OF LARYNGEAL DIPHTHERIA.

By Edward Anderson, M. D.,
Rockville, Md.

I HAVE no doubt that many diseases, diphtheria among the number, are arrested the moment the system is brought under the influence of mercury. The only question is, which is worse, the remedy or the disease; and I think very few physicians would hesitate to decide in favor of the remedy in a malady so fatal as the one under consideration.

I lost every case of laryngeal diphtheria that I treated up to November, 1890. At that time a four year old child was stricken with this disease in my town and the attending physician pronounced it membranous croup. He did not tell the parents there was any danger of contagion, consequently a child five years old contracted it.

The four year old child succumbed in a few days, when I was placed in charge of the one five years old. I determined to save him no matter how extreme the remedy, and gave him five grains of calomel to begin with and after that one grain of calomel, with half a grain of ipecac, every two hours, until the child began to vomit, when I left off the ipecac, but kept on with the calomel.

Whenever the bowels became too lax, I added half a grain of Dover's powder to the dose. This treatment was kept up for a week. The child would undoubtedly have died before getting under the influence of the mercury, but for the inhalation of steam, which caused him so much relief that he would of his own accord use it.

The method I employed was a very simple one. It consisted of a coal oil stove which, after the water was once boiled, kept the steam constantly escaping and was conveyed to the little patient's throat by means of a long paper tube attached to the spout of a kettle.

A month later, the two year old child contracted the disease in the same form, through the carelessness of the mother, who had been warned of the danger; it being too young to inhale the steam properly, it died.

There are only two certain ways of affecting the system with mercury, particularly that of a child. One is by inunction, the other by fumigation. Inunction is too slow a process to be used in a case of diphtheria, but fumigation affects the system, almost immediately, brings the mercury in contact with the disease at its starting point, relieves difficult breathing at once and in my opinion should be employed in every case of laryngeal diphtheria from its inception.

As I have been obliged to draw on my own imagination as to the proper means of fumigating, having never seen a description of the process used by others, I devised the following plan. I place the patient in a low cradle covered with blankets thick enough to prevent the escape of smoke and large enough to lie on the floor all around it. Under the cradle I place an inverted baking pan, on the top of which I put an iron plate at least a fourth of an inch thick, heated until nearly red hot. On that I pour a level teaspoonful of calomel, and keep the child under the canopy for ten minutes at a time. Six fumigations at intervals of four hours I think would be enough in any case. This treatment should be inaugurated as soon as the larynx is known to be invaded.

On October 27, 1895, I was called to see a child dying from diphtheria and in spite of all I could do it died in three hours. There was another child one year old in a cradle in the same room. The breathing was so difficult that I would not have been surprised at its death at any moment. I gave it two grains of calomel and ordered half a grain to be given every two hours until my return.

The next morning, finding it no better, I began with fumigation and kept

it up until it had been used four times, continuing the internal treatment. On the third day, its improvement was so great that I considered its recovery almost certain and in about a week it was well enough for me to cease my visits.

On the 18th of October of this year, a woman came to my office at night saying that her five year old boy was very sick with croup. She was particularly uneasy, as a few days previously, a little boy of five years of age had died in this town with what the physician termed membranous croup and after intubation had been performed, I ordered five grains of calomel to be given that night and told the woman I would see the child next morning.

On visiting the boy in the morning, I found false membrane back of the tonsils and the larynx very much clogged. As the child's bowels had not been moved, I ordered two grains of calomel and half a grain of ipecac to be given every two hours during that day, the 19th. On the third day of the patient's illness, October 20, the bowels having moved and vomiting having occurred several times, I reduced the calomel to one grain and the ipecac to a quarter of a grain every two hours. I gave seven and a half grains of salicylate of sodium three times daily in a teaspoonful of essence of peppermint during these two days also.

After this nothing in the way of medicine was given except two drops of the fluid extract of digitalis, given by the mouth, equal to fourteen drops of the tincture, and a sixtieth of a grain of strychnia hypodermically during the remaining period of his illness. I fumigated this patient four times on the 20th and once on the 21st. During the night of the 20th, the mother put calomel on the red hot stove and fumigated the whole family.

On the 20th, Dr. J. R. Wellington of Washington, D. C., in response to my request, came up and inserted an O'Dwyer tube, which the child coughed out on the 26th. The child was unable to swallow and would have died had I not also employed the nasal tube for the purpose of feeding him and administering whiskey and medicine. The child is now, on November 2, out of danger, but is still very weak. When I first saw him, I told the father the case was most desperate and would most likely prove fatal, but I will now feel more hopeful in the future, as it is the third patient that has recovered where I have had entire control of the case.

BOWEL OBSTRUCTION BY A GALL-STONE, SIMULATING APPENDICITIS.

By J. H. Hardcastle, M. D.,
Cecilton, Md.

READ BY TITLE AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT HAGERSTOWN, MARYLAND, NOVEMBER 10 AND 11, 1896.

PATIENT, male, aged 56, weight 210 pounds, had at times for the past three or four years suffered with slight pains in the region of the transverse colon and both iliac fossae, accompanied by annoying forebodings. A peculiar striking sound as if water, drop by drop, was falling into a bottle, and again like a little stream passing with a gurgling sound, was noticed by the patient.

On the night of July 1 he was seized with sudden pain, accompanied with vomiting of a green, sweetish fluid (lettuce had been eaten the day previous) which soon changed to a brown color; there were also two or three small semi-solid evacuations from the bowels; then there was a cessation of pain and vomiting for several hours, when it returned with increasing severity.

Stercoraceous vomiting occurred on the fourth and fifth days, with great prostration.

On the afternoon of the fifth day, after

the three physicians engaged on the case had decided that an operation would have to be done for what was supposed to be appendicitis, there was a sudden cessation of pain and vomiting and the patient made an uninterrupted recovery. (In obscure cases of intestinal and hepatic diseases one cannot be too guarded in trying to arrive at a correct diagnosis.)

On the 15th the stone passed *per rectum*, and proved to be a large cholesterin (crystallized) nearly two inches long and one in diameter; there was also passed for several days a number of small yellow, seed-like bodies which appeared to contain cholesterin in a soft, waxy state. It is highly probable that this calculus was formed in the intestines, as there had been no hepatic symptoms to account for it.

The treatment consisted of calomel and soda, copious enemata of warm water (through the long rectal tube), morphia and atropia, hypodermically, large doses of olive oil (the California is the best) and also the phosphate of sodium.

Pernicious Anemia with Distention of the Large Intestine.—Stockman (*University Medical Magazine*) reports the case of a woman delivered of a healthy child in November, 1895, after a normal labor, during which she lost less than the usual quantity of blood. She was always well until two months prior to her *accouchement*, when she began to grow weak and pallid and to be greatly troubled with flatulent distention of the abdomen. These conditions increased in severity, and the patient became much emaciated. Physical examination of the heart, lungs, liver and spleen was negative. The abdomen was much distended, and the peristaltic movements of the bowel very active. From the presence of contracting bands there was little difficulty in recognizing the large intestine. Hemoglobin, 24 per cent.; erythrocytes, 1,680,000; later, hemoglobin, 20 per cent.; erythrocytes, 920,000. Treatment consisted of iron, arsenic, and careful dieting. The patient died February 28, 1896. There were found at the necropsy dilatation of the stomach and enormous distention of the ascending and descending colon. The transverse colon and rectum were normal. No obstruction. The antemortem suspicion that the excessive anemia was due to malignant obstruction of the large intestine was not borne out by the autopsy. Although the clinical symptoms were those of pernicious anemia, there were no excess of iron in the liver or spleen. The history shows that the distention of the bowel was distinctly traceable to the excessive flatulence from which the patient suffered during her pregnancy.

