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The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, *finds that no two of them are identical*, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, *in the property of retaining the strychnine in solution*, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. *Fellows.*"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing mark which the bottles (and the wrappers surrounding them) bear, can be examined, and the genuineness—or otherwise—of the contents thereby proved.

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Reliable Medical Suggestions

How to Treat a Cough

In an able article under the above heading in the *New York Medical Journal*, Edwin Geer, M. D., Physician in Charge of the City Hospital Dispensary; also Physician in Chief, Outdoor Department, Maryland Maternite Hospital, Baltimore, writes:—

"The object of this brief paper is not to try to teach my colleagues how to treat a cough, but simply to state how I do it, what good results I get, and to call their attention to those lighter affections of the throat and chest the principal symptom of which is an annoying cough, for which alone we are often consulted. The patient may fear an approaching pneumonia, or be anxious because of a bad family history, or the cough may cause loss of sleep and detention from business. What shall we do for these coughs? It has been my custom for some time to treat each of the conditions after this general plan: If constipation is present, which is generally the case, I find that small doses of calomel and soda open the bowels freely, and if they do not, I follow them with a saline purgative; then I give the following:

R Antikamnia and Codeine Tablets, No. xxx.
Sig.: One tablet once every four hours.

"The above tablet contains four grains and three-quarters of antikamnia and a quarter of a grain of sulphate of codeine, and is given for the following reasons: The antikamnia has a marked influence over any febrile action, restores natural activity to the skin, and effectually controls any nervous element which may be in the case. The action of the codeine is equally beneficial, and in some respects enforces the action of its associate. The physiological action of codeine is known to be peculiar, in that it does not arrest secretion in the respiratory or intestinal tracts,

while it has marked power to control inflammation and irritation. It is not to be compared with morphine, which increases the dryness of the throat, thus often aggravating the condition, while its constipating effect is especially undesirable."

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"Antikamnia is well spoken of as an analgesic and antipyretic in the treatment of neuralgia, rheumatism, lagrippe, etc. It is a white powder of a slightly bitter taste and alkaline reaction. It is not disagreeable to take, and may be had either in powder or tablet form, the latter in five-grain size. It is described as not a preventive of, but rather as affording relief to, existent pain. It appears to exert a stimulating rather than a depressing action on the nerve centers and the system generally."

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We are glad to know that the Antikamnia people take the precaution to state that when prompt effect is desired the Antikamnia Tablets should be crushed. It so frequently happens that certain unfavorable influences of the stomach may prevent the prompt solution of tablets, that this suggestion is well worth heeding. Antikamnia itself is tasteless, and the crushed tablet can be placed on the tongue and washed down with a swallow of water. Proprietors of other tablets would have had better success if they had given more thought to this question of prompt solubility. Antikamnia and its combinations in tablet form are great favorites of ours, not because of their convenience alone, but also because of their therapeutic effects.—*The Journal of Practical Medicine.*

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IN THE SENSE IN WHICH THOSE
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“The Blood is the Life,”

And Where Nature fails to make Good Blood,
WE CAN INTRODUCE IT.

BOVININE is Bovine Blood Unaltered from the Arteries of the Bullock;
The Universal Auxiliary of Modern Medicine and Surgery,
and the TRUE “ANTITOXIN” of Healthy Nature.

In the more enlightened progress of Modern Medicine, “Blood-letting” has given place to Blood-getting.

Aye! Get Good Blood—but How? Not by the Alimentary Process. It has already failed to do its work (else the patient would not be sick); and in acute disease must not even be allowed to do the work it can. Stimulate as you will, the whole sum of the patient’s alimentary power when fully forced into play, is unable to keep up the nourishing and supporting contents of the blood. There is absolutely but one thing to do; and, thank God, that can be done, usually with success, as ten-thousand-fold experience has proved. That one thing is this: where Nature fails to PRODUCE good and sufficient Blood, WE CAN INTRODUCE IT from the arteries of the sturdy bullock, by the medium of BOVININE.

The vital activity of this living blood conserve rests on no man’s assertion: it speaks for itself, to every properly equipped physician who will test its properties microscopically, physically, or therapeutically.

TRY IT IN PRACTICE.

TRY it in Anæmia, measuring the increase of red cells and hæmaglobin in the blood as you proceed, together with the improving strength and functions of your patient.

Try it in Consumption, with the same tests from week to week.

Try it in Dyspepsia or Malnutrition of young or old, and watch the recuperation of the paralysed alimentary powers.

Try it in Intestinal or gastric irritation, inflammation, or ulceration, that inhibits food itself, and witness the nourishing, supporting and healing work done entirely by absorption, without the slightest functional labor or irritation; even in the most delicate and critical conditions, such as Typhoid Fever and other dangerous gastro-intestinal diseases, Cholera Infantum, Marasmus, Diarrhœa, Dysentery, etc.

Try it per rectum, when the stomach is entirely unavailable or inadequate.

Try it by subcutaneous injection, when collapse calls for instantaneous blood supply—so much better than blood-dilution!

Try it on Chronic Ulceration, in connection with your antiseptic and stimulating treatment (which affords no nourishment) and prove the certainty and power of topical blood nutrition, abolishing pus, stench, and PAIN, and healing with magical rapidity and finality.

Try it in Chronic Catarrhal Diseases; spraying it on the diseased surfaces, with immediate addition of peroxide of hydrogen; wash off instantly the decomposed exudation, scabs and dead tissue with antiseptic solution (Thiersch’s); and then see how the mucous membrane stripped open and clean, will absorb nutrition, vitality and health from intermediate applications of pure bovine.

Try it on the Diphtheritic Membrane itself, by the same process; so keeping the parts clean and unobstructed, washing away the poison, and meanwhile sustaining the strength independently of the impaired alimentary process and of exhaustive stimulants.

Try it on anything, except plethora or unreduced inflammation, but first take time to regulate the secretions and functions.

Try it on the patient tentatively at first, to see how much and how often, and in what medium, it will prove most acceptable—in water, milk, coffee, wine, grape, lemon or lime juice, broth, etc. A few cases may even have to begin by drops in crushed ice.

A New Hand-book of Hæmathery for 1893, epitomizing the clinical experience of the previous three or four years, from the extensive reports of Hospital and private practice. To be obtained of
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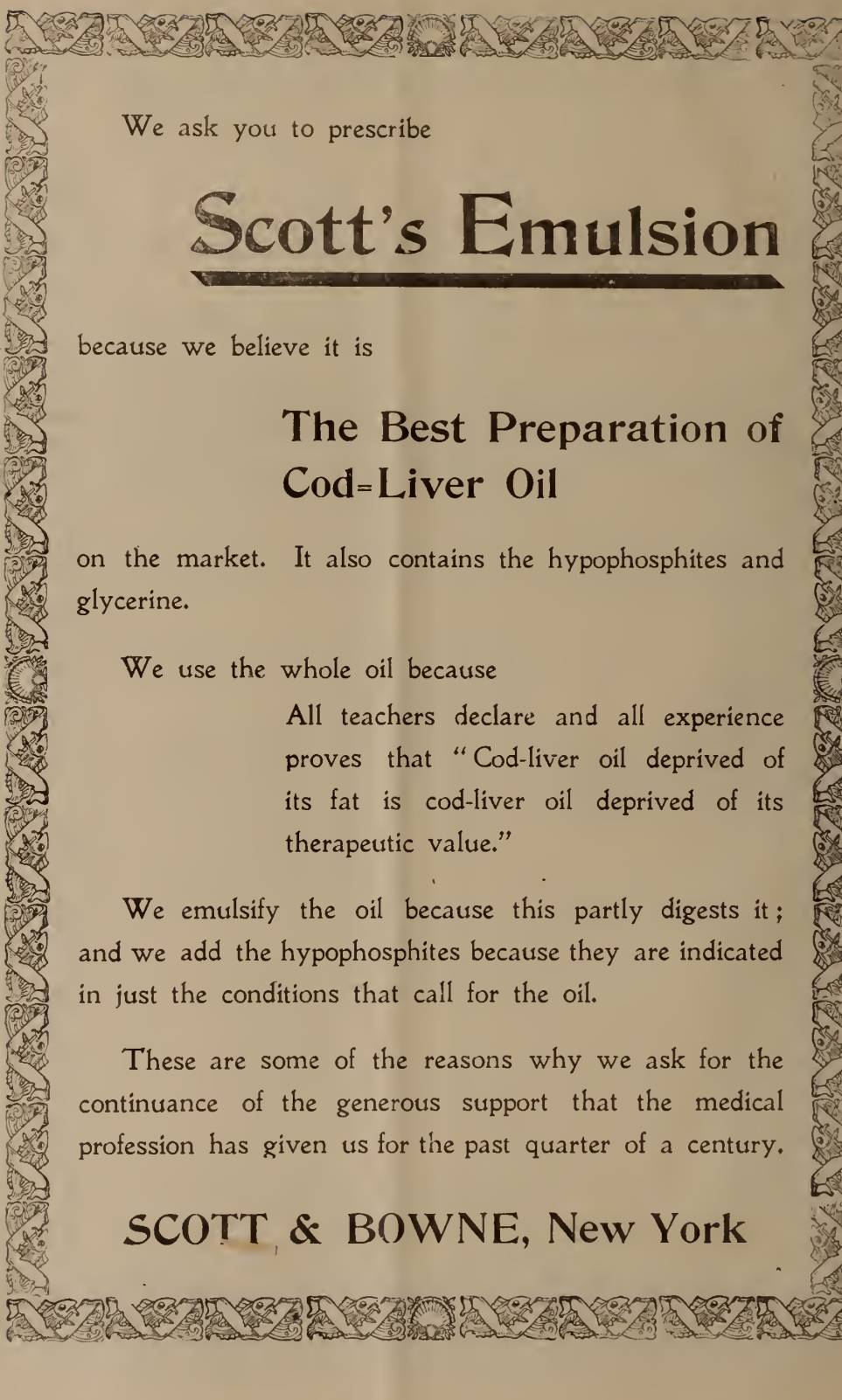
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The Vermont Medical Monthly

*A Journal of Review, Reform and Progress in the
Medical Sciences.*

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Vol. V.

JANUARY, 1899.

No. 1

Nurses and "Nusses."*

By Dr. J. Cushing Gallison. (Harvard.) Franklin, Mass.

Those of us who have reached mature years of practice, and of professional life well know that of all the agents at our command in combatting disease, mere drugs and chemicals are of least and last importance. Poor indeed would be our armamentarium, were we deprived of rosy-luèd, smiling-faced Hope, daring unfaltering Courage, cheerful abiding Faith, sweet-voiced Sympathy—and Charity that endureth forever!

The old days, when doctors added to their grievous burdens that of watching, praying and nursing critical cases, have gone by—died and were buried beside the "Bonny Brier Bush," with "Weelum McClure!" The doctor who endeavors to act the dual role of physician and nurse is already of a past generation. Two horses may be safely ridden if going in the same direction, and kept skillfully together; but woe to the rider whose stride is insufficient to hold footing upon steeds so divergent; the Colossus of Rhodes would tumble in the dust. And

* Read before the Thurber Medical Society of Milford, Mass., November 3, 1898.

yet the heroic type lingers and will remain so long as heroism is worshiped, and manly energy—knight errantry if you please—finds its highest expression in doing and daring for human beings in distress. The "Old Country Doctor" is yet in harness and will there remain despite the changed conditions of environment and the currents of Time's troubled stream.

"This undecorated soldier of a hard unequal strife

Fought in many stubborn battles with the foes that sought their life,
 In the night-time or the day-time he would rally brave and well
 Though the summer lark was fitting or the frozen lances fell.
 Knowing if he won the battle they would praise their Maker's name,
 Knowing if he lost the battle, then the doctor was to blame!

'Twas the brave old virtuous doctor!

'Twas the good old faulty doctor!

'Twas the faithful country doctor fighting stoutly all the same!"

The "bull-dog" courage and unflinching heroism of the true physician, which impels him on and ever on, in the unequal strife, was never better illustrated than in that thrilling incident in the life of the Arctic explorer and leader, Dr. Kane. Himself a victim of tuberculosis in an advanced stage—yet leading men vastly his superior in mere physical health—when Sentagg and his mates, in their venturesome push toward the pole, were perishing in the little snow hut upon the ice-floe—Dr. Kane, with a relief party bearing provisions and medical supplies, started out to find and relieve, or to fall victims themselves. After untold misery they reached the dying men in their miserable little snow hut. Peering into the darkness within Dr. Kane was greeted by the feeble voices of his men inside with "*We knew you would come!*" Sweeter praise from mortal lips never fell upon the ears of the brilliant explorer. His act was typical of the true medical soldier, who loves his profession and scorns the medical pirate flying the black flag of greed and gain at the expense of human misery.

These are the heroes whose best endeavors are so often rendered futile by incompetent, ignorant, stupid, prejudiced specimens of humanity masquerading as nurses! These not rare exotics, I have ventured to distinguish by the somewhat abbre.

viated, yet musical term "Nuss." They are your very intimate acquaintances and will be readily recognized. Allow me to introduce a few of the more characteristic members of the guild or fraternity.