* * *

Hemorrhage from Bone Arrested by Nails.—Rapin (*British Medical Journal*) mentions the difficulty of arresting hemorrhage from an artery situated in bony tissues, especially if spongy. Ignipuncture or prolonged pressure have been the best means up till now, but the author has devised another method. He nails the vessels with cobbler's nails previously disinfected. At the end of the operation they are removed, but if any vessel bleeds again the nail can be left in. This device has proved very serviceable during Kraske's operation, six nails being sufficient to arrest the hemorrhage from the divided sacrum.

* * *

The Heart Under Röntgen Illumination.—Dr. Benedict (*New York Medical Journal*) finds by X ray illumination that the apex approaches the base of the heart in systole, so that there is no apex impulse in Skoda's sense, but at most a lateral systolic apical stroke. The ventricles are not entirely emptied at each systole, but always retain a considerable amount of blood; nevertheless, the four thousand heart-beats to the hour carry fresh blood enough into the arteries. On deep inspiration, the normal heart rises from the diaphragm, so that an appreciable interval is visible between them. Such examinations are most satisfactory if made on young and thin persons.

Society Reports.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD OCTOBER 12, 1896.

The President, Dr. Randolph Winslow, in the chair.

Dr. Eugene Lee Crutchfield read a paper entitled A Narrow Escape from Death during Chloroform Narcosis. (See page 100.)

Dr. H. H. Biedler agreed with him as to the importance of not losing presence of mind. He gives chloroform very frequently but rarely gives ether. The danger arises from the administrator watching the operation; also from the adminstrator not giving sufficient air. He lays no stress on idosyncrasy. Do not push the anesthetic when the respiration ceases or the pulse grows weak. Be guarded in giving an anesthetic to patients with kidney trouble. It is said that chloroform is contraindicated in albuminuria and that then ether should be used, but he thinks that one is as bad as the other.

Dr. Charles H. Jones agreed with Dr. Biedler that the unpleasant effects of chloroform are due to the administrator. He uses it very frequently but has had no ill consequence. He withdraws the chloroform when there is any stertorous respiration. He admits plenty of oxygen. He is a great advocate for chloroform.

Dr. John Neff endorsed Dr. Jones' statements. He has seen no deaths from chloroform, but several alarming cases. He has reported one case of this nature in which the patient was revived by the application of hot water to the chest. In obstetrical practice he often changes from chloroform to ether when he thinks that the indications call for this change. He gives a tablet of nitroglycerine and strychnia before the administration of an anesthetic.

Dr. W. F. A. Kemp related a case in which there was no primary ill effect from chloroform, but a peculiar aftereffect. The operation was performed in the morning, but about 10 P. M. the patient had a well marked case of angina pectoris.

Dr. E. G. Waters spoke of the Esmarch apparatus for giving chloroform. The administration of the anesthetic with this seemed to be continuous. This contrivance is admirable for the dilution of the chloroform vapor. His observations correspond with those of Dr. Jones. He has had no unpleasant effects. The nearest approach to an accident was from ether. He asked if anyone present had used bichloride of methyl. This is used largely by Sir Spencer Wells, who has had no threatening accident. It is also free from the nausea and other unpleasant effects of chloroform and ether.

Dr. C. Hampson Jones: The experience of different men varies widely on this subject. Sometimes with the utmost caution a death will occur. He has seen four deaths from chloroform. In three of these the death occurred in the early stage of the administration. Death will sometimes occur without any fault of the chloroform or of the administrator, but be due to the patient, and the necropsy will reveal no pathological change. Do not do too much in attempting to resuscitate the patient. When artificial respiration is employed, twelve times a minute will prove sufficient. Chloroform is preferable to ether.

Dr. T. Chew Worthington: Accidents will occur no matter how careful the administrator may be. He has seen one case of this kind when the administrator could not be blamed.

Dr. Biedler: Bromide of ethyl is an excellent anesthetic for short operations.

Dr. C. Hampson Jones is not acquainted with bichloride of methyl, but it seems to be similar to the A. C. E. mixture.

Dr. Randolph Winslow: A patient under an anesthetic, no matter what it may be, is very near being a dead person. We must consider the patient in the choice of an anesthetic. One with bad kidneys must not take ether, one with bad lungs must not take ether, and the very young and the very old should have chloroform. He has recently seen one death from chloroform. A person dead from anesthesia is dead from the beginning. Nitrite of amyl is an efficient agent to resuscitate patients.

In the case of death which he saw, the post-mortem revealed fatty heart, fatty liver and fatty kidneys. The treatment depends upon whether the cardiac or the respiratory centers are involved. Sooner or later every physician will have bad results if he continues to use anesthetics. In obstetrics chloroform is practically a safe anesthetic. In private practice he uses the Esmarch inhaler altogether. He mentioned the case of a very narrow escape from death that he witnessed some years ago. Ether kills later on, but not so frequently on the spot as chloroform.

Dr. Waters: The title of the drug that he mentioned explains its nature. It is a chemical and not a mechanical union. The air that we breathe is a mechanical mixture. Water is a chemical compound. In puerperal eclampsia where the kidneys are involved, chloroform is a favorite remedy.

Dr. E. L. Crutchfield, in closing the discussion, refuted the insinuation that in the case reported by him the accident was due to the administrator not watching the patient or not giving proper attention to his duty. He was giving (as is his invariable habit in such cases) his undivided attention to the administration of the anesthetic. He was also careful to let the patient have plenty of atmospheric air and not to give him too much chloroform. He prefers a towel folded in the shape of a cone and open at both ends to any other apparatus, as it allows the patient to inhale sufficient oxygen and does not collect the secretions from the mouth and the throat. He prefers chloroform to ether, but once when the heart was extremely weak he changed to the latter drug with good result. In the case reported by him tonight artificial respiration was employed about sixteen times per minute. The action of nitrite of amyl (recommended by Dr. Winslow) is identical with that of nitro-glycerine except that it is more prompt. Accidents may occur in the hands of the most careful. The case of death (mentioned in his paper), which Dr. Whitehead saw, happened in the hands of his fellow-student, Mr. Priestly Smith, now the well-known English oculist, then dresser to Mr. Sampson Gamgee. Everything was done to resuscitate the patient, but without avail.

Dr. Winslow exhibited a tumor removed today from the pelvis. There were no attachments except some flimsy ones to the omentum and to the pelvis. It was a dermoid tumor of the left ovary. The symptoms were obscure and had nothing to do with the tumor.

Dr. Waters asked if it is common to find calcification in ovarian tumors.

Dr. Winslow thought not.

The Association then adjourned.

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

Medical Progress.

REPORT OF PROGRESS IN DISEASES OF THE EYE.

By Hiram Woods, Jr., M. D.,
Clinical Professor of Eye and Ear Diseases, University of Maryland; Surgeon at the Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore.

DISTURBED EQUILIBRIUM OF THE EYE MUSCLES A CAUSE OF HEADACHES AND OTHER REFLEX NEUROSES.