First, here is the very moderate "Nuss," chronically tired—born tired—habitually weary, and by practice somnolent: who sleeps at her post and snores as she sleeps, although the patient writhes in agony, or the Death Angel steals softly in, unheard, to seal the wearied eyes and press down forever the quivering lips!

The "nuss" who listens to your explicit directions, with leaden-half-open eyes, and wide open mouth; who placidly yawns and grunts as you for the fifth time slowly and emphatically say "One teaspoonful in a tablespoonful of water every hour!"—then follows you to the door with the inquiry "how much water?" and halts you as you are riding away with "doctor, doctor—did you say before or after meals?"

Next in procession comes a fearful and wonderful creation in abbreviated petticoats, and hob-nailed shoes that give forth sounds suggestive of an artillery wagon in full retreat; whose hobby is a cold water hippopotamus rough-ridden in unearthly fashion at unearthly hours—whose armamentarium is scrub-brush and sponge—shampoo and drizzle—who wets the patient partially and the bedding wholly—water, water everywhere and lots of it to drink! She quotes Thrall, Hall, Fowler & Wells and Dio Lewis by the yard; feeds upon graham bread, crops her hair short as Cromwell's Round-Heads; supplants physician, relatives and friends, and launches the poor patient upon an unknown cold-water sea of unbounded latitude and longitude. In contrast here comes her antipodes, believing in heat and moisture of high degree; the priestess of the foul air oracle, and maledorons offensive odors, closely shut doors and curtained windows. This presiding genius, fat, perspiring and greasy, has no use for or belief in cleanliness or Godliness;—tucking in the bed-clothes and covering the patient's viscera with steaming poultices and pestiferous plasters; the poor unfortunate victim

stewing, steaming and cooking in his reeking exhalations; reinforced by underclothing of mature age, soaked to super saturation with excretions in advanced stages of decomposition! Microbes, bacteria, bacilli, spores, plasmodia, cocci, saprophytes and phagocytes, playing hide-and-go-seek in the bed clothes; perching on the ceiling and wall; dancing in the air with ghoulish glee: patting the adamantine cheek of the self-complacent, overconfident deity and queen of the orgies!

Another specimen advances, of elephantine proportions, who steams into the sick room with all the emphasis of a seventy-four gun ship and the fussy noise of an overloaded tug-boat! mysteriously disappearing from the sick-room when most required, meets you on the door stoop, where with finger on lips and air of superior wisdom, salutes you with, "between you and I doctor,"—and insists upon holding a consultation with you then and there upon equal terms! "The doctor and I know" is her stereotyped answer to all friendly inquiries, given with much ceremony and extreme unction!

Occasionally we encounter the "Nuss" (and probably relative) of some rival physician, whom you find strongly entrenched, upon your arrival, "nussing" one of your most valued patients and friends; meeting you with a baleful glare and look of defiance; who has already her siege guns in strong position, and her forces in ambush, armed with Mausers and smokeless powder! Without the appearance of open hostility, she lets no opportunity pass of attacking your reputation and professional skill, with covert hints, masked adverse suggestions, and innuendoes armed with a sting, losing no opportunity of instilling like evening dew (?) her malicious poison— who "can smile and smile and yet be a villain"— who neglects your directions, supplants your advice by her own inventions or falsehoods; and your medicines by those of your rival, clandestinely introduced! In such cases may we not be forgiven for harboring for one little moment, diabolical revenge in our heart of hearts!

But here comes one, a very ear of Juggernaut in her progress, "nussing" as she goes—who dominates the entire household from Pater-Familias down through all the ranks to the patient house cat! Who has all the airs of a Major-General, causing one to involuntarily look for sword and epanettes! She wears spectacles, such spectacles and beams through them at the poor insignificant disciple of Galen and Ambrose Pare—as a tiger cat might glare at a mouse!

The house which holds this specimen is the one dreaded spot in your daily rounds, for there you must earlier or later face your enemy, and run the gauntlet of her malignancy; for she "don't believe in doctors, or doctorin'"! With you, especially if you are fresh in the professional field of battle, there is at stake in each daily encounter with the monster, your precious professional reputation, your entire stock-in-trade—bread and butter for yourself and the helpless ones dependent upon your success. The cold shivers like a malarial chill, run races up and down your spinal column, as you jangle the out-of-tune bell, or push the button which summons the giant-killing ogre, and sounds the charge of the petticoated enemy! Questions, questions, questions! Demanding immediate and thoroughly satisfactory answers—and woe to the poor medical disciple if he for one little moment hesitate; and complete demolition if he admit ignorance! Every look is recorded, every act duly registered! If you are suave in manner and show an earnest disposition to pleasantly converse—you "*talk too much!*" If retiringly modest and gentlemanly in speech—you *are a dunce!*—not knowing enough to converse! If you show a becoming interest in your attire—having immaculate linen, harmonious ties and polished shoes—you are a "*brainless fop and giddy dude!*" If you affect a comfortable negligé in dress—you *are a sloven!* Their stereotyped phrase relates to your ability, or want of it, to treat the favorite cat, although "Cat Doctorin'" may not be numbered among your professional acquirements or announced upon your modest specialist sign.

The old lady of advanced years, with kindly wrinkled face bordered by a ruffled cap—suggestive of a generous sunflower,—bringing her knitting-work rolled up in a huge bundle of “yarbs!” Greeting you with kindly soothing assurances of her skill and competency to care for and cure every ill to which poor human flesh is heir—impressing upon you the fearful incompetency, (which you are vainly attempting to conceal) by assuring “all whom it may concern” (which “whom” is listening with eager ears) that she begun “nursing” “before yer ware born, young man!”

This benignant, and sometimes indignant female “nuss” is slowly being supplanted in serious cases by the modern trained nurse. The product of the awakening intelligence and resistless demand of these “*fin-de-siecle*” years.

With the memory of all these “nussing” freaks, monstrosities and horrors fresh upon us, how welcome the advent of the trained, educated attendant. An intelligent young woman of modest mien, and unobtrusive personality, level-headed,—knowing how to hold her tongue in several languages! Yours to command, and yours to obey,—who follows orders unerringly—yet with a rare seasoning of “common sense;” who interprets symptoms intelligently; knowing when the physician should be summoned, and when left to sleep unmolested by needless alarms.

Such a nurse has thorough and reliable knowledge of the vital importance of diet, regularity in feeding, quantity and quality of food, details of serving food, how to feed helpless patients, the importance of cleansing the mouth, feeding of unconscious patients, rectal feeding, nutrient enemata, care of the rectum during rectal feeding, beverages, baths, sleep, disinfecting of utensils, use of clinical thermometer and hypodermic needle, making beds, changing linen, asepsis, antiseptics, deodorizers, disinfectants! All of which is the deadest of “Dead Languages” to the average “nuss.” And yet, how vitally important to the

unfortunate sick, and how energetic upon the statistical death rate!!

* * * * *

“O, what a difference in the morning!” when the anxious professional call is to be made! Instead of the ancient routine of cross-questioning, “pumping,” squeezing, exasperating endeavor to extract the desired information regarding the patient by cork-screw methods from the average article “Nuss,” and suspiciously anxious friends and relatives; you are met by the *trained nurse*, and handed the well-kept clinical report to read. There it is before you—the whole story—pulse, temperature, respiration, sleep, medicines administered, every function recorded. A glance tells you all, and having surveyed the field of action, your directions are given accordingly, and you button your coat, pull down your hat and go your professional way, devoutly thanking the Great Giver of all good gifts for having added thereto the Professional Nurse.

=====

Asparagus.—Asparagus is a diuretic, antilithic, aperient and deobstruent; it will wonderfully increase the amount of urine and seems to have the power of removing vast quantities of mucous adherent to the bladder and urinary passages. In the spring, when the young shoots are tender, there is no remedy in our *Materia Medica* that equals it as a cleaner of the kidneys and urinary tract.—*Sanitaria Era*.

Sodium.*

By A. J. Miller, M. D., Brattleboro.

As there is in the life of a child a so called Fatigue Period, so we have reached in our therapeutic endeavor a point where the contemplation of so many new drugs leaves us at times disheartened if not overcome. Hence the renewed acquaintance for a moment with an old remedy may be of use to us.

Often we have many things before we discover them. Whether Adam had sand or not, we presume there was salt in every tissue and secretion of his body, save one, as in ours, although it was reserved to Sir Humphrey Davy to name it some wine decades ago.

Turn for a moment the leaves of the U. S. Dispensatory, a mild mannered book beside the fanciful and infallible literature of the up-to-date drug house, and we find the genealogy of the sodium family runs somewhat like this:

SODIUM. Sodium monoxide with water forms the alkali Soda which unites with various acids and gives birth to that class of compounds known as the salts of sodium, isomorphous with the salts of Lithium.

In this presence we need not list all the members of the family, for, like Queen Louise, the mother of all Europe, they hold a large and regal place in our *Materia Medica*.

A few examples suffice for our present purpose.

Sodium Chloride, common salt, long the Eastern symbol of Wisdom and Hospitality, is in small doses a stomachic, in large doses purgative and emetic, useful in intermittent fevers, and hæmoptysis, and locally in sprains, bruises, and especially as a tonic bath for children, [in the proportion of one pound to four gallons of water], valuable in domestic uses as a condiment and

*Read at the 85th Annual Meeting of the Vt. State Medical Society.

preservative of foods. It is also concerned with the many functions of the body that have to do with nutrition, absorption, secretion and alters the density and reaction of the different fluids.

In the blood the quantity of sodium chloride is greater than that of all its other saline ingredients, taken together. Without it, hydrochloric acid can not be produced in the stomach.

Epstein, of Germany, in the summer of last year practiced the subcutaneous injection of a salt solution in acute digestive disorders and cholera infantum with prompt improvement, and even quick cures in apparently hopeless cases, using two and one half drachms at a time.

Intravenous and hypodermic injections of saline solutions, you are aware, are of use in desperate septic cases from puerperal and other causes, in shock and loss of blood.

In severe forms of hematuria from prostatic enlargement of elderly men, Prof. Bazy, surgeon to City Hospital, Paris, prefers large hypodermic injections (9-18 $\bar{5}$) of a seven per thousand solution of sodium chloride two or three times daily to the use of tonics and stimulants.

Bartholow claims curative power for the salts of sodium in certain cancerous growths, especially recurrent epithelioma.

Thus an epithelioma of the under lip showed these signs of returning two years after removal. Pain in the upper part of the chest, radiating to the shoulders; swelling of the neck; difficult breathing and croupy cough.

After three months every symptom disappeared by the use of scruple doses of the bromide and iodide of sodium.

Thus the sodium salts have relieved our colicky infancy, our rheumatic youth, our neurasthenic middle life, and our atheromatous, testy and even cancerous old age.

As elaborated by Bartholow in a recent volume of *The International Clinics*, (Vol. IV, Seventh Series, Jan. 1898,) note now, if you please, from two members of this invaluable family, the iodide and bromide, the conspicuous superiority of the sodium over the potassium salts.

Chemically, sodium iodide is more soluble in water and alcohol and hence more diffusible and readily used in alcoholic solutions.

Because the intestinal juice, the bile and blood are alkaline from the sodium salts it follows that these remedies act more in harmony with these secretions than the potassium salts.

Again the potassium salts are more irritating to mucous membranes.

Potassium is a poison to the anatomical elements of the system, affects in large amounts the integrity of its tissues, promotes oxidization, increases retrograde metamorphosis, washes the solids and makes the blood more watery. The more highly specialized tissues of the brain, spinal cord and peripheral nerves are more rapidly injured.

It paralyzes the central organ of circulation and directly destroys the contractibility of the heart muscle and thus increases the vicious changes in atheromatous valves and arteries. Sodium does not so act and is a better hypnotic and moderator of reflex actions.

In place of a decalogue medicine formulates but two commands. Find out what is the matter with your patient. Never give a dose of medicine without a clear and definite indication.

Therefore, when the case needs salts of this kind, bear in mind Jacob's famous paper at Resse. "*Non Nocere.*" Do no harm and use the milder sodium, trusting not a little to that powerful helper, *Vis Medicatrix Naturae.*

Remarks on Acute Tonsilar Inflammation.

By H. Edwin Lewis, M. D., Burlington, Vt.

Acute tonsillitis is a most distressing condition. Few diseases that affect the human body can cause more actual discomfort and suffering without complete prostration, than an acute inflammation of one or both tonsils. The disease is sudden in onset and attacks both sexes with about equal frequency. No age is really exempt, cases having been observed in both very young children and in adults over seventy, but the most common period is between the ages of ten and thirty. Exposure to cold or sudden atmospheric changes with indiscretions in regard to personal hygiene are direct causes of tonsillitis, while a special susceptibility seems to exist for those of a strumous constitution. Attempts have been made by numerous writers to show a very close relationship between rheumatic attacks and tonsillitis.