IN the Chicago *Medical Recorder* of April, 1896, Dr. F. C. Hotz discusses this vexed and not entirely new question. His paper is an enquiry into the etiological relation between imbalance of the eye muscles and certain neurotic symptoms. This relation has been asserted by some and vigorously denied by others. Dr. Hotz is an observer of reliability and his views are of importance. He says in part:

"If this was a subject of interest to oculists only, we might well leave it to the forum of the ophthalmological societies just as we leave to them the discussion of the technical details of the examination and treatment of these muscular anomalies. But the main question, I think, is of great interest to every physician; for as these neurotic affections occur in the practice of every physician he certainly must take a great interest in observations by which it is claimed an important source of these neuroses has been discovered. If this etiological

relation between the eye muscles and neuroses really exists, the physician wants to know it, so that he may conscientiously advise the examination of the eyes in those cases which have resisted all his therapeutic efforts and in which he has found no tangible cause of the neurosis. But if that etiological relation exists only in the imagination of some misguided oculists the physician wants to know that too in order to save himself the embarrassment of sending his patients to an oculist, only to be told that to cure neuroses through the eye is an illusion or a deception.

"Whenever the disturbance of the muscular balance is so great as to produce an actual, visible strabismus the eyes never attempt to restore binocular fixation by special muscular efforts and, therefore, we never observe any nervous symptoms in these cases. But whenever there exists only a tendency to deviation, it is ordinarily opposed by muscular tensions, because thereby binocular vision can be maintained. For instance, suppose my right eye had a tendency to diverge, it would always turn its visual line away a little from the object I am looking at and, therefore, would not receive the image of the object upon its macula like the left eye. The images not being received on identical points of the retina a very confusing sort of double vision would be the result. To get rid of this confusion it is only necessary that the internal rectus of my right eye, by a slight contraction, opposes the diverging tendency and holds its visual line directed to the fixation object. But as it would have to keep up this struggle against the diverging tendency from early morning until late at night this internal rectus, sooner or later, would become overworked and I should experience the effects of this continuous muscular strain upon the nervous system just as the overworked ciliary muscle of hypermetropic eyes causes eye pain, headaches and other neurotic symptoms.

"In all the text-books on ophthalmology you find a chapter on muscular asthenopia, telling you how the strained effort of the interni in maintaining binocular vision in reading causes headache, nausea, faintness and other nervous symptoms; but the most text-books are silent as to similar effects being produced by similar strained efforts of the other ocular muscles. Now if we concede it to one muscle why not to the others?

"The same illogical reasoning is shown in another argument. All oculists are agreed that the strained efforts of the ciliary muscle are a prominent factor in the etiology of nervous disorders; I dare say there is at the present time not one oculist denying the possibility of relieving a great many nervous complaints by glasses correcting the refractive errors of these sufferers, although a great many people suffer no ill-effects from their uncorrected refractive errors. Now if we admit that this intraocular muscle can exert such far-reaching influence upon the nervous system, it seems very irrational to disbelieve the clinical evidence that the extraocular muscles exert a similar disturbing influence whenever a similar continuous and excessive work is demanded of them. I grant a perfect muscular balance is seldom found and still many people with abnormal balance enjoy perfect health and comfortable vision, but this proves nothing; for as I said before, many, very many, ametropes experience no discomfort from their abnormal refraction and nevertheless we regard the etiological relation of ciliary muscle strain to many reflex neuroses as an established fact."

The author then mentions the well-known fact that after an imbalance has been corrected the general health—in many cases previously impaired—improves. From this has sprung the conviction with some that improvement in neurotic symptoms is due not to correction of eye defect, but to an improved general health. Dr. Hotz presents cases justifying him in thus replying:

"Everything that medical skill can do to improve their health had been tried in vain; every organ of the body except the eyes had been carefully examined in the search for the cause of the nervous debility. All these efforts having

been fruitless, the sufferer is referred to the oculist who, upon a careful scrutiny of all evidence, recognizing in the heterophoria present the probable cause of all the local and general disturbances of the patient's nervous system, restores by his treatment the proper balance of the ocular muscles and, presto, there is a great change in the clinical aspect of the case; eye pains are gone, headaches do not return and the patient is growing stronger, bodily and mentally, every day. The general improvement follows the relief of the neurotic symptoms and these symptoms subside after the treatment of the heterophoria. Keep this order of the events clearly before your mind and you will find the correct answer to the question whether or not we are warranted to attribute the patient's recovery to the treatment of his ocular muscles.

"Dr. Roosa does not believe in heterophoria as a cause of reflex neurosis and gives in his text-book, page 530, the following singular explanation of the reported cures: 'Time and added experience have deepened my conviction that the cures accomplished in such cases were mainly suggestive and many of them illusionary, occurring in neurotics who came into the world with an abnormal nervous system and in whom symptoms are as variable as the changing winds.'"

This "suggestive" explanation Dr. Hotz meets by narrating a case—a draughtsman of 23—who had consulted three oculists for headaches, always aggravated by work. Everything had been done except to correct the muscular anomaly thoroughly. This accomplished, relief came permanently. He adds:

"Now, if this was a cure by suggestion, as Dr. Roosa would have it, why did suggestion not work with the other three oculists? All four oculists employed the same means, glasses, for suggestive treatment, and if the patient was susceptible to suggestion why did it fail in the hands of my colleagues? You cannot relieve this eye pain and headache by mental jugglery; you cannot make a patient believe the glasses will cure his trouble unless they actually relieve the muscular pain which has caused the discomfort; for eyes are very quick to tell whether or not the glasses are correct.

"I cannot emphasize strongly enough the importance of exercising the greatest caution and patience in the examination and treatment of these muscular defects. I am fully convinced many negative results in the treatment of these cases would be turned into positive success if the surgeon had spent more time in carefully studying his cases. He who imagines he can understand and treat these cases after one examination will never make a success of it. The correct and successful fitting of glasses for refractive errors is mere child's play in comparison with the correct working out of a case of muscular errors. This is a problem full of perplexities requiring the highest degree of skill and judgment for a successful solution.

"To one familiar with the many pitfalls in the investigation of these cases it is not surprising to hear of so many negative results. No one has accomplished a cure in every case, and I am frank to confess to a number of failures; but in the face of so many authenticated reports of successful cures, these negative results cannot be used as an argument against the doctrine of heterophoria being an important factor in the causation of neurotic conditions. These negative results only prove we have not yet arrived at that perfect state of knowledge which precludes the commission of errors."

* * *

SENILE ENDOMETRITIS AND VAGINITIS.—Dr. Augustin H. Goelet, Professor of Gynecology in the New York School of Clinical Medicine, presented a paper on this subject at the October meeting of the New York Medico-Surgical Society (*Medical Record*). He thinks if the general practitioner will consider that women past the menopause may be liable to chronic inflammation of the endometrium and will look for symptoms denoting it he will find that it is by no means infrequent and that many obscure

troubles in women at this age will be cleared up and their sufferings relieved.

The atrophic changes which occur at this time and which are due to a diminished pelvic circulation and impaired local nutrition are directly responsible for this condition. He agrees with Skene that this process in many cases is a degeneration rather than an inflammation. During the first year or two after the menopause, however, it undoubtedly exists as a chronic inflammation, but contraction and narrowing of the canal of the cervix causes retention of the secretion, which becomes acrid and destroys the mucous membrane.

The general malnutrition which accompanies this condition is regarded more as a result than a cause of the disease, and disappears upon the establishment of drainage and improvement of the local condition. The disease is characterized by a purulent or mucopurulent discharge which is at times very acrid and irritates the vagina and vulva. The rugae are effaced and the surface of the vagina is smooth and glistening in places, with here and there minute ecchymosed papillae.

The same method of treatment which would be applicable for endometritis in younger women would not be suitable in this condition. It is true that drainage and absolute cleanliness of the uterine cavity are essential, but this cannot be accomplished by dilatation in the usual manner with curettage. The mucous membrane in advanced cases is already destroyed and the closure of the canal of the cervix from bands of cicatricial tissue would make ordinary dilatation dangerous since rupture would result.

The author points out that this may be accomplished safely by means of conical electrodes employed with the negative pole of the galvanic current and cautions that only a moderate strength should be employed and cauterization should be avoided. When dilatation has been thus accomplished a special small double current irrigator is inserted and the cavity is washed with a weak (1 per cent.) solution of lysol. This irrigator can be utilized as an electrode and the current turned on while the irrigation is going on, thus producing a moderate stimulation of the endometrium. The surface of the vagina and vulva is then dusted with a bland non-irritating antiseptic powder, markasol, and a solution of the same is used as a vaginal douche once or twice a day as required. For vesical tenesmus the urethra is dilated with the same electrodes and the bladder is washed out with a 1 per cent. solution of markasol. The same salution is used for the rectum.

Cicatricial contraction of the vagina in advanced cases may prevent the use of a pessary to correct a misplacement if this complicates the case. In these cases, as well as where the organ is prolapsed, the author would prefer ventral suspension to hysterectomy.

Senile endometritis is usually regarded as most intractable and is trying for both physician and patient. Yet the author says he knows of no gynecological disorder the treatment of which is undertaken with more certainty of success.

* * *

Insomnia and Gastro-Intestinal Disease.—Dr. Boardman Reed of Atlantic City, N. J., in a paper read before the section on Practice of Medicine of the American Medical Association, May, 1896, entitled, "The Frequent Dependence of Insomnia, Mental Depression and Other Neurasthenic Symptoms upon Disease of the Gastro-Intestinal Tract," pointed out that the symptoms named result admittedly from the graver forms of disease of the alimentary canal, such as cancer, ulcer, gastric catarrh, dilatation, etc., in consequence of the lowered nutrition which these affections induce, from a starvation of the nerve centers through impoverishment of the blood, or from a poisoning primarily of the blood and secondarily of all the tissues by the products of fermentation, putrefaction and suboxidation.

He showed that while cancer and ulcer of the stomach are generally recognized at a comparatively early stage, on account of the pain and vomiting which characterize them, gastric catarrh, gastric atony, dilatation of the stomach, are more often allowed to progress to an

advanced and comparatively hopeless stage before properly diagnosed and placed under appropriate treatment. Hyperacidity, or that form of gastric derangement in which an excess of hydrochloric acid is secreted, he referred to somewhat at length because it is exceedingly common, accompanied nearly always by severe neurasthenic symptoms, including especially insomnia, etc.; and yet, being only demonstrable by the tube after a test meal, is very generally overlooked.

The writer dwelt especially upon the almost constant association of hyperacidity with constipation and suggested as an explanation of the connection, that the superacid contents of the stomach upon passing into the bowel inhibit or greatly diminish the activity of the intestinal ferments, which require an alkaline or at least a neutral medium, and that besides this serious interference with intestinal digestion, the excessive acidity may set up irregular or spastic contractions of portions of the gut. He had felt these contracted portions in such cases and considers the constipation thus produced an important link in the chain of causes which result in autointoxication.

* * *

Pregnancy and Labor Complicated by Uterine Fibroid Tumors.—In a paper read before the Southern Surgical and Gynecological Society, November 10, 1896, Dr. Henry D. Fry of Washington, D. C., stated that his aim was to present the subject for discussion from the standpoint of the obstetrician and not the gynecologist. The treatment of a woman with a rapidly growing tumor is of secondary importance. The management of pregnancy complicated by this condition is of prime importance and the claims of the child are brought forward for earnest consideration. The propositions he wished to advance were :

1. The production of abortion was unjustifiable.

2. Labors presenting serious difficulty to delivery were best treated by abdominal section and removal of the child and tumor. By maintaining this position the interests of the mother were not relegated to second place. While saving the life of many infants, the maternal mortality will also be diminished.

He next directed the attention to some points bearing on the natural history of fibroids complicating the pregnant state, and before taking up the question of treatment, he briefly referred to the histories of some cases that had come under his observation. Under treatment he first considered the proposition : The production of abortion is unjustifiable.

1. Because it destroys the life of the child. In some cases, however, it is unavoidable, but in others the gestation may be prolonged to viability or even to the full period. In a certain portion of the latter cases, delivery may be terminated *per vias naturales* when early in gestation it had seemed hopeless. Who, then, is warranted in destroying the embryo in early pregnancy because of the presumable difficulties that may not be overcome ? Given a case which has passed through utero-gestation without a favorable change in the obstruction produced by the tumor, what then? Still give nature a chance. Under the influence of labor pains the growth may yet recede out of the pelvis. The construction of the longitudinal muscular fibers, their rearrangement in the corpus, the thickening of the uterine wall above the ring of Bandl and the thinning of the lower segment of the uterus, are well established physiological changes. These may elevate a pathological excess of tissue above the contraction ring.

While recognizing nature's claims to a fair trial we must be careful not to permit the labor to be prolonged sufficiently to exhaust the woman and jeopardize the chances of surgical interference. In cases where the destruction of the life of the child is unavoidable the production of abortion is still not warranted. The dangerous complications that so often set in after spontaneous abortion in these cases cause a maternal mortality of 12 per cent. The constrictions and tortuosities of the cervical canal

prevent the complete expulsion of the ovum. The deficient drainage adds to the invitation for septic trouble, which too often spreads to fibroid growths. The success of active local treatment is often defeated and it is impossible to clean out and disinfect the cavity of the uterus. The same difficulties and dangers apply with greater force to the artificial production of abortion. Cases of pregnancy complicated by fibroids of the uterus which cannot proceed either to viability or full term demand interference of two kinds :

1. To remove the obstacle and then to permit the gestation to proceed, or—
2. If this be impossible, to remove the tumor and pregnant uterus by supravaginal or complete hysterectomy. The second proposition is maintained in view of the great mortality that experience shows will follow efforts to extract *per vias naturales*. In all cases presenting serious difficulties surgical interference offers better chances for mother and child.

Cesarean section should not enter into consideration in this class of cases, owing to the frightful mortality that has resulted. The disastrous result of closing the uterine wound when a fibroid growth exists in the organ is enough to banish it, besides the objection if the woman should recover she will continue to have a diseased uterus. The choice of method will rest between a Porro and hysterectomy. The Porro is permissible only when the uterus is situated sufficiently high to permit construction of healthy, uninvolved tissue below it. Hysterectomy may be complete or supra-vaginal amputation. Fibroids situated low in the pelvis are better treated by complete hysterectomy.