There is no doubt that both diseases do often exist at the same time, but it is highly improbable that either is directly causative of the other. It has long been known that the rheumatic diathesis is a strong predisposing factor in inflammatory conditions of the air passages, and such being the case it is easy to understand that the exciting cause common to both diseases which precipitates, for instance, acute rheumatism, might the more readily precipitate tonsillitis and *vice versa*. Those who hold to the bacteriologic of rheumatism have also noted the frequent co-existence of tonsillitis and rheumatism, and drawn therefrom the inference that the tonsils were a local point of entrance for the rheumatic infection. Jaccoud in an article on the infectious nature of rheumatism *draws especial attention to the fact that the micro-organisms found in the pharynx are identical with those found in diseased rheumatic tissues. However, investigation on the subject of the relation between ton-

sillitis and rheumatism has thus far failed to bring forward any absolute proof as to the exact character of that relationship, and until we obtain more definite information it is well to be conservative and consider the comparatively frequent occurrence of both diseases at the same time, as due to the following: 1st, a lowered resisting power of the tonsil accompanying the rheumatic diathesis, and 2d, the presence of at least one common cause in the form of exposure to cold and wet. Whether bacterial infection can also be designated a common cause, is a matter for future investigation to determine.

But, however loath we are to accept the infectious theory of rheumatism without stronger evidence, we cannot deny that bacteria play a very important part in the existence of tonsillar inflammation. Germs galore are known to be constant inhabitants of the mouth, and Meyer found that the secretion of non-inflamed tonsils contained a germ similar to streptococcus pyogenes, staphylococci and leptothrix.* In fifty-five cases of acute inflammation the same investigator found the streptococci in at least forty. Kelly (*Philadelphia Polyclinic*) relates four cases of infection from a case of tonsillitis in which cultures showed only staphylococci and streptococci. In several of my cases within the last month or so, I have found streptococci in the material removed from the follicles of the tonsil. It would seem then that the streptococci are fairly constant in tonsillitis and it is more than probable that they are the principal bacterial cause.

In this connection the question naturally arises, what relation do these various causes bear to each other? I have spoken of exposure to climatic changes, unhygienic living, rheumatic conditions, age and bacteria as causing, or predisposing to tonsillitis, but how do they act? In a condition of health there are two factors always present, the offensive and the defensive, the attacking and the resisting. Under normal conditions the cells and tissues of the body have a power of resistance which enables them to maintain a status of health and proper function. The

(*Abstract in Am. Medico Surg. Bulletin, June 6, 1896.)

onslaughts of pathogenic germ life are held in abeyance by that power of resistance, and though we do not as yet understand its exact nature, we do know that health persists as long as the resisting or defensive forces are superior to the attacking or offensive. But woe to that part of the body, weakened by any cause, whose resistance falls below that which is sufficient to keep the attacking force in check. Like savage hordes, bent on rapine and slaughter, the pathogenic bacteria swoop down on the weakened tissues and a condition of health gives way to disease. Tonsillitis is no exception to other inflammations. Under normal conditions the tonsil is impregnable to the attacks of germ life. But let exposure to cold and wet, rheumatism or other diseases lower the resistance of the tonsilar mucous membrane and tissue, and tonsillitis results.

Tonsillitis has been variously classified and different writers have described many different types of the inflammation. It is extremely probable that these various forms of tonsillitis simply represent different phases and degrees of the same process, complicated by additional germ infection. A most rational and logical classification substantiated by clinical observation is a division into three varieties—first, simple parenchymatous tonsillitis; second, ulcerative tonsillitis, and third, suppurative tonsillitis. Many recognize another form, simple catarrhal tonsillitis, but I do not believe a simple catarrhal inflammation of the tonsilar mucous membrane ever exists alone. The mucous membrane of the tonsil is simply a continuation of that which lines the whole throat and respiratory tract and when the tonsilar inflammation is confined to the mucous membrane it is invariably a part of a general inflammation of the pharynx. It is an error then to speak of simple catarrhal tonsillitis for such a disease does not exist as a distinct pathologic entity. The simple parenchymatous tonsillitis is the form most frequently met and the ulcerative and suppurative varieties are always more serious continuations of the simple inflammation.

The treatment of tonsillitis in any stage or of any degree can hardly be termed specific medication. Every physician has his own particular form of treating tonsillitis and so many methods speak eloquently of the unsatisfactory results obtainable from all. In the early stage of tonsillitis when deglutition first becomes painful and the febrile action is in its incipiency, there are no remedies like aconite and veratrum viride. Both have an identical physiologic action, but though aconite is the most popular drug, I much prefer veratrum viride. When first called to a case of tonsillitis, the tonsillar surface and the lining of the more prominent crypts and follicles should be thoroughly cauterized with a nitrate of silver solution, forty grains to the ounce. Then three to five drops of the tincture of veratrum viride well diluted should be administered every hour, until the pulse becomes very soft and slow.

The rationale of this treatment ought to be apparent. The caustic solution destroys immediately the portion of the tissue usually most actively engaged in the inflammatory process at that particular time, instead of waiting for Nature's slower methods of destruction, while the veratrum viride through its derivative properties reduces the amount of blood which otherwise would mechanically and physiologically enable the inflammation to persist.

The astringent properties of a solution of tincture of iron chloride (15 to the $\bar{3}$) in glycerine make it valuable in the early stages of tonsillitis, though I prefer to use it in cases not observed until the third or fourth day in connection with a gargle of peroxide of hydrogen. The action of the tincture of iron and glycerine is also very satisfactory in the ulcerative type of the disease, and used in conjunction with some alterative like hydriodic acid will often accomplish a great deal in twenty-four to forty-eight hours.

As soon as pus is detected in the throat there should be no delay in immediately causing its evacuation by making a sufficiently large incision. A curved sharp pointed bistoury is all

that is needed. The point of the bistoury with the cutting edge directed toward the median line, should be pushed into the tonsil, just escaping the anterior pillar of the fauces. As the knife passes well into the tonsil the handle should be slightly carried away from the median line, and the incision made in that position. In this way the tonsil is laid completely open and the drainage is usually complete, but in some cases an additional crucial incision may have to be made. After the abscess has been opened a throat wash of peroxide of hydrogen or simply salt and water should be used every two hours until pus disappears. Iron tonics and quinine should be administered for a few days for their reconstructive value.

A treatment which is known as the Viskolein treatment is warmly recommended in tonsillar affections, and the uniform good results I have witnessed in at least a dozen cases, is my excuse for mentioning it. The treatment consists of three parts, each to be administered in conjunction with the other—antipyretic tablets, antiseptic capsules and an antiseptic fluid to be used hypodermically. The theory of the treatment is that the blood and human organism are supplied with an antiseptic which is inimical to the growth of pathogenic germ life, and by thus removing the *materia morbi*, the disease is cured. Whether Viskolein does this or not I am not prepared to say, but I do know that it has a pronounced inhibitory action on the inflammatory process. It can be administered in any stage of tonsillitis, but is of course most efficacious in the beginning of an attack. The method I use is this: I begin treatment with a hypodermic injection of ten minims of the fluid in an equal quantity of water that has been boiled, and direct a tablet and a capsule to be taken alternately every two hours.

If the temperature in twelve hours is not down to normal, I administer another hypodermic of the fluid and continue the tablets and capsules as before. A third injection has never been necessary in any of my cases, and three of them had reached the stage of suppuration before I saw them. I am thoroughly con-

vinced that given a case of tonsillitis any time during the first day and night, that the Viskolein treatment properly administered, will limit its duration thereafter to twelve to forty-eight hours. Furthermore, local applications are not necessary with this treatment except in those very acute cases attended by great swelling, and extremely painful deglutition. In such I occasionally use the nitrate of silver solution, but most frequently confine the local treatment to a simple gargle of salt solution used hot every hour. While my use of Viskolein has not been sufficiently extensive to permit an unqualified endorsement, I yet feel that the results which I have obtained justify me in using it in preference to any other routine treatment.

Society Report.

Thurber Medical Association.

The December meeting was held on Thursday, December 1, in the office of the librarian, Dr. George F. Curley, Bank Block, Main Street, Milford, at two o'clock in the afternoon.

Drs. Daniel Goodenow of Maynard, and Douglass Jaeoby of Newport, R. I., having removed to a distance, were allowed to resign their membership.

The secretary read a communication from the editors of the VERMONT MEDICAL MONTHLY, containing a proposition to act as the official organ of the Association, in place of the *Atlantic Medical Weekly*, which has suspended publication. It was voted to accept the proposition, and to subscribe for a copy of the MONTHLY for each paid up member.

The association then listened to a very interesting talk from Dr. Edwin B. Harvey of Westboro, President of the Massachusetts Medical Society and Secretary of the State Board of Registration in Medicine. He began by showing some of the advantages of membership in the Massachusetts Medical Society, and advocated the formation of a new district branch of the State society, in place of the present local society. This subject will be considered more at length at the next meeting. He next spoke of the medical registration law of Massachusetts, explaining its workings and its benefits. He stated that while 400 non-graduates were of necessity registered under the years-of-practice section of the act, previous to its taking effect January 1, 1895, nearly 1000 such pretenders had been refused registration since that date, and thus excluded from practice in the state. Under the law it is the duty of the board to examine all applicants, without regard to their credentials. So strict are the requirements that nearly 400 graduates of recognized medical

schools have been rejected as unable to pass the examination. The Board consists of three regular physicians, two eclectics, and two homeopaths. It examines in all the principal subjects except therapeutics, omitting this entirely, in order that no discrimination may be made between the different schools of medicine.

Dr. Harvey believes this law to be the best medical law of any in the United States, and claim that the effect of this and similar laws in other states is to raise very materially the standard of instruction in the different medical colleges, since it is useless for them to graduate men who cannot pass the state examination. Nevertheless, the law is yet in many respects imperfect, and requires amending.

At the close of Dr. Harvey's remarks, the association adjourned for one month.

The Thurber Medical Association is a local society, organized in 1853, drawing its members mainly from the contiguous portions of Worcester, Middlesex and Norfolk counties in Massachusetts, and holding its meetings monthly in Milford. It has a library of over 1000 volumes. The total membership reported October 1, 1898, was forty-two. During the year preceding, twenty-eight papers had been read, by nineteen different members, besides four papers and addresses by specialists and prominent physicians outside the society. Twelve of these papers were published in the *Atlantic Medical Weekly*, the official organ of the society.

J. M. FRENCH,

Secretary.

The regular January meeting was held January 5th, at 2 p. m., in the office of the librarian.

Owing to the unusual prevalence of the grip, the attendance was small.

Dr. O. W. Collins of South Framingham was elected to membership.

A discussion ensued as to the advisability of changing the present local to a District society—a branch of the State Society—as advocated by Dr. Harvey at the last meeting. It was generally recognized that many advantages would accrue from such a change, yet there was a reluctance to give up the old local organization, through which so much good work had been done. It was voted to continue the discussion at the next session.

A short clinic was then held. Dr. M. W. Knight presented a woman on whom he performed Caesarian section in December, 1897, she being at that time in labor, with frequently recurring convulsions, and a pelvis so small as to render instrumental delivery impossible. She made a good recovery, and was warned of the danger of again becoming pregnant. She is now, however, in the third month of pregnancy, and the question comes up as to the course to be pursued. Dr. Knight believed that delivery per vaginam at full term would be impossible. He advocated the induction of premature labor, and upon her recovery therefrom, the removal of both ovaries to prevent future pregnancies.

A second case presented was one of pleurisy with effusion, complicated with pneumonia, and going on to suppuration. It was treated by inserting a drainage tube, and the patient was now rapidly recovering.

The next meeting will be held Thursday, February 2d.

J. M. FRENCH, Secretary.

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EDITORIAL.

Again a new year is with us and the VERMONT MEDICAL MONTHLY enters upon the fifth year of its existence. As we had occasion to remark in our last issue, the past is not made up entirely of pleasant memories. Our journal, while particularly blessed in some respects, winning a fair measure of success as the years have rolled by, has yet had much to contend with in the shape of petty jealousies, personal criticism and unkindly feelings from the very ones who should have given their heartiest support to any legitimate Vermont enterprise.

But in the brighter prospects of the future, we are going to forget the past, and pass on to the highest success we can possibly attain.

During the last year our circulation has increased over twenty-five per cent. and with this issue quite a number of new advertisers, all firms of the highest integrity and reputation, make their debut in our advertising pages. It has been our earnest desire in the past to limit our advertisers to only those firms whose appearance in our journal would be beyond criticism and with possibly a few exceptions we have succeeded. Two societies have made our journal their official organ, The Vermont State Medical Society and the Thurber Medical Association of Milford, Mass. Their work in the interest of scientific medicine is of the highest order and the exclusive publication of their papers in any medical journal could not fail to give it a fixed scientific status.

To our readers and friends then, we take this opportunity to express our heartfelt thanks for the many kindnesses and expressions of good will which we have received from them. Self aggrandizement is not the motive responsible for the VERMONT MEDICAL MONTHLY and as the months come and go, we will try to demonstrate that our journal is honestly justifying its existence, "with good will for all and malice toward none."

An Incident.

He shuffled into my office, a creature all awry. I heard his peculiar step coming up the hall and the mere sound of his approach prepared me for the appearance of anything. His gait was unique and a curious mixture of advance and pause. An old leather grip was his most prominent ornamentation, while his general equipment was still further augmented by an old cane and a handful of pencils. "How'd do, Doctor. Nice day. I'm sellin' pencils—get my livin' this way—got three brothers—all crippled—intermarriage of cousins—grandparents were cousins, too.

Yes, I was born this way—all of us—their in bed—always have been. Burlington? Oh no, my home's in Boston—I travel—all over the country—Been way to California and back home again—I like it—get my livin' this way.

Don't have to pay fare of course—If I did, couldn't go—railroads take too much, for most anybody, let alone me.

No, never'll be any better—intermarriage cousins, you know—folks did it.

Most everybody buys pencils—need 'em or not. How much? Five cents apiece, six for twenty-five.

Thank you. I suppose you got a good practice—cut people up—My, couldn't do it, couldn't do it—Rather'd sell pencils and get out in the air—get round more—cousins, you know. Good-bye."

And with his everlasting shuffle—half drag and half push he passed out of the office. As he went on down the corridor, the sounds of his departure growing less and less, I could not keep from wondering at the strangeness of life. Here was a weak-minded, misshapen creature, distorted in mind and body, passing through life attributing his unfortunate condition to his ancestry, as a foregone conclusion.

"Intermarriage of cousins, you know."

If he told the truth, which I confidently believe he did, because of the matter of fact way in which he made the statement, what an eloquent demonstration of the intermarrying of near relatives. His manner and appearance, as well as his story, made the most striking mixture of pathos and bathos I have seen for many a day. His resignation to the cause of his condition, of which he seemed so conscious, was as impressive as it was strange.

H. E. L.



MEDICAL ABSTRACTS.

Preventive Treatment of Ophthalmia in New Born Children.—The rules for the prevention of the ailment are as simple in their application as they are satisfactory in their results, and may be epitomized as follows: (1) If a pregnant woman be known to suffer from gonorrhœa, every attempt should be made to cure the complaint before parturition. (2) In case the ailment persists, the vagina and external parts should be irrigated during labor with some antiseptic fluid, and this should be repeated from time to time if the stage of propulsion be slow. (3) After the child is born, but before the cord is cut, any secretion lodged about the lashes or lids should be carefully wiped away with wool, moistened with bichloride lotion. (4) After the cord is severed one or two drops of a two-per-cent. solution of silver nitrate should be run into the baby's eyes, held open for the purpose. (5) Clean water must be used for washing the head and face, which must on no account be touched with that employed for the bathing of the body. (6) Secondary inoculations from the lochia, etc., must be avoided by the exercise of common sense and cleanliness.—*Dr. Sidney Stephen-son, Medical Press and Circular, June 8th.*

Boils.—“The objects aimed at by the treatment are (1) soothing and protecting an inflamed area; (2) exclusion of air, and (3) a slight antiseptic action. For this purpose a moderately thick layer of absorbent cotton is taken, several times the size of the inflamed surface: for a medium-sized boil a piece one by two inches, with the fibers running the long way. Upon the centre of the cotton a considerable mass of the following ointment is spread by means of a spatula, and this is then laid over the boil,

and held in place by strips of adhesive plaster across the ends, but not passing over the boil. The ointment referred to is generally composed about as follows :

R	Acidi carbolicæ	gr, v-x
	Ext. ergotæ fld.	ʒj-ʒij
	Pulv. amyli	ʒij
	Zinei oxid.	ʒij
	Unguent aquæ rosæ	ʒj
M.	Ft. unguent.	

The relief often given by this dressing is very marked ; the ointment soothes and protects the irritated surface, while the layers of cotton take up any outside friction. If comfortable, and unless disturbed, this dressing remains untouched twelve or more hours, when it is removed and a freshly dressed piece immediately reapplied. If there has been any discharge the surface may be very gently cleaned with absorbent cotton, but I do not allow any squeezing. In many instances, with proper internal and general treatment, the boil aborts and subsides without discharging ; when this does not happen it ruptures spontaneously in a relatively short time, and I practically never find it necessary to incise. This treatment I use in all stages of boils, keeping the ointment on until the boil is quite healed. If other boils form I direct it to be applied early, and by this means they are frequently aborted."—*Dr. L. Duncan Buckley in Clinical Review.*

THERAPEUTIC NOTES,

Sample of Ecthol was received and at the time of receiving had good cause to use it. Miss — had misfortune to run hedge thorn one inch long in leg above ankle. It remained in one week when she was brought to office to have it extracted. Was successful in removing thorn, but it being a dead one, pieces of bark remained in wound. Disinfected wound with bi-chloride bound it up and sent patient home. Was summoned in two days and found limb inflamed to groin, swollen and very painful. Removed bandage which was followed by small quantity of pus. Re-applied dressing. That night bottle of Ecthol was received, visited patient next day, and put her on Ecthol teaspoonful six times a day and injected medicine in the wound and applied cloth saturated with same. In four days pain, swelling and inflammation gone, wound healing and patient able to do her work.

A. L. STIERS, M. D.

Dawson, Nebr., November 25, 1893.

—————

We would call especial attention to a comparatively new product in view of the present frequency of diseases in which the drug is of great service. Kryofine is a chemical of the synthetic series closely related to phenacetine, yet superior to this in its therapeutic properties in that it is more prompt, more powerful and attended by practically no objectionable symptoms whatever. We refer our readers to the announcement in the present issue and heartily recommend the drug for trial.

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Acute Inflammation of the Prostate Gland.—*The Journal of the American Medical Association*, for August 20th, contains a report on inflammation of the prostate gland, which was presented to The Section on Surgery and Anatomy at the Forty-ninth Annual Meeting of the American Medical Association, held at Denver, Col., June 7-10, 1898, by Liston Homer Montgomery, M. D., of Chicago, Ill. His plan of treatment in acute inflammation of the prostate gland is to wash out the abscess cavity with hydrogen peroxid, give copious hot water enema and hot hip baths frequently, avoid morphine internally and advise care lest the patient strain at stool or during micturition. On the theory that toxins are retained in the circulation and within the gland, and to prevent degeneration in the gland substance, he administers triticum repens or fluid extract tritipalm freely, combined with gum arabic or flaxseed infusion. Along with these remedies the mineral waters, particularly vichy with citrate of potash, go well together. Hydrate of chloral or this salt combined with antikamnia are the very best anodyne remedies to control pain and spasms of the neck of the bladder. These pharmacologic or medicinal remedies are the most logical to use in his judgment, while externally, applications of an inunction of 10 or 20 per cent. idoform, lanoline, as well as of mercury, are also of value.

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"It is quite common for individuals with incipient pneumonia to visit the physician's office 'on account of a severe cold.'"

"If the physician be called early, if he recognize the malady promptly, and if he act vigorously and wisely, he may arrest the disease at this point."

Both of these quotations are from the writings of Prof. I. N. Danforth, of the Northwestern University Medical College of Chicago. They are found in the last edition of the American Text-book of Applied Therapeutics.

To Abort Pneumonia We Suggest a Trial of

Ayer's Cherry Pectoral

This is an anodyne-expectorant, the formula of which will be furnished any physician upon request.

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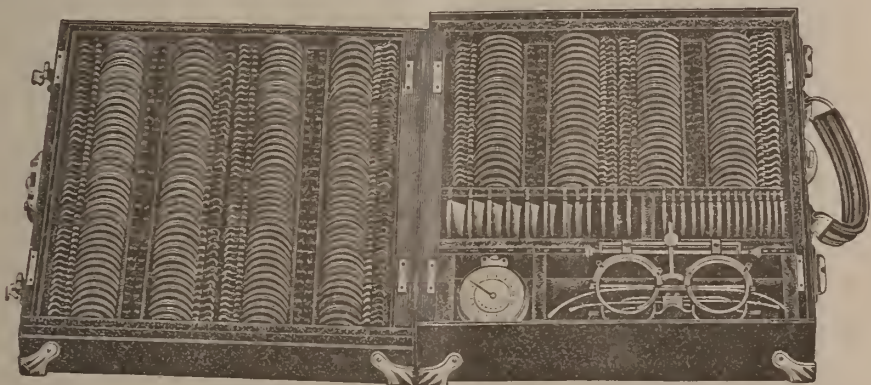
As a local application for a congested or painful lung, requiring an anodyne and counter-irritant effect, we have

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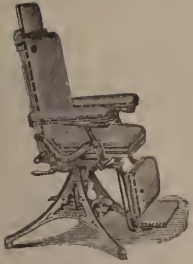
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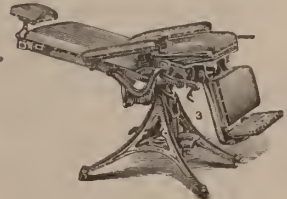
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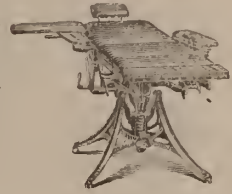
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CALIFORNIA FIG SYRUP CO., SAN FRANCISCO; LOUISVILLE; NEW YORK.

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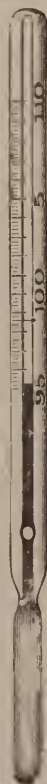
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(30 volumes preserved aqueous solution of H₂O₂)

IS THE MOST POWERFUL ANTISEPTIC AND PUS DESTROYER.
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These Remedies cure all Diseases caused by Germs.
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“Half an hour before meals, administer from 4 to 8 ozs. of a mixture containing 2 per cent. of **Hydrozone** in water. Follow after eating with **Glycozone** in one or two teaspoonful doses well diluted in a wine glassful of water.”

Send for free 240-page book “Treatment of Diseases caused by Germs,” containing reprints of 120 scientific articles by leading contributors to medical literature.

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VERMONT MEDICAL MONTHLY.

Vol. V.

February, 1899.

No. 2.

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Contains the Essential Elements of the Animal Organization—Potash and Lime;

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The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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“A slender-built, 11-year-old boy, prone to attacks of catarrh of the throat and nose, had suffered for about ten days from a thick and abundant mucopurulent discharge from the nose. The nasal passages were coated with thick crusts. Breathing through the nose was impossible, the voice was muffled, and there were frequent attacks of epistaxis. The use of Glyco-Thymoline, diluted, twice daily, had an excellent effect. Secretion diminished, crusts ceased to form, bleeding soon ceased, respiration became more free, and in a few days the trouble had disappeared.”—*Universal Medical Journal* for November, 1896.

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It steals on insidiously,
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"Oppose beginnings,"
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by furnishing the blood with an immediately absorbable combination of **Organic Iron and Manganese**, increases the oxygen and hæmoglobin carrying power of the red corpuscles and thus nourishes all the tissues of the body. It should be employed in cases of

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Recent Medical Therapeutics

Treatment of Pneumonia

As a rule certain diseases prove more fatal, not only in given districts but during certain periods of time, along particular areas of territory.

Twenty years ago, and preceding the appearance of La Grippe in its epidemic form, pneumonia proved as dangerous as it does at the present time. Medical men were at a loss, not for a remedy for the disease alone, but even for a logical line of treatment. The celebrated Dujardin-Beaumetz became so skeptical that he prescribed stimulants, regardless of therapeutical conditions. The mortality in his ward at the Hotel Dieu in Paris proved that his patients fared no worse than the others submitted to the antiphlogistic remedies then in vogue.

Codeine was considered the best remedy known possessing a marked and distinct effect upon the hypersecretions of the bronchial mucous membrane. What was desired was an analgesic possessing antipyretic properties which could be safely used. This has since been found in antikamnia which can be safely exhibited, especially on account of its not having a depressing effect on the cardiac system.

Doses of from five to ten grains of antikamnia administered under ordinary conditions do not develop any untoward after-effects. In the treatment of pneumonia, antikamnia is indicated as a necessary adjunct to codeine, on account of its analgesic and antipyretic properties and particularly because it acts as a tonic upon the nerve centres. The tablets of antikamnia and codeine containing four and three-quarter grains antikamnia and one-fourth grain sulphate of codeine present these two remedies in the most desirable form. One tablet every hour, allowed to dissolve slowly in the mouth, is almost a specific for the irritating cough so often met with in these com-

plications. For general internal medication it is always best to crush the tablets.

The Prompt Solution of Tablets

We are glad to know that the Antikamnia people take the precaution to state that when prompt effect is desired the Antikamnia Tablets should be crushed. It so frequently happens that certain unfavorable influences of the stomach may prevent the prompt solution of tablets, that this suggestion is well worth heeding. Antikamnia itself is tasteless, and the crushed tablet can be placed on the tongue and washed down with a swallow of water. Proprietors of other tablets would have had better success if they had given more thought to this question of prompt solubility. Antikamnia and its combinations in tablet form are great favorites of ours, not because of their convenience alone, but also because of their therapeutic effects.—*The Journal of Practical Medicine.*

Muscular Soreness and Lagrippe Pains

R Antikamnia (Genuine).
 Quin. Sulph. aa ʒ i
 Pulv. Ipecac et Opii grs. xx
 M. ft. Capsules No. xx, dry.
 Sig.—One every two or three hours.

Cough—Gripal

R Antikamnia (Genuine)..... ʒ i
 Vin. Ipecac.
 Ammon. Mur. aa ʒ ii
 Aqua Cinnamomi..... ʒ i
 Syr. Tolutani..... ʒ iiii
 Mx. Sig.—Teaspoonful at a dose.

Cough—Tickling

R Antikamnia and Codeine Tablets.....No xii
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**ECTHOL, NEITHER
 ALTERATIVE NOR ANTISEPTIC
 IN THE SENSE IN WHICH THOSE
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 STOOD. IT IS ANTI-PURULENT,
 ANTI-MORBIFIC--A CORRECTOR
 OF THE DEPRAVED CONDITION
 OF THE FLUIDS AND TISSUES.**

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The Vermont Medical Monthly

*A Journal of Review, Reform and Progress in the
Medical Sciences.*

*Official Organ of the Vermont State Medical Society and Thurber Medical
Association.*

Vol. V.