* * *

Hematoma of the Vulva after Normal Labor.—Lefranc (*British Medical Journal*) detected a hematoma of the right labium majus two hours after delivery. It grew rapidly larger under the eyes of the observer, extending to the anus and to Douglas's pouch. It was laid open and packed with iodoform gauze. The forceps had not been used. The patient was free from cardiac or vascular disease, and there was no trace of varix, no narrowness of the vagina, and no contraction of the pelvis. Most probably the vagina (which was involved in the hematoma) had become detached from the subjacent tissue to a considerable extent.

* * *

Viburnum Prunifolium a Prophylactic against Abortion. — Manuel Guitierrez, Mexico (*American Gynecological and Obstetrical Journal*), without deprecating the value of pathological indications in the prevention of abortion, asserts that, whatever be the occasional cause of abortion, the essential condition is the contractility of the uterus ; hence in preventable cases a remedy must be used which will abolish uterine contractions with the least general systemic disturbance. Viburnum prunifolium has, in his experience, fulfilled this indication, being a true uterine sedative. He employs the fluid extract in doses of twenty drops, three times a day, when no active symptoms exist ; when uterine contractions are present it can be repeated as often as need be, combined with tinct. opii or morphine. He reports ten cases with complications successfully treated with viburnum prunifolium—two with uterine fibroids ; two with prolapsus uteri ; four with retroversion ; one habitual abortion from excessive hard work ; and one from tuberculosis.

* * *

Puerperal Eclampsia.—In a paper read before the Delaware State Medical Society, Dr. Charles M. Ellis of Elkton, Maryland, gave the indications for the necessity of artificial delivery. He called special attention to the great danger of the convulsions of pregnancy before term. His experience included eight cases, occurring at different stages of pregnancy, and showed clearly that when a convulsion occurs before term, unless it is of systemic origin, immediate delivery is imperative, without regard to the presence or absence of uterine contractions or the condition of the

os as to dilatation. If the convulsions begin early, the uterus should be emptied by the most expeditious method, and all medicinal treatment should be secondary to this one great object. This is necessary for the reason that the percentage of fatalities from eclampsia is fully 50 per cent.

This high death rate is greatly exceeded when the delivery is not accomcomplished, or if it is delayed until several convulsions have occurred, or until uterine contraction and dilatation have supervened. Of the eight cases seen by the author, five died and three recovered. Of the five that died premature delivery was effected, one on the sixth day after the initial convulsion, one forty-eight hours after, one eighteen hours after, three others having followed, and the patient being moribund at the time, and one lay in convulsions three days without any attempt at delivery. The experience gained from these eight cases would certainly justify premature delivery.

Dr. Ellis had never seen a death occur before delivery after the operation had been initiated, and he believed the uterus should be evacuated immediately after the first convulsion. When albumen appears in the urine the more imminent is the danger of eclampsia, and, if this accident is threatened, it may be necessary for the attending physician to hasten delivery without waiting for the convulsive seizure. The speaker denounced the indiscriminate use of morphia hypodermically in cases like these.

* * *

Osteomalacia Cured by Oöphorectomy.—Piretti (*British Medical Journal*) adds another to the already long list of cures of osteomalacia by oöphorectomy, but his observation is especially interesting on account of the extraordinary success of the operative treatment. The case was a severe one, yet within a month of the operation the condition was greatly improved, and four months later the patient's health was practically re-established, and she had gained 25 cms. in stature.

Obituary.

PHILIP C. WILLIAMS.

In the death of Dr. Williams the profession loses one of its oldest and most distinguished members and the community a good and faithful citizen.

Dr. Williams was born at Winchester, Virginia, in 1828, and was the son of the late Philip W. Williams, a well-known lawyer of that place. He was graduated from the University of Pennsylvania in 1850 and came to Baltimore to live and practice. Dr. Williams rapidly attained a high position and became a member of the State, local and national medical societies.

He was a keen observer and carefully recorded the best of his work. He contributed to medical literature and the files of the Maryland Medical Journal give evidences of his ability as a writer. Probably the most widely read of his medical publications which bore a medical-legal aspect was a report of the celebrated Ketchum-Wharton case.

Dr. Williams was not only a successful physician and a good citizen, but also a devout and earnest Christian, having been for years a member of Christ Protestant Episcopal Church and a vestryman of that church. At the time of his death he was junior warden of the church and always represented it at the diocesan convention. The beneficent effects of his Christian life were felt by his patients, to whom he brought not only bodily, but spiritual, relief.

In addition to all these good qualities, Dr. Williams was an ardent prohibitionist, preaching by deed as well as by word the good effects of total abstinence. The immediate cause of his death was Bright's disease, from which he had suffered for several years.

Among his children is Dr. John Whitridge Williams, who is at the head of the obstetrical department at the Johns Hopkins University. Another son is at the Hopkins Medical School.

Dr. Williams' death is a great loss to the whole community and the large number who paid respects to his memory at the funeral attest to some degree how he was beloved.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, NOVEMBER 28, 1896.

Therapeutic Nihilism.

THERE is much talk in the land about therapeutic nihilism. A certain type of practitioner, full of faith in his drugs and full of ignorance of the nature of disease, views with apprehension the advent of doctrines which throw doubt upon the efficacy of his multiherbal and multialkaloidal prescriptions. If he cannot cure disease with his pills and powders, pray, what is his function, what excuse can he possibly bring forward for the brass plate upon his house front, and more especially for the monthly bills rendered? Evidently he has an interest in arresting the progress of this tendency toward therapeutic nihilism!

Practitioners of this stamp excite our sympathy. The sympathy is concerned, however, less with the actual position of therapy than with the failure of those with whom we speak to comprehend the advances which are being made in the healing art. The physician who told his neurasthenic patient the other day "the only thing which has kept you alive for the past two years is the fact that *I have kept you full of drugs*," if he believed what he said, deserves our pity. We cannot, however, at the same time omit expressing pity for his patient.

We are much mistaken if there be many medical men who are in reality nihilistic as regards therapy. The term "therapeutic nihilist" has been improperly applied. Because the medical man in this age refuses to order the old-time condition powder or the veterinary bolus over which our fathers gagged, must he be dubbed therapeutic nihilist? If the physician, enlightened by experience at the bedside and at the autopsy table, failed to believe in the advantage of large doses of digitalis in well compensated lesions of the heart, or of concentrated solutions of iodide of potassium given internally to absorb the connective tissue in the form of advanced Bright's disease in which the kidneys are contracted, must he be called a medical "do-nothing"? Even if he prefers to restrict his drug prescriptions for human beings to a comparatively small list of chemical substances whose favorable action has been completely demonstrated and to reserve his experiments with untried poisonous alkaloids for laboratory animals, is he to be decried as an enemy to the profession and to the public weal?

We believe that the majority of our readers will agree with us if we answer in the negative. If to withhold drugs when they are likely to do harm or even when we have no sufficient evidence that they will do good, trusting in such cases rather to the reparative powers of nature herself, be therapeutic nihilism, then let such nihilism prosper. The well-judged rejection of certain drugs is as important for the modern therapy as is the studied rejection of phrases by the cultured writer.

As a matter of fact, therapy has recently made enormous advances, advances more extraordinary than the sanguine expectant of thirty years ago could have hoped. While it is true no small part of this advance has consisted of negation and of prevention, still the lion's share of progress has been made up of positive additions to our therapeutic stores. As a result almost entirely of animal experiment we have been given, for example, a sero-therapy and an organo-therapy, which though the germs of the treatment are perhaps recognizable in the habits of a Mithridates and the concoctions of the world's

witches, come to us now for the first time physiologically well based.