FEBRUARY, 1899.

No. 2

The Evolution of a Local Medical Society.*

By J. M. French, M. D.

The Thurber Medical Association had its origin in the needs of the country practitioner of half a century ago. The state society at that time was doing a good work, with yearly meetings held usually in Boston, and there were district societies with more frequent meetings at the principal centres of population. There remained, however, a considerable number of sections scattered throughout the commonwealth, to which these centres were not easy of access, especially with the facilities for travel then existing. The physicians of these localities were practically shut out from intercourse with their professional brethren, save as they met them at infrequent intervals in consultation over some difficult case, or perchance at the meeting of the State society once each year.

One of these localities was that which embraces the southeasterly part of Worcester county, with the adjacent sections of Norfolk and Middlesex. Even at the present day, with all the modern facilities for rapid transit, it is impossible for the residents of a considerable portion of this section to attend a meeting

*Read at a meeting of the Thurber Medical Association, Milford, Mass., Feb. 2, 1899.

of the district society at Worcester, at the hour when it is usually held, without consuming nearly the entire day. How much worse must have been the situation, when the doctor's horse furnished his most rapid means of conveyance?

The physicians of this vicinity, of which Milford is the natural centre, being men of ability and enterprise, and anxious to enjoy the benefits which come from stated gatherings of professional men—and being nearly all of them members of the state society—made strenuous efforts to have a district society located at that place, but without avail. They therefore resolved, after due consultation, to attempt the formation of a local society.

The first formal meeting for this purpose of which we have any record, was held in the office of Dr. Francis Leland, at Milford, on the 9th of June, 1853. The object of the meeting, as stated in the records, was “to take into consideration the subject of the formation of an association for medical improvement.” Thirteen physicians were present, representing eight different towns. Dr. George Nelson of Bellingham was called to the chair, and Dr. John George Metcalf of Mendon was chosen secretary. After due deliberation, it was voted, “That it is expedient to organize an association for the purpose of mutual improvement in medicine and surgery.”

The next thing which seemed to them essential was a name; and upon motion of Dr. Metcalf, it was voted, “That in honor of the late Daniel Thurber, M. D., of Mendon, this association shall be known by the name of the Thurber Medical Association.” Dr. Thurber, who was thus selected as the patron saint of the new society, was a physician of considerable local renown, who practiced his profession in Mendon and adjoining towns a generation earlier, but had now been dead more than seventeen years. His grave and modest headstone can still be seen in the old Bicknell cemetery at South Milford; but his most enduring monument is the association thus named in his honor, which,

during all these years, has kept his memory green in the hearts of the modern profession.

The constitution which was adopted at the next meeting, recognized two chief objects of the society: (1) "Medical Improvement," and (2) "the cultivation of comity and good fellowship." These two objects, the scientific and the social, have ever been the prominent aims in the work of the Association while the third proper object of a medical society, the business or financial one, though not entirely neglected, has never been given as much attention as have the other two.

The leading spirits of the early association were Nelson of Bellingham—who was its first president—Fay of Milford, Metcalf of Mendon, and Monroe of Medway. Of these, easily the first in the impress which he has left upon the society was John George Metcalf, who was secretary of the association from its organization until 1867, treasurer until 1881, and a member until his death in 1892, at the ripe age of 90 years. His records were models of clearness in style, and his penmanship as legible as print. With the rarest of exceptions, he was always present at the meetings, ever ready with paper, suggestions, or discussion, willing to lead or follow.

In 1858, a movement was undertaken for the purchase of a library, and subscriptions to the amount of nearly one thousand dollars were secured, headed by one of five hundred dollars from Hon. Horace B. Claflin of New York. Of this sum, six hundred dollars was securely invested, and the interest is devoted to the uses of the Association; while the remainder was expended for the purchase of the beginnings of a library. This has been increased by purchase and by gift, until it now contains over one thousand volumes, constituting a valuable addition to the private libraries of its members, and serving as a potent factor in holding the society together in times of discouragement, and in increasing the attendance and interest at all times.

An act of incorporation was passed by the Legislature in 1859. By the provisions of the charter, only members of the

Massachusetts Medical Society were eligible for membership. The only other qualifications required by the constitution were election by a two-thirds vote, and the payment of one dollar annually into the treasury. In 1893 an amendment to the charter was secured, allowing any regular physician in good standing to be elected to membership. Some additional safeguards have been added to prevent hasty and unwise action, and all candidates are now proposed at one meeting, and their applications referred to a committee on membership, which investigates their standing, and reports at the next meeting, when a ballot is taken, all the members having been previously notified. A two-thirds vote is still required to elect. The code of ethics of the American Medical Association was early adopted, and has ever remained as the standard of the society.

Thirteen physicians constituted the new society at the outset. Of these, none now remain in membership, though two or three are supposed to be still living. The oldest members now belonging, are George C. Bullard of Blackstone and William B. Nolen of Franklin, who were admitted to membership in 1854 and 1855 respectively. Of these, Dr. Nolen has always been one of the most regular and active attendants at the monthly meetings, and even now, though old, infirm, and almost totally blind, he often comes, in care of one of the younger members, to fill his seat, listen to the papers, and take a part in the discussions.

The total number of names borne upon the rolls of the society is one hundred and eleven, while the present membership is forty. These are scattered over a considerable extent of territory in two states, while some are aged and infirm, so that the number actually participating in the work of the society is considerably less than this. Notwithstanding these drawbacks, and the further fact that the society has never relied upon collations, banquets, or social attractions to increase the attendance, save only at the annual meetings, the average attendance during the last two years has been nearly one-third of the total membership.

In the early years of the society, the members came on horseback or in their buggies, many of them driving five, ten, and even fifteen miles to attend the meetings. But as their patients could not be neglected, it was necessary that some of them should be visited after the late home-coming of the doctor. Hence came the provision for holding the meetings "at two o'clock in the afternoon, on Thursday on or before the full of each moon," in order that there might be a full moon to light him on his evening rounds. Though circumstances have greatly changed since that day, and much inconvenience has resulted from following the phases of the moon, there has always been objection to amending this section of the by-laws, until a few months ago, when the last objector changed his mind, and headed the movement to hold the meetings on the first Thursday of each month.

The methods which have been adopted in recent years to carry on the work of the society, to favor its growth and development and to sustain the interest in its regular meetings, have necessitated a much larger expenditure of money than was required under the old regime and resulted during the past year in an increase of the yearly dues from one to two dollars.

The officers of the early society consisted of a president, vice-president, secretary and treasurer, the two latter being usually combined in one person. With the founding of the library, a librarian and committee on books were added. It has lately become the custom to appoint standing committees on finance, on membership, and on program, the latter relieving the secretary of the duty which previously devolved upon him, of securing essayists and providing as to the character of the exercises. It is also customary to elect at each annual meeting an orator and alternate for the following year.

The early records show that the exercises were confined mostly to reports of cases, either written or verbal, and a general discussion of the same. There was also not infrequently an examination of patients who were brought for this purpose by

their physicians, and for the con-joint examination, diagnosis and prescription of the assembled doctors, contributed the sum of one dollar to the treasury of the association. The by-laws also call for a "Dissertation on some medical or surgical subject"—presumably a more formal and elaborate affair than the usual case-report. Very seldom, however, did this paper make its appearance. During the Civil War—in which the Thurber was represented by a considerable number of its members—it was not uncommon that a letter was read from a surgeon in the field or in camp, describing the diseases prevalent, or picturing the injuries received in battle and their treatment. In some cases these letters are transcribed upon the records. These exercises were as a rule sufficient to bring out a good attendance, though with like attractions to-day there would be scarcely a quorum. Indeed, it now requires a constant alertness and continual effort on the part of the officers and committees to furnish sufficient variety, ability, and attractiveness in the monthly exercises, to create a general interest and secure a good attendance; so greatly have conditions changed in forty years, and so numerous are the attractions offered elsewhere. In order to secure the necessary variety it has been found expedient to hold at least four different kinds of meetings, besides the annual.

(1) The so-called scientific session, devoted to the consideration of some medical or surgical topic, as a disease or an operation. In this case, two or three members are appointed to read papers on the different phases of the subject, and another to open the discussion, which is then participated in by all the members. Pneumonia, Bright's Disease, Organic Diseases of the Heart, Placenta Praevia, Abortions, are examples of subjects thus treated.

(2) The general session, with papers, usually three in number, on topics of interest to the physician, but not relating directly to the diagnosis or treatment of disease. As examples, at one meeting there were papers on "The Passing of Antitoxin," "The Country Doctor and the City Hospital," and "An Ophthal-

mie Surgeon's Experiences in an Austrian Hospital." At another, "The Local Medical Society," "Some Ethical Absurdities," and "Shall we Dispense or Prescribe?" were the subjects treated. At a third and recent one, "The Doctor in Court," "Humbuggery," and "Haec Fabula Docet," were received with close attention. These meetings are popular with the members, and the papers nearly always spiey and entertaining.

(3) A general clinic, either medical or surgical, is held once each year, under charge of some competent member, at which cases are presented, examined, diagnosed, and prescribed for, not exactly as in the old days, but more in accord with modern methods—and without a fee.

(4) About three times in a year, some specialist of good reputation from some nearby city, or some physician or surgeon of experience and skill, outside the membership of the society, is invited to address the members upon some topic of interest to the general practitioner, and upon which the speaker is considered an authority. These meetings are usually largely attended. Appendicitis, the treatment of fractures, diseases of the eye, nose and throat, and the common diseases of children are among the subjects which have been thus treated.

As this is a small society, it is possible to do some things which could not be attempted in a larger one. It is therefore the endeavor of the committee to develop the members, interest each one in the work of the society, and so far as possible induce each attendant to take some active part, by reading a paper, opening or taking part in a discussion, or reporting a case. At the beginning of a recent association year, circulars were sent to each member, asking for answers to the following questions:

(1.) Are you willing to write a paper or papers to be read before the Association at some meeting during the coming year?

(2.) If so, upon what subject or subjects would you prefer to write?

(3.) How soon could you have your paper in readiness, if desired by the committee?

(4.) Aside from your own paper, what topics would you like to have brought before the Association ?

(5.) What further suggestions have you to make, to the end of rendering the meetings live, interesting and helpful ?

Although not all the members responded, yet enough answers were received to greatly assist the programme committee in their work for the year by showing what topics they wished to have considered, and thus enabling the different subjects and papers to be grouped in the most helpful and instructive way.

Perhaps the most important recent step in the evolution of this society, was the arrangement which was entered into in 1896, with the editor of the *Atlantic Medical Weekly*, whereby that journal was adopted as our official organ. Regular reports of the monthly meetings were furnished by the secretary and published in the *Weekly*, as were also a large number of the best papers read before the Association. This arrangement was kept up until the suspension of the *Weekly* in September, 1898, and proved in every way a benefit to the society, and we hope was no disadvantage to the journal. During its last year of publication, twelve papers read before the Association were published, and they were papers of which we were not ashamed. Indeed the noticeable feature of the case was the fact that more papers were read before the society that year than ever before, that they were better papers, and were more easily obtained. The larger a man's audience the greater his incentive, and the more care he takes in preparing his paper. When to his actual audience there is added an unknown number of readers, his efforts are correspondingly increased.

Since the suspension of the *Atlantic Medical Weekly*, a similar arrangement has been entered into with the *Vermont Medical Monthly*, and from present appearances we have every reason to believe that our relations with this journal will be equally pleasant and profitable—and we trust mutually so.

From the early days of the Association, it has been customary to hold an annual meeting in October, or later in the season,

for the election of officers, at which time a dinner was also served. The first annual address was delivered in 1856, by Rowse R. Clark of Whitinsville, on "Medical Theories." Since that time the address has been a regular feature of the annual meetings, though often omitted during the civil war and the years that followed, down to 1884. In 1858 the ladies were first invited to the dinner—a practice not then common in medical societies. In 1884 a chaplain was invited, and the custom has since been continued. In 1896 toasts were first introduced as a part of the after-dinner exercises, and have added much to the interest of the occasion. In 1897 the annual address was given before dinner instead of after, as had previously been the custom—a change which has met with universal approval.

I have thus endeavored to trace, in briefest outline, the several steps in the development and upbuilding of our society. We have seen what has been accomplished, and we realize that much yet remains to be done. Each year opens up new possibilities, new lines of work, new paths of progress. "Hills peep o'er hills, and Alps on Alps arise." It is for us to climb the hills, and cross the Alps.

The opportunity is offered to us at this time to give up our honored name, and merge our independent existence in that of the State Society. The history, the work, and the reputation of the Massachusetts Medical Society all combine to make this a tempting proposition. The very suggestion, coming as it does from the President of the State Society, is in the nature of a flattering tribute to the work which we have accomplished, and a pleasing suggestion that there may be still better things in store for us in the future. Yet we ought to consider the proposition with care, and before deciding, be fully persuaded in our own minds, whether such a change would be a step in advance, or a movement in retrogression; whether we can best develop our own resources by surrendering our individuality, and becoming a part of the great body of the best physicians in the State, or by clinging to our local organization and well-tried methods.

And whatever may be our decision in the matter, let us make it with a will, and go on with our work in such a way as to continue, on the one line or the other, *the evolution of a local Medical Society.*

Diet in Acne.

The regulation of the diet in this troublesome and so often obstinate affection, is now generally admitted to be the most important element in the treatment of the disease. Patients themselves will usually have been trying various dietary experiments along with the ordinary home remedies before consulting a physician. Unless, however, the most explicit directions are given as to the proper diet, serious mistakes will be made by patients in the selection of foods, and especially as to its quantity. As Dr. Jackson says, in his *Manual of Diseases of the Skin* :* “The well-to-do are prone to eat too much, and it is remarkable how rapidly their acne will improve by reducing their diet to the simplest elements. In many of them a milk diet, provided milk agrees with them, will accomplish a marked benefit.” On the other hand, many young girls almost starve themselves entertaining the mistaken idea that a low diet will give them a fine complexion. Nothing could well be less true than this. Especially is there a prejudice against butter. The old explanation that skin eruptions were mainly due to the use of too much butter still remains absolutely true for most non-medical people, and even for some medical men. That butter should be used freely and that cod liver oil and iron should be the only drugs required in many cases, as Dr. Jackson insists, would, to these good old conservatives, seem rank heresy. It is evident that more definite ideas as to the diathesis that underlies the etiology of acne have been acquired, and that the dietetic management of it rather than any empiric use of vaunted specifics constitutes the most modern therapeutics of this extremely frequent and bothersome condition.

*From advance sheets of the third edition of a *Ready-Reference-Hand-book of Skin Diseases* by George Thomas Jackson, M. D.—Lea Brothers & Co., Publishers.

Progress of Gynaecology.

*By A. Laphorn Smith, B. A., M. D., M. K. C. S., England.
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geon to the Western General Hospital ; Gynaecologist at the Edinburgh Meeting of the
British Medical Association.*

On the way to the meeting I had the pleasure of hearing an address by Martin of Berlin, on the Progress of Ovariectomy in the last twenty years. It was a remarkable paper by a remarkable man. He has adopted the vaginal route to a great extent, and he closed his paper by giving the results of 131 vaginal laparotomies for diseased ovaries and tubes and for retroversion, ovariancy, and small fibroids, etc. Out of these 131 cases he lost two. Since my return from Berlin I have performed a number of these operations at the Samaritan, Western, and at my private hospital, with most gratifying results. These will be reported in full later on, but in the mean time it is of interest to note that all the patients operated upon by the vaginal route, made a much quicker recovery than those by the abdomen. Although they included pus tubes, tubal pregnancies, retroversion with fixation, cystic ovaries and closed tubes which were opened, yet not one of the patients died. Another striking advantage was the absence of the abdominal scar and the pain from the incision, which these patients generally suffer from very acutely. In fact most of these patients did not require any anodyne whatever. During the discussion at

the recent meeting of the British Gynaecological Society a gentleman reported a number of cases by the vagina with bad results and the other speakers all pointed out with great stress that the vaginal route is not suitable for large tumors of any kind, whether fibroids or collections of pus, because it is almost impossible to deal with the adhesions which are so often present in these cases. In properly selected cases I feel sure that the vaginal route has immense advantage over the abdominal one.

One of the most interesting figures at the meeting was Doyen of Paris, who showed two new instruments: one for automatically holding open the abdominal incision, and the other for arresting hemorrhage without ligature by means of an enormously powerful crushing machine. The broad ligaments with the ovarian artery is seized and compressed for a minute with such force that it is completely crushed and when it is taken off no blood flows. I was told in Paris that it was not to be depended upon as several times secondary hemorrhages had followed. I would prefer to trust Dr. Skene's electric clamp, which dessicates the artery. One of the most interesting features of the meeting was a cinematographic representation given by Doyen in one of the large halls of the University, at which there were over six hundred doctors present. He is a very rapid operator and has devised a new method which only requires four minutes from the first incision until the whole uterus including the cervix is in the dish. The salient features of his method are to put a clamp on the two ovarians and then to catch the cervix through an opening in the vagina in Douglas *cul de sac*, and draw it up forcibly, tearing it away from its connections laterally and to the bladder in front. The uterine arteries are thus distinctly brought into view and clamped.

He only takes two or three minutes for removing the uterus and some eight or ten minutes more are used in tying the arteries and closing the opening in the pelvic peritoneum. I had the pleasure of being one of eight or ten who saw Doyen do two total abdominal hysterectomies for fibroid in Prof. Limpem's

service at the Royal Infirmary and he did one them quite as quickly as the six hundred saw him do it by the cinematograph.

Another interesting figure was Monisann of Naples a gentleman very short in stature, about three feet six, but a giant in intellect, who gave an address on Symphyseotomy in French, who was followed by Dr. John Moir of Edinburgh, ninety-five years of age, who told of the improvements in obstetrics and gynæcology in his life time.

The hottest discussion of the meeting was on Dr. Milne Murray's paper "On the Use and Abuse of the Forceps," and incidentally Dr. Japp Sinclair's excellent paper read at Montreal last year condemning the too frequent and too early use of the forceps, came in for a great deal of abuse.

Dr. Sinclair stated that the forceps were responsible for a great deal of injury to women who were confined in the neighborhood of Manchester. It was evident that the majority of those present at the meeting were general practitioners who used the forceps to save time and did not want to be reproached for causing puerperal lesions.

There were several interesting papers on the proper time for removing pus tubes and the general feeling was that it was safer to operate during the interval than during the attack as is also the case in appendicitis. There was also a very warm discussion as to the relative advantages of the abdominal and vaginal route for removing pus tubes and the general feeling was that it is easier and safer to remove them by the abdomen. As disease of the vermiform appendix frequently complicates pus tubes it was pointed out that the possibility of having to remove it in any case was a sufficient reason of itself to induce us to operate by the abdomen. Dr. Macan of Dublin laid great stress on the importance of making a careful bimanual examination under narcosis before deciding upon the vaginal route. Landaw of Berlin was strongly in favor of the vaginal route even for bad pus cases and he has the courage of his convictions for I saw him removing the uterus and both tubes and

ovaries by the vagina in a very bad case while I was in Berlin. One thing was very evident on this occasion that while it is difficult to remove large pus tubes even after the splitting of the uterus in two and consequently sacrificing it, it is well nigh impossible to remove them through an opening in either the anterior or posterior vaginal vault without removing the uterus. Some years ago I attempted to do this and was compelled to abandon it by the vagina and to complete the operation by the abdomen. This combined operation by the vaginal and abdominal route was the subject of a long discussion at the December meeting of the British Gynaecological society. Dr. Arthur Giles summed up the general opinion very correctly by saying that the *raison d'être* of the vaginal operation was to obviate the necessity of opening the abdomen, and that there was nothing that was done by the combined method that could not be done by the abdominal alone; consequently it seemed to him that to open the abdomen after beginning an operation through the vagina was practically a confession of failure, it meant that the operator had found himself unable to carry out his original intention. It was not his experience that abdominal operations for pyosalpinx had a specially high mortality, for it happened that a rather large proportion of his cases of abdominal section had been for pyosalpinx and so far there had been no death among them. I might add that my own experience agrees with Dr. Giles, as I have often been agreeably surprised to see patients recover from the most serious operations for pus tubes when neither the assistant nor myself had thought it possible.

Conservatism in Gynaecology has been receiving a good deal of attention during the last few months. Up to within a year or two it was the custom to remove both tubes and ovaries when even one tube was diseased, even though the other tube and both ovaries were apparently healthy. When this was done in young women the artificial menopause brought on so suddenly was accompanied with great inconveniences so much so that many of these young women declared that they regretted having

had the operation performed. This led us to remove only the tube and ovary on the affected side and although we occasionally were reproached for not making a complete cure by removing both, in cases of sclerotic ovaries, yet these cases were much fewer than those who complained of the miseries of the premature menopause. More attention was then directed to the matter, and now we frequently leave both ovaries in even where we have to remove both tubes for suppuration. Nearly a year ago such a case came under my care; a young lady who was infected by her fiancee with gonorrhœa, leading to two very large pus tubes. He so regretted his crime that he was anxious to make amends by marrying her, and she begged that I might leave her ovaries. The pus tubes were therefore removed without tying the ovarian artery or otherwise hurting the ovaries, except that the adhesions were stripped off them and they were carefully cleaned. This patient made a splendid recovery and is now very happily married. She menstruates regularly and normally, and has all her womanly feeling and attributes. As I used catgut to tie off the tubes at the corner I would not be surprised to learn that she had become pregnant. In many other cases I have removed three quarters of one or both ovaries and a part of one tube with very satisfactory results. As many of these were done within the last few months it is too soon to expect them to become pregnant, but there is no reason why this should not occur. Since beginning this article I have operated on a lady for retroversion and fixation, who was most anxious to have children. I found both tubes closed and imbedded in adhesions, the result of a severe attack of pelvic peritonitis, from which she nearly died eight years ago. Both ovaries and tubes were torn almost to shreds by the enudations, and nearly an hour was spent in patching them up with fine silk; but finally a good tube was left through which a probe could be passed into the uterus. She is making a remarkably pleasant recovery from the operation, and I have yet hopes of her becoming pregnant.

250 Bishop Street, Montreal.

Feralboid: What it is and What it Does.

By *W. H. Birchmore, M. D., Brooklyn, N. Y.*

This substance may very properly be considered as an iron albuminate; that is, a union of the hypothetical albuminic acid of the organic chemistry, with iron oxide as a base. This being granted we have in hand a substance chemically the analogue of the hæmatoglobin of the blood. Analogous, but not quite isomeric.

From the nature of the manufacturing process the albumen has been cooked, and therefore is in the condition most favorable to rapid and easy digestion and absorption by the human or other animal body. Carefully conducted experiments in this direction show that the iron in no way delays the digestion of the albumenoid portion, and the union is not disturbed by the rearrangement of the particles during peptonization. In this respect it exactly coincides with the behavior of the red figured elements in the blood. If filtered, defibrinated blood is cooked in the same way as is this union of iron with albumen, a peptone presenting the same characteristics is obtained; this still further emphasizes the analogy.

While the ultimate analysis of the red blood bodies has been many times made, no one has yet satisfactorily ascertained the formula expressing the relations of the component proximates, nor has it been proved to a demonstration what these proximates are. Equally ultimate analysis fails to show the construction formula for feralboid, but from the percentage composition it is easily deduced that for an equal value of the carbon-nitrogen groups involved, feralboid must contain two molecules less of water and one atom more of iron than do the red blood cor-

puscles. The analogy between them is very close, far closer, indeed, than the analogy between such cooked blood bodies and any other attempt to reproduce the conditions chemically involved.

THE PHYSIOLOGICAL RELATIONS

Of feralboid seem to be directly with the blood and the relations to the general nutrition secondary thereto. So short a time has elapsed since the first really successful attempt at manufacture that any very extended series of observations has been impossible, nevertheless it has been demonstrated both by superficial evidence and by minute investigations that under its systematic use, one-third grain three times daily for one month, an improvement almost miraculous takes place in anæmic cases. The objective examination of the blood is incontrovertible. Not only have the number of blood bodies invariably increased after its use even for so limited a period as one week in cases (3) which had persistently resisted other forms of iron administered according to the rules of the art, but in a case where the number of colorless, so-called white, cells had increased beyond the limit of safety and difficult respiration had shown itself, a marked improvement appeared within ten days. The respiratory difficulty disappeared, and a long step towards the return to the normal relation of colorless to colored bodies had been accomplished.

THE THERAPEUTIC RELATIONS

May be inferred from what has just been said, but a certain amount of positive information has been obtained. In one case of quantitative anæmia accompanied by periodic neuralgia of many years' standing, the systematic use has obtained, in six weeks, a distinct amelioration both in the duration and intensity of the attacks. In a case of anæmic neurasthenia, accompanied by a tendency toward melancholia, this patient is a well-known portrait painter, an improvement has become very noticeable after one month's use.

THE PHYSICAL EVIDENCE OF ITS INFLUENCE

On the heart is obtainable by sphygmographic tracings. On strong, healthy men with a full, vigorous pulse, the effect observed is an increase in *excursus pulsæ* without demonstrable change in the rate, but in cases of weakened and debilitated organs the result is first to increase the rapidity of the beat. This acceleration, which is generally manifest within a very few minutes, is usually followed in a short time by distinct increase in the *excursus* and a diminution in the number of beats as compared with the respiration rate. This is not due to an increase in the respiration rate, as might be inferred, but to the actually slower contraction of the heart. This, in one instance, was accompanied by a decrease in the number of respirations from 23 to 18. The effects are not transient, but will last for hours. If the doses are given with a knowledge of the duration of the effect on the individual the results may be made *quasi* permanent.

EFFECTS ON TISSUE METABOLISM.