As might have been expected, however, the phenomenal results obtainable by the legitimate use of Behring's serum and of thyroid extract have led the impatient and the untrained to employ all manner of serum and powdered organs in a whole host of affections, often in as reckless and unscientific manner as that which has characterized the indiscriminate administration of drugs and alkaloids of the period immediately preceding this. With every new harvest of rich grain we gather also a wilderness of weeds. Truly the fresh perfection treads close, very close, upon the heels of the therapeutic past; the old darkness is difficult to dissipate, the shapeless chaos unwilling to be ruled.

It is only very slowly that we have learned that the body of man in its long struggle with environment has developed chemical mechanisms of defence of a complexity in comparison with which the profoundest subtleties of the organic chemist are but the simplest prolegomena. Several thousands of years of experience have been necessary to convince us that fresh air, the light of the sun, good food, sufficient quantity of sleep and suitable alternation of rest and activity of all the organs of the body are the agents which more than all others are effective in the maintenance of health and in its restoration when the body is diseased. All medical men tacitly acknowledge these truths, but to few, very few, do they have full, vital meaning.

* * *

Lessons from a Sad Coincidence.

It is a sad but remarkable coincidence that two such men as Sir Benjamin Ward Richardson in London and Dr. Philip C. Williams of Baltimore should have both lived a noble, conscientious life, attained a high professional and social position, contributed largely to medical literature, worked hard for the cause of temperance and then both should lay down two such lives on the same day and at the same age. Both were born in 1828 and both died aged 68.

The question that pathologists have asked themselves for a long time is as to what effects drinking and total abstinence have on kidney disease. Here are two men who led sober, industrious and abstemious lives and yet who both died at an age which in these days is not considered far advanced.

The etiology of Bright's disease has so often been put down to various causes, the leading one of which is excessive drinking. Certainly these two lives were remarkable exceptions and many other exceptions could be found. There are probably many other causes which are not sufficiently recognized, but which play an important part in the etiology of renal disorders. It is certain that virulent poisons are generated in the body and if these are retained the results are dire.

The theory has been advanced that not only drinking alcoholics, but the abstention from drinking water, paves the way for various kidney and liver diseases. Still further, the slow action of the bowels causes to be retained in the lower alimentary canal decomposing products which most certainly slowly poison the whole system.

The moral of this in part is that the person who advocates temperance or total abstinence from alcoholic liquors in food or drink should endeavor so to illustrate the good effects of abstemious living by ridding the body of effete matters and obtaining the requisite amount of rest and exercise, so that a long life may be the best proof of a lesson taught during life.

* * *

Municipal Diagnosis.

THE Health Department of Baltimore has announced that it is prepared to make a diagnosis for physicians of Baltimore of suspected cases of diphtheria and tuberculosis. Stations have been selected and their location will shortly be announced where physicians may find culture tubes and swabs for diphtheria diagnosis and where also bottles of suspected sputum may be left. This will be done free of charge for physicians of Baltimore. This city is a little late in following the other cities in this method, but the tardiness is probably due to the mayor-councilmanic muddle.

If the method of detecting typhoid fever by the new blood examination is practical (and it seems to be in other cities), it is a pity that the health department did not see fit to add this to their list.

If physicians do their duty in sending specimens in as they should in all suspected cases, the city bacteriologist will be a very busy man unless he can procure assistance. This is a step in the right direction and is better late than never.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 21, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		18
Phthisis Pulmonalis		16
Measles		
Whooping Cough	4	
Pseudo-membranous Croup and Diphtheria.	22	8
Mumps	4	
Scarlet fever	25	
Varioloid		
Varicella	7	
Typhoid fever	10	2

The Pan-American Medical Congress at Mexico is said to be a great success. Dr. William Pepper was elected president for the next meeting.

Joseph Jefferson, the actor, at the request of his friend, Dr. George Reuling, gave a talk last week to the students of the Baltimore Medical College.

Dr. William G. Claytor of West River, Anne Arundel County, Maryland, died last week after a serious operation at the Johns Hopkins Hospital. Dr. Claytor was a graduate of the University of Maryland in 1852.

Dr. John Seibert, a wealthy recluse of Chicago and a native of Washington County, Maryland, died at Chicago last week. Dr. Seibert was a graduate of the University of Pennsylvania and had retired from practice.

Sir Benjamin Ward Richardson, M. D., F. R. S., etc., of London, England, died last Saturday, aged 68. He was a member of many prominent medical societies, a wide contributor to literature and well-known the world over as an ardent temperance advocate.

The Journal of Nervous and Mental Diseases announces the following arrangement of its staff for 1897: Editors, Drs. Chas. L. Dana, F. X. Dercum, Philip Coombs Knapp, Chas. K. Mills, Jas. J. Putnam, B. Sachs and M. Allen Starr; Associate Editors, Drs. Philip Meirowitz and Wm. G. Spiller; Managing Editor, Dr. Chas. Henry Brown.

The following physicians were elected at the last meeting of the Clinical Society: Drs. John J. Abel, Joseph C. Bloodgood, John G. Clark, Claribel Cone, Thomas S. Cullen, Henry B. Jacobs, Sylvan H. Likes, G. Milton Linthicum, John C. Morfit, Henry Page, S. Paton, Wilbur M. Pearce, Otto G. Ramsay, Wm. W. Russell, Mary Sherwood, Lilian Welsh.

It is proposed soon to have in Baltimore a meeting of all county and local health officers from all parts of Maryland together with the State Board of Health and a number of the city physicians to talk over the health of the State. The Health Board has of late had several outbreaks of diphtheria to contend with and in one small town cases existed in several houses in close connection, none of which were in the best sanitary condition.

Physicians practicing in the mining region of Maryland met at Frostburg last week and organized the George's Creek Medical Association, with Dr. C. C. Jacobs of Frostburg as president and Dr. W. O. McClean of Frostburg as secretary. The members of the association are: Drs. A. G. Smith of Midland; S. A. Boucher of Barton; Fasenbaker of Westernport; B. M. Cromwell of Eckhart; J. O. Bullock of Lonaconing; A. B. Price, C. C. Jacobs, W. O. McClean, J. H. McGann, Timothy Griffiths, J. M. Price and J. Cobey, of Frostburg. Resolutions were passed on the death of Dr. Thomas Price of Frostburg, who was run over by a train. The association will meet monthly.

The Tri-State Medical Association of Western Maryland, Pennsylvania and West Virginia will meet at Cumberland, Maryland, Thursday, December 3, 1896, at 1.30 P. M. The following is the programme: La Grippe, Dr. C. H. Ohr, Cumberland, Md.; Puerperal Eclampsia, Dr. T. Griffith, Frostburg, Md.; The Science of Generation and its Phenomena, Dr. Wm. F. Barclay, Pittsburgh, Pa.; Treatment of Inebriates, Dr. S. A. Boucher, Barton, Md.; Mummification of the Fetus, Dr. H. W. Hodgson, Cumberland, Md.; Hysterectomy for Septic Conditions of the Uterus, Dr. T. A. Ashby, Baltimore, Md.; An Interesting Case, Dr. A. Harris, Parkersburg, W. Va.; Foreign Bodies in the Trachea, Dr. A. F. Spicher, Elk Lick, Pa. Dr. Percival Lantz, Dr. F. W. Fochtman, Secretaries.