Experiments lasting through a period of five days, 123 hours, on a man of ordinary activity whose body habits are well known, having been the subject of minute expert study for years, showed that without any change in his ordinary habits, or in diet, beyond the taking of one and one-half grains of feralboid with each meal, a diminution of the amount of uric acid excreted and an increase in the amount of urea. This person has a habit of excessive uric acid excretion and the diminution was marked. The free uric acid was decreased nearly 20 per cent. (18.2). This result is very remarkable, and as satisfactory as remarkable, for while there was rather more than corresponding increase in the amount of urea, the relations of the other ingredients were unchanged. If the assumption so generally accepted be held as a proven fact that the formation of uric acid vice urea is due to an insufficient oxygen supply to the tissues from qualitative or quantitative blood deficiency, the conclusion is inevitable that this deficiency is supplied by feralboid.

The great amount of time expended in attempts to produce

a compound meeting these needs does not seem to have been wasted, and the manufacture being in the hands of experts, one may be reasonably certain that an article in every way superior to the ordinary trade preparations will result.

It supplies not only a long felt want, of these there is an endless multitude, but a real need, and one which has at some time appealed most strongly to every practitioner.

It is inevitable that an opposite side should be assumed; it will naturally be urged that continual use for a long period will produce dangerous susceptibility to the possible reaction from the stimulant effect; granted, but the reaction cannot be proved to occur, nor can any reason be shown why it should, unless we consider hunger as the reaction from eating a dinner. Feralboid is food, food of a special sort, indeed; but it is as absolutely needful that the iron ration in the food be ample as it is that beef supplies shall not be found wanting. Without sufficient iron the blood will most surely be impoverished, with sufficient iron the tissue metabolism of the body will go on normally, and this so needed sufficiency is easily, pleasantly, purely and without fail assured by the proper use of feralboid.

THE THEORY OF ITS EFFECTS.

It is absolutely impossible as yet, from lack of experimental data, to predicate any method by which the observed results can be directly accounted for, but it is by no means beyond our knowledge to form and within measure to establish a definitive proposition. We may assume, therefore, as a working hypothesis, one of a number of possible theories.

The absorption of the peptonized albuminate with other peptones, after the complete digestion, by the ordinary channels and the increment in the circulation by diffusion of the dissolved iron, with its proper absorption by all the tissues by their faculty of selection. Those tissues which give origin to the red blood cells, taking up the larger proportion and developing more rapidly and more numerous into the normal healthy form with the accompanying exercise of the normal health functions. Or, second,

we may assume the selection and absorption by erythrocytes irrespective of the rest of the tissues ; or we assume (third) the selection and appropriation of the iron by wandering cells, probably leucocytic in their affinities and their development into erythrocytes, thus increasing the number of the red cells. It may be that all these theoretical explanations of the action of feralboid are true and coincidentally existent, offering as they do explanations each more adaptable to one special case than to another. We have no proof that simple leucocytosis, which is so often fatal, is anything more than degeneration from insufficient nutrition. For many cases have been noted when a distinction could be very effectually made in practice between two classes of leucocytes, one of which was evidently genuine and the other spurious, that is to say, a cell which in its normal development would have been a red, non-nucleated body, but which had retained its nucleus from a too long continued embryonic state. If we assume this, the miraculous success in the case of leucocytosis mentioned may be explained simply and logically, the food needed being presented, the proper development followed almost as a necessity. Should this be true the almost specific power of feralboid in the so-called anemia of pregnant or recently parturient women, which in nine cases in ten is proved by micro-examination to be a leucocytosis, may also be held to be assured.

It would seem also that the anæmia which is known to follow la grippe and various "colds," and those obscure troubles of the digestive organs we call for lack of better names neurasthenia, might be assailed with feralboid on another hypothesis. Finally in the entire group of cases associated with blood destruction from known causes, as the plasmodium of true malaria and the like, still another hypothesis of blood nutrition points the unmistakable line on which to work. In the words of one of the surgeons who reaped the aftermath of the Cuban expedition, "Oh, that we had had such a preparation of iron during the summer! Why did you not bring this sooner to the notice of the profession? Think of the suffering you might have saved!"

A New Use for a Hat Pin.

By Chas. P. Newton, Underhill Center, Vt.

A messenger called early one morning and said "Mr. W— wants you to come there as soon as possible and bring your surgical instruments." On entering the room I was greeted with "Gosh, Doc, I am in a scrape." And surely he was. He sat on the side of the bed grasping his penis, and gave the following history :

Several years ago he had some urethral trouble for which the doctor advised the use of a bougie, and gave him a gum elastic catheter. This from age, and use, had become roughened and caused pain. Looking around for something in place of it, he found a lady's hat pin about six and one-half inches long, with a glass head about five-sixteenths inch in diameter. This instrument he had pushed into the urethra. When I saw him the point was about two inches back of the meatus, and imbedded in the tissue just beneath the skin. Told him I should have to cut down on the pin. Thinking that, could I get the head to where the point entered, I would have a better guide, I nicked the skin, grasped the point with a pair of pincers and drew it forward until the head was at point of puncture. Then I saw an easy solution of the difficulty. Carrying the point to the perineum, reversing the position, pushed the head through the meatus, and drawing out the pin finished the operation.

There was profuse hemorrhage from the urethra and the external puncture. The next day the penis was "black as your hat," but in four days the patient reported the organ as "all right and ready for use."

Society Report.

THURBER MEDICAL ASSOCIATION.

The regular monthly meeting was held in the office of the librarian on Thursday afternoon, February 2.

Dr. A. J. Gallison of Franklin had a paper entitled *Why any Laws Regulating the Practice of Medicine?* An unexpected emergency detained him from the meeting, however, and his paper was laid over until a future meeting.

Dr. J. M. French of Milford read a paper on *The Evolution of a Local Medical Society*, in which he traced the successive steps in the growth and development of the Thurber Medical Association.

There followed a general discussion of the question, *Is it advisable to change the present local Association to a District Medical Society?* The advantages of membership in the State Society—of which the proposed District Society would be a branch—were generally recognized, but it was the prevailing opinion of the members that better work could be done by the local association, with its methods which had been developed out of their own experience of forty-five years, than by the district society, with its methods to which they were unaccustomed, and which might not prove to be adapted to their needs. At the close of the discussion the following resolution was unanimously adopted:

Resolved, That the Thurber Medical Association, having carefully considered the matter relative to affiliation with the Massachusetts Medical Society, does not consider it advisable to make such a change at the present time.

The next meeting will be held March 2.

J. M. FRENCH, Secretary.

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EDITORIAL.

The Need of Co-operation on the Part of Physicians.

In no profession or class of society is there greater need of united action than among physicians. Each year the difficulties in the way of the practice of medicine as a means of gaining a livelihood are increasing. Too many physicians; the flagrant abuse of medical charity; lack of business habits and methods among physicians; conflict of interests between physicians and pharmacists; want of harmony among medical men; quackery among the people, and charlatanism in the profession; burden-

some legislative restrictions without corresponding legal protection and advantages—these are some of the drawbacks which call for united effort to overcome.

Unfortunately, no class of men in any community are less inclined to work together for the promotion of their common interests than physicians. There seems to be some strange and subtle quality inherent in the nature of the services rendered by the medical man, which makes him peculiarly liable to jealousies, misunderstandings, and strained relations with his brother physicians. Especially is this true of the country doctor, who, of all species of the *genus medicus*, has most need of help from his professional brother. By the isolations, the independence, the antagonisms, which are thus developed, the doctor throws away golden opportunities of bettering his condition, enlarging his influence, and increasing his reputation.

The one remedy for these evils, the only means whereby these difficulties can be controlled or modified, corrected or removed, is by co-operation; the instrument for securing it is the Medical Society; its result when properly applied is a united profession. Given this, and the way out is plain. When medical men will come together, join their forces and present a united front in fighting their common enemies and working for their common good, instead of quarreling with or holding aloof from each other, they can easily bring about a condition of affairs much more favorable to their individual growth and development, than that which now exists; they can do better work for their patients, and they can cause the medical profession to be held in much higher respect by the general public than is the case at present.

J. M. F.

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Reorganization of Staff.

The staff of the Fanny Allen Hospital has been reorganized and the following appointments have been announced:

Surgeon-in-Chief—Dr. W. G. E. Flanders, Burlington.

Surgeons—Dr. O. W. Peck of Winooski and Dr. H. E. Lewis of Burlington.

Physicians—Dr. H. R. Wilder, Burlington; Dr. C. M. Ferrin, Essex Junction; Dr. O. H. Allard, Burlington, and Dr. J. W. Sheehan, Winooski.

Specialist in Diseases of the Eye, Ear, Nose and Throat—Dr. H. E. Lewis, Burlington.

Consultant in above Specialties—Dr. A. Chretien-Zaugg, Montreal.

Pathologist—Dr. Jo H. Linsley.

House Surgeon—Dr. G. H. Flint.

Assistant House Surgeon—Dr. J. J. O'Connor.

On Wednesday, February 8th, the above staff met for organization and elected the following officers: President, Dr. W. G. E. Flanders; secretary, Dr. H. E. Lewis. Matters of routine business were transacted and it was voted to hold monthly meetings on the last Monday of each month for presentation of papers, report of cases, discussions, etc. After the business meeting a light luncheon was served. Much satisfaction was expressed by those present at the bright prospects for good, harmonious work on the part of the new staff.

The Fanny Allen Hospital has made rapid strides during the last two years. From a little institution of small capacity, it has grown into a fair sized, modern hospital, well equipped in every particular and capable of accommodating sixty or more patients. The character of the surgical work done at the hospital has brought the institution to the favorable attention of physicians throughout Vermont, Northern New York and Canada, and the number of patients treated in '97-'98 shows the confidence felt by the people at large in the Hospital. The new operating room is one of the finest in this section of the country and its equipment is all that can be desired.

The percentage of deaths at the Fanny Allen Hospital, *under 3 per cent. for two years*, is certainly remarkable when it

is considered that over one-half of the patients treated required capital operations. The success of the hospital is assured and the many friends interested in its welfare will watch its future progress with pride and satisfaction.

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The Pharmacology, Physiological Action and Therapeutics of Osculation.

The kiss is the fresh undried fruit of the love plant. The plant is common to all countries and climes and while frequently bearing under the most adverse circumstances is usually most productive through careful cultivation. The fruit has long been gathered and highly prized by all classes among the laity because of its delightful flavor and pleasant taste, but its real medicinal properties have not been recognized until recently.

The physiological action of the kiss varies with the size of the dose, the method of administration and the age of the patient. To infants and the young it is distasteful and judging from the objections and grimaces with which it is received it probably has a nauseating effect.

On young adults it has its most potent influence. In liberal doses it is a heart stimulant, increasing both the force and frequency of the heart's action. It is a vaso motor dilator and causes an increased amount of blood to flow to the surface of the body, thus producing the sensation of exhilarating warmth so frequently spoken of by its users. Its influence on the circulatory apparatus explains its value as a tonic and stomachic. On the nervous system it acts both as an excitant and as a sedative, depending for such action on the patient's condition and temperament. As an aphrodisiac it has no peer in the pharmacopea. Consequently it has a wide and well deserved popularity in this particular. Caution should be used in its too frequent use by young men, for its prolonged administration is held by Bangs to lead to enlarged prostate. By the same hypothesis many of the pelvic congestions of young females can unquestionably be traced to the same cause. Herpes have been observed after large doses.

The therapy of the kiss is of wide range. Its principal indications, however, are aloic dyspepsia, amenanhea, impotence, neurasthenia, constipation and hepatic toror. The dose should be liberal but taken slowly and carefully. At least one minute and a half should be consumed in the administration of every kiss, if it is to be of any real therapeutic value. The hour of taking and the size of the dose is largely a matter of personal convenience and would naturally vary at different times. Incidentally it may be said that the incompatibles of the kiss are whiskey, onions and certain forms of cheese.



MEDICAL ABSTRACTS.

The Vomiting of Pregnancy.—Dr. Bacon thus summarizes an article on the subject (*Amer. Jour. of Med. Science*, June, 1898).

1. The abnormal irritability of the nervous system, including the vomiting center, is to be allayed by keeping the patient in the horizontal position, by attention to the skin, bowels, and kidneys, using rectal, and, if necessary, hypodermic injection of salt-solution.

2. The hysterical condition which is so commonly present should be controlled by strengthening the will and influencing the dominant idea of the patient.

3. All sources of peripheral irritation should be discovered and treated.

4. In extreme cases subcutaneous saline injections serve the three-fold purpose of: (a) diluting the blood and increasing vascular tension; (b) eliminating toxins through renal and intestinal emunctories; (c) furnishing two most important kinds of food.

5. Induction of abortion is never indicated. At a stage when it is safe and efficient it is not necessary, and in extreme cases it adds greatly to the danger, rarely stops the vomiting, and can be replaced by the artificial serum. R.

—*Am. Med. Eng. Bulletin.*

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Treatment of Varicocele.—The assistant stands at the right of the reclining patient and pushes the testes up against the pubis, holding the scrotum between the fore and second finger of his left hand, while with the right he draws out

the double wall of the inferior portion into a flat, square apron. The operator then inserts a Reverdin needle into the scrotum just below the testes, and a ligature is made, passing through the derma and tied moderately tight, so that the drawn up bag thus formed of the under portion of the scrotum hangs directly beneath the testes, neither in front nor behind. Chloroform is unnecessary.—Prof. Nimier, in *Revue de Chirurgie*.