Book Reviews.

PRACTICAL NOTES ON URINARY ANALYSIS. By William B. Canfield, A. M., M. D., Lecturer on Clinical Medicine, University of Maryland, etc. Second Revised Edition. Detroit: George S. Davis, 1896. Pp. 7 to 106. Price, cloth, 50 cents; paper, 25 cents.

In this little work the author has outlined the rudiments of urinary analysis with which every physician should familiarize himself. The more important chemical tests and methods of microscopical examination are briefly, yet clearly, described. The writer describes the use of certain test papers and tablets in the examination for albumen and sugar, pointing out the great convenience of the reagents employed in this form. While we are not familiar with these methods, we should conclude, nevertheless, that it were better not to educate the practicing physicians to devices which of necessity must furnish results of questionable accuracy. We regret to find that the clinical significance of the results which may be obtained are not sufficiently detailed. To the beginner and the overbusy practitioner the little book will certainly be of value. The publisher's work has been well done.

REPRINTS, ETC., RECEIVED.

Catalogue of the Louisville National Medical College, 1896-97.

Annual Announcement of the New York Post-Graduate Medical School and Hospital for 1896-97.

College of Physicians and Surgeons, Baltimore. Annual Announcement and Catalogue. 1896-1897.

Some Studies of the Blood in Thyroid Feeding in Insanity. By Middleton L. Perry, M. D. Reprint from the *Medical Record*.

The Physical Director in the Second and Nineteenth Centuries. By Edward Morton Schaeffer, M. D., Baltimore. Reprint. 1896.

A Critical Study of a Few of the Changes Found in the Field of Vision, taken whilst the Eyes are Placed at Right Angles to the Ordinary Position. By Charles A. Oliver, A. M., M. D. Reprint from *Brain*.

The Frequent Dependence of Insomnia, Mental Depression and other Neurasthenic Symptoms upon Disease of the Gastro-Intestinal Tract. By Boardman Reed, M. D., Atlantic City, N. J. Reprint. 1896.

Current Editorial Comment.

TYPHOID FEVER.

Boston Medical and Surgical Journal.

FROM the evidence before us we think it reasonably certain that we have in Widal's serum reaction a valuable method of diagnosis in the later weeks of typhoid, and it seems not impossible that some similar method may be applied to the diagnosis of other diseases.

TIME FOR READING.

Atlantic Medical Weekly.

THERE is an old whist adage that it is unnecessary for a player who disregards all the rules of the game to announce that he never read a book on whist in his life, his play shows that; so with the physician who has no time to read, his practice will soon make that fact evident.

PUBLIC SPITTING.

Medical and Surgical Reporter.

THE American people have two ubiquitous manifestations of vulgarity. One is the irresistible desire to leave an autograph wherever the sublimity of nature or the ingenuity of man attracts a crowd; the other is indiscriminate spitting, regardless of the desecration of natural beauty, or of the contamination of places where human beings must live and congregate.

ETHICS IN EDUCATION.

The Hospital.

OF all the professions the medical is brought into the most intimate contact with delicate and embarrassing situations. Yet the medical student, alone among young professional men, is never during the whole of his curriculum offered any definite instructions in the art and practice of professional business and professional conduct. Chairs of ethics, or at least one general lectureship, should be established.

MEDICAL EDUCATION.

Philadelphia Polyclinic.

THE fourth year added to collegiate medical studies should be a preparatory, rather than a finishing, year; should be concerned with laying the foundations broad and deep, rather than with ornamenting the roof. Languages are desirable, but French and German much more than Latin and Greek; none of these is indispensable, though he who has them all will unquestionably be better equipped as scholar and as man. Scientific branches, however, are absolutely necessary.

Publishers' Department.

Convention Calendar.

NOVEMBER						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	..	..	..	..	..
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DECEMBER						
S	M	T	W	T	F	S
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	..	..
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State Societies.

NOVEMBER.

27. NEW YORK STATE ASSOCIATION OF RAILWAY SURGEONS, at New York City. C. B. Henich, M. D., Secretary, Troy.

DECEMBER.

1. LYCOMING COUNTY (PA.), at Williamsport, Pa.
3. TRI-STATE, of Western Maryland, Western Pennsylvania and West Virginia, at Cumberland, Md.

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.

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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 and 4th 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 2d Friday and 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. LLEWELLYN 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.

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PNEUMONIA IN CHILDHOOD.—No better tests of the safety of any antipyretic can be afforded than its action in the pneumonia of children; and it is in this class of cases that phenacetine has proved decidedly superior to all other drugs of its kind. Although yielding in efficiency to none as a febrifuge, it possesses the distinct merit of not weakening the heart or depressing the nervous system, and of exerting a general sedative action. In a clinical lecture recently delivered at the New York Post-Graduate Medical School, Prof. Chapin stated that Phenacetine is the safest of the coal tar products in the pneumonia of children in connection with cold applications to the head.

A RELIABLE REMEDY IN NEUROSES.—When it is remembered how few, if any, remedies are found in the physician's armamentarium which can be relied on in such disorders as epilepsy, chorea, hysteria and other neurotic affections, practitioners are ready to receive with favor one that through clinical experience in the hands of careful observers demonstrates its superior efficacy. To the profession is offered the compound known as Pil. Neurolitic, manufactured by the Anchor Chemical Company of Akron, Pa., who are prepared to show a remarkably high percentage of good results in the cases indicated. The ingredients of the compound are hydro-ferrocyanide of iron, ext. capparis carriaceae, ext. phoradendron, with valerianate of zinc, and hyoscin.

TREATMENT OF UTERINE DISORDERS BY THE GENERAL PRACTITIONER.—That a very large percentage of the ailments of the female pelvic organs can be relieved and cured by intelligent and well directed local and constitutional treatment, is a fact which is becoming more and more evident every day. Indeed it has always been held by the careful and conservative element of the medical profession that resort to the surgeon's knife is vastly of more frequent occurrence than there is necessity for. I wish to say that the preparation Dioviburnia is one of the best uterine remedies I have ever encountered. I must confess, however, that I was prejudiced against it at first (as I am against proprietary medicines in general), but hearing it recommended by a physician of eminence and a gentleman for whom I entertain the warmest personal regard, I was led to give it a trial.—D. S. MADDOX, M. D., Coroner of Marion County, Ohio, in *Medical Summary*.

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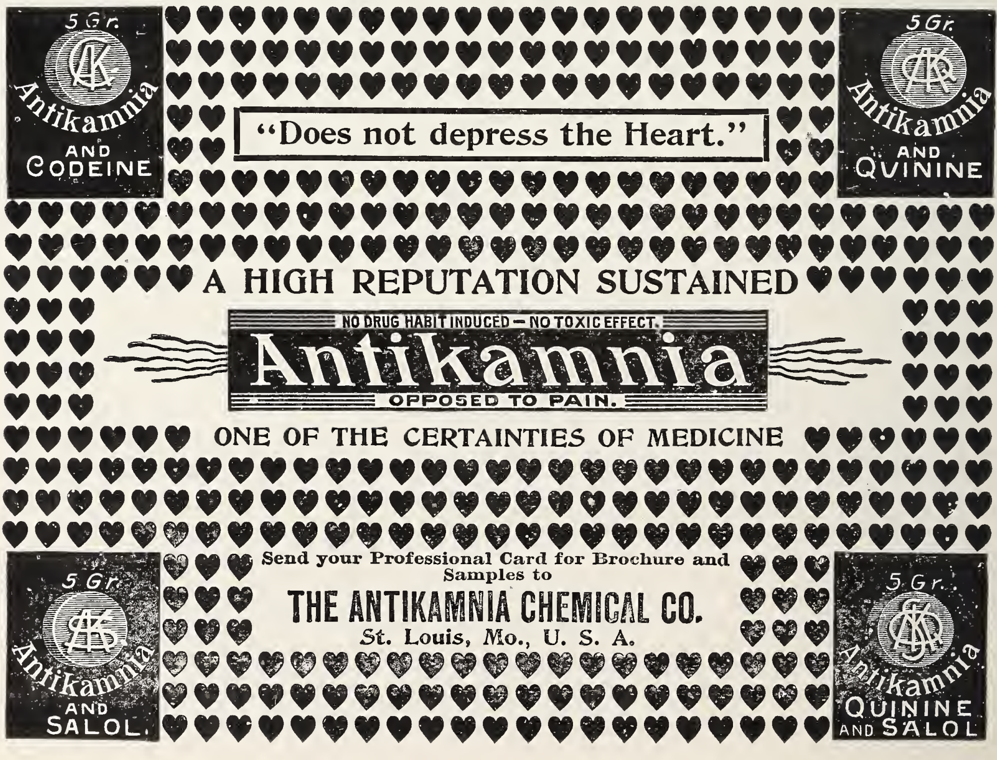

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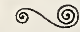

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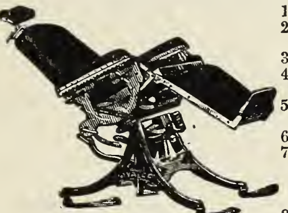

Fig. V—Semi-Reclining.

1st. Raised by foot and lowered by automatic device.—Fig. I.
2nd. Raising and lowering without revolving the upper part of the chair.—Fig. VII.
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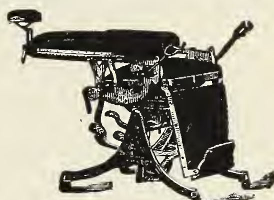

Fig. XVII—Dorsal Position.

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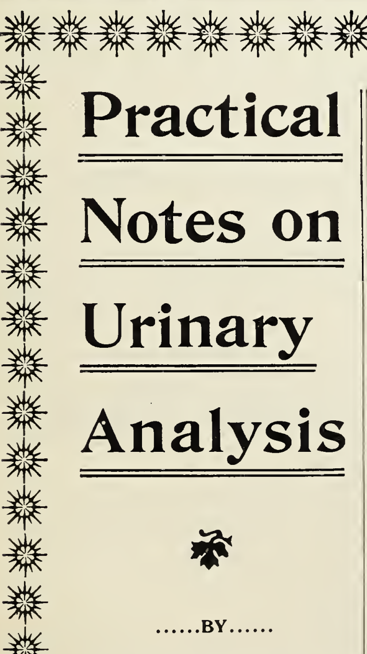

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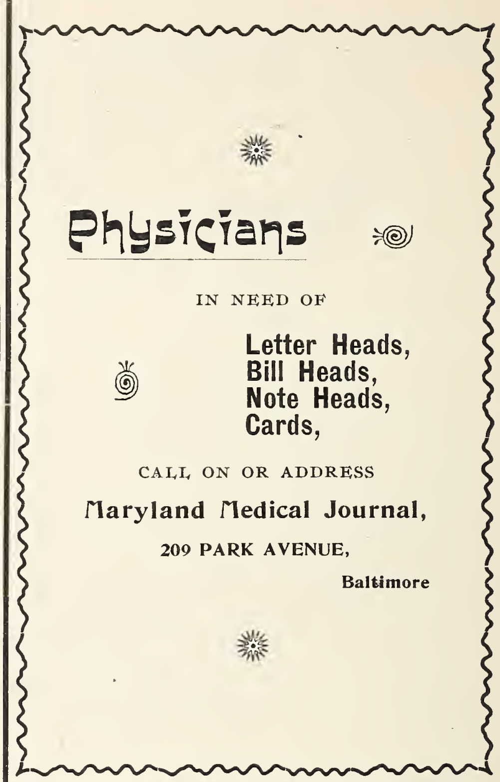

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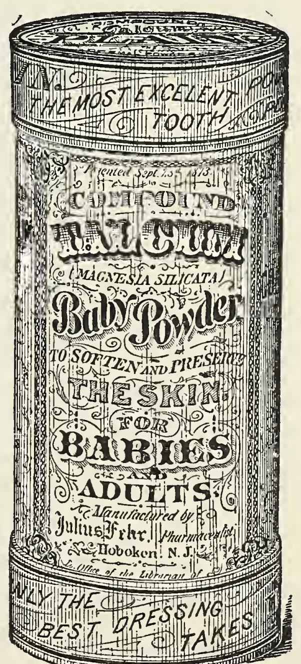

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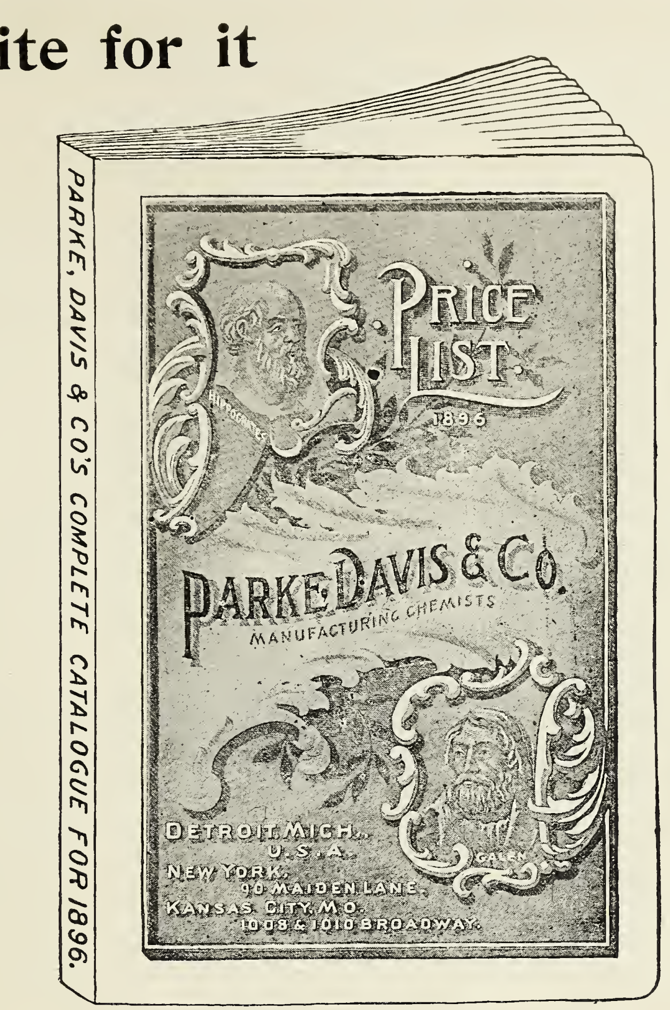

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