Collodion in the Treatment of Pruritus Analis and Hemorrhoids.—According to Samways, painting the anus with collodion will cure the pruritus completely in twelve to fourteen hours and also tend to reduce the size of external hemorrhoids if applied on a tampon. The one disadvantage is a sharp burning sensation for a moment, which can be obviated by painting with cocaine beforehand.—*Jour. Amer. Med. Asso.*

Hydrochloric Acid in the Treatment of Sciatica.—Gennataz (*Union pharmaceutique*) advises painting the painful tract with from two to four coats of the pure official acid. Some tingling results, but it is quite bearable and then vesicles filled with bloody serosity appear. The part is dressed with absorbent cotton. The painting is repeated daily or every other day, care being taken to avoid applying the acid to the vesicles already produced. Usually from three to five applications are enough, but he has known the treatment to fail in a rebellious case.—*Lx.*

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Your correspondence upon this subject is most earnestly solicited, for it is impossible to do justice to such an important matter within the space of this announcement.

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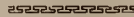
JAMES G. HUNT, M. D.

President of the Northern Branch N. Y. State Medical Association.
Utica, N. Y., Dec. 10th, 1893.



UPBRAIDING THE DOCTOR.

Dr. Samuel Wolf, Physician to the Philadelphia Hospital, and Neurologist to the Samaritan Hospital of Philadelphia, presents among others, a case which is of special value at this time. He says: "The entire experience of the writer with antikamnia is not confined to the series of cases on which this paper is based, although its previous use had been limited to a few prescriptions, and those in cases where it was given after the usual routine had been exhausted. It is, however, to a striking result in one of these instances, that the incentive to investigate more fully, is to be largely attributed. A man of 42, in the course of an attack of La Grippe, was enduring extreme torture from the pain of a trigeminal neuralgia. The second ten grain dose of antikamnia gave such complete and permanent relief, that my patient, a druggist of large experience, upbraidingly asked me, "Why didn't you prescribe this remedy before?"



To destroy pus and prevent its formation, the antiseptic solutions known as camphoroxol and menthoxol are unsurpassed. Peroxide of hydrogen alone acts for but a limited period, whilst these newer products possess a more powerful and a more lasting antiseptic action. They are harmless and non-irritating. Applied on gauze as a wet dressing, healing is promoted, the growth of healthy granulations stimulated. The solutions keep well and retain their activity for a long time.



In the treatment of influenza the relief of pain, of insomania, of fever is best accomplished in most cases by the administration of Kryofine. No coal-tar drug can be recommended in a disease which in itself is characterized by marked prostration and depression. And just in this respect does Kryofine prove better than the older remedies. Its influence as an anodyne is enhanced by a distinct euphoria entirely apart from the relief of pain. It may also be given in solution with alcohol, and combines well with the drugs usually required in these cases.

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And Where Nature fails to make Good Blood,

WE CAN INTRODUCE IT.

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In the more enlightened progress of Modern Medicine, “Blood-letting” has given place to Blood-getting.

Aye! Get Good Blood—but How? Not by the Alimentary Process. It has already failed to do its work (else the patient would not be sick); and in acute disease must not even be allowed to do the work it can. Stimulate as you will, the whole sum of the patient’s alimentary power when fully forced into play, is unable to keep up the nourishing and supporting contents of the blood. There is absolutely but one thing to do; and, thank God, that can be done, usually with success, as ten-thousand-fold experience has proved. That one thing is this: where Nature fails to PRODUCE good and sufficient Blood, WE CAN INTRODUCE IT from the arteries of the sturdy bullock, by the medium of BOVININE.

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Try it in *Consumption*, with the same tests from week to week.

Try it in *Dyspepsia* or Malnutrition of young or old, and watch the recuperation of the paralysed alimentary powers.

Try it in *Intestinal* or gastric irritation, inflammation, or ulceration, that inhibits food itself, and witness the nourishing, supporting and healing work done entirely by absorption, without the slightest functional labor or irritation; even in the most delicate and critical conditions, such as Typhoid Fever and other dangerous gastro-intestinal diseases, Cholera Infantum, Marasmus, Diarrhœa, Dysentery, etc.

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Try it by *subcutaneous* injection, when collapse calls for instantaneous blood supply—so much better than blood-dilution!

Try it on *Chronic Ulceration*, in connection with your antiseptic and stimulating treatment (which affords no nourishment) and prove the certainty and power of topical blood nutrition, abolishing pus, stench, and PAIN, and healing with magical rapidity and *finality*.

Try it in *Chronic Catarrhal* Diseases; spraying it on the diseased surfaces, with immediate addition of peroxide of hydrogen; wash off instantly the decomposed exudation, scabs and dead tissue with antiseptic solution (Thiersch’s); and then see how the mucous membrane stripped open and clean, will absorb nutrition, vitality and health from intermediate applications of pure bovinine.

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[From THE LONDON LANCET, February 26th, 1898.]

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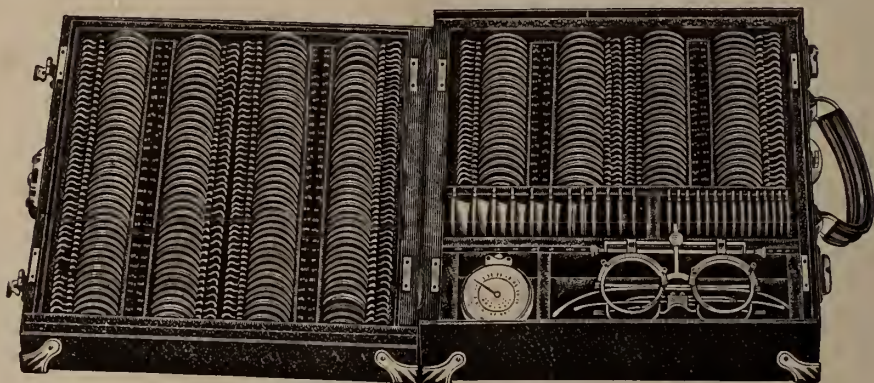
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Dose.—For an adult one tablespoonful three times a day after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

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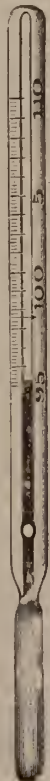
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The Vermont Medical Monthly

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*Official Organ of the Vermont State Medical Society and Thurber Medical
Association.*

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No. 3

Varicocele.*

By William Warren Townsend, M. D., Rutland, Vt.

The veins of the external genital organs become varicosed as do veins in other dependent portions of the body.

By varicocele is understood a dilatation of the veins of the spermatic cord and scrotum, but when we speak of "A Varicocele," a morbid condition of the pampiniform plexus of veins, or veins of the spermatic cord is conveyed to the mind.

The varicosed condition of the scrotal veins usually accompanies that of the plexus and cord, and rarely comes to the notice of the physician unless associated with the former condition.

The spermatic veins surround the vas deferens and artery of the vas. Others and larger ones are situated in front of the vas, and frequently surround the spermatic artery. These larger ones form the pampiniform plexus. The veins begin in the body of the testicle, enter into the formation of the tunica vasculosa, are joined by the veins of the epididymis, communicate with the dorsal vein of the penis, and external and internal iliac veins.

They divide and anastomose, and finally unite to form the spermatic vein which lies on the psoas muscle and accompanies

*Read before the 53th Annual Meeting of the Vermont State Medical Society.

the spermatic artery. The right vein empties into the vena cava obliquely, and the left into the renal vein at right angles to that trunk.

The relation of the spermatic veins to the large trunks into which they empty is considered by some authors to be an important etiological factor in the production of the trouble on the left side, but as with other causes it has not been proven, and a careful study of the anatomy of the parts concerned will show that the frequent occurrence of this disease on one side of the body, and its comparative rarity on the other, is in reality not due to the relation of the veins to the large trunks.

At the termination of the right spermatic vein in the vena cava there is always to be found a well marked valve formed by the lining mucous membrane. No such valve exists on the left side where the left spermatic empties into the renal vein.

In young men with erotic fancies and irregular sexual gratification, the testicle becomes congested and an over-distension of the veins of the cord is produced. When this is kept up too persistently the walls of the veins become weakened and varicocele results.

It has been noticed by the writer that epididymitis and orchid-epididymitis were generally followed by a varicocele due, no doubt, to the pressure made by the inflammatory exudate which by its pressure obstructed the return blood current.

Prolonged standing and lifting of heavy weights, straining at stool or in urination, absence of, or defective valves in the veins and their great tortuosity, and pressure of the distended colon acting as a mechanical impediment to the circulation, have all been mentioned as etiological factors in this disease, and no doubt each one plays its part to effect the one common end, i. e., a dilated mass of veins which produce symptoms more or less severe, according to the temperament of the individual having them.

The pathological anatomy of a varicocele is that of a varicose vein in other parts of the body. The veins are dilated,

elongated and tortuous, and the walls for the most part thickened but thin where succulation occurs, although rupture of a vein is only of occasional occurrence. The thickening of the walls is in part due to inflammatory formation of fibrous tissue, and in part to muscular hypertrophy. Phlebitis and thrombosis occur rarely; suppuration still more rarely.

The varicose state is most marked just above the testicle, but seldom affects the veins in the inguinal canal, or the spermatic in the abdominal cavity.

Varicocele is occasionally complicated with hernia, hydrocele and tumor of the cord, and it is then difficult to diagnosticate, but in such cases the varicocele is secondary and does not demand our attention. It can be readily differentiated from hernia by instructing the patient to assume the recumbent position and by making moderate pressure, the tumor can be made to disappear; then placing the finger over the external abdominal ring and telling the patient to rise, the tumor will again become manifest, whereas if it were hernia, the same would remain reduced.

Hydrocele can be diagnosticated by the usual method and aspiration if necessary.

Occasionally acute cases of varicocele are recorded, and it has been the author's pleasure to have seen five, all five of which were on the left side, and consequent to a severe lifting effort. The acute cases are important from the fact that they are often mistaken for hernia and are accompanied by very decided local pain, distress, and cause considerable alarm to the patient. They usually disappear under appropriate treatment in a day or so.

Chronic varicocele coming on as it does insiduously, is often discovered accidentally by the patient after reading one of the numerous pamphlets entitled, "For Gentlemen Only." The victim having masturbated more or less in his early life, is led to believe by the literature that is distributed so generously by the various medical companies, that he is the victim of "Errors of Youth" and is gradually "losing his manhood" and after examining himself and thinking the subject over, he finds that he has

all the symptoms of a varicocele, and his little text book says that "Varicocele is produced by masturbation." This is the usual way that the trouble is discovered in the great majority of cases. So the books perhaps do some good in bringing those who are wise enough to evade the treatment "At a dollar a bottle in unmarked packages" to the physician who prescribes a seventy-five cent suspensory bandage, and thus ends the trouble of the unfortunate "Lost man."

There may be an enormous varicocele with positively no symptoms whatsoever, whereas a slight distention of the vessels may occasion severe symptoms.

In varicocele the testicle is usually normal unless the varicosity be severe, and one of long standing, when owing to the impeded circulation, the testicles become soft, flabby and partially atrophied. The scrotum is more or less relaxed, and may present varicose veins; it becomes so thin that the blue color in the veins is visible. When the patient stands the veins become swollen to a considerable size and feel as described by all authors, like a "bunch of earth worms." On coughing, the veins give a slight impulse.

In the robust and healthy man, varicocele is quite painless, but in the weak, anæmic, and easily fatigued, it causes an aching in the groin and testicle, and gives rise to a sense of weight and dragging in the back. There is in young men with a delicate constitution, a considerable degree of mental depression, and a dread lest impaired virility and impotence should result; and often in extreme cases the hypochondriacal and emotional side of the symptoms are in excess of the actual physical signs of the disease.

It is generally only the youth that despondency takes hold of, as he has more recently been addicted to masturbation and has not the common sense and confidence begot of riper knowledge.

The natural tendency of the affection is to a spontaneous subsidence as age advances, and especially after the regular sexual hygiene that comes with marriage.

The great majority of varicoeels can be relieved by the application of a well fitting bandage, cold douches, and the regulation of the intestinal evacuations. But there are those cases that demand operation.

Up to 1835 operative measures were not known and palliative treatment was used entirely. To quote from Cooper's Surgery published in 1830 after describing the suspensory bandage, the author goes on to say, "One can hardly suppose a case so severe and incapable of palliation as to require the performance of castration, though such instances are recorded by good authors."

Between the years 1835 and the present, numerous operative procedures have been mentioned, and to-day, the operator finds himself confronted with several methods, only two of which are worthy of description, the others being obsolete. Among those which have gone by may be mentioned the steel ring, which diminished the size of the relaxed serotum, blisters and counter irritants to condense and lessen the size of that sac, division of the veins by knife, and caustic setons of thread through them, and Sir Ashley Cooper proposed the operation "of cutting away the loose relaxed skin." As stated before, the operator is to-day confronted with two methods i. e., the subcutaneous ligation of the veins and the open incision for ligation and excision.

An operation was described by Pencoast in the Medical Examiner for March 4th, 1843 as a modification of Ricord's in which an attempt at the present excellent method of subcutaneous ligation was made, but it was defective in that the needle used in transfixing the veins was left in situ. The subcutaneous method used to-day was first described by Keyes in the Medical Record 1886 and 1887, and since that time has been performed by its originator very successfully. The operation is a simple one and consists of merely transfixing the veins in three places by means of sterilized silk, threaded in a modified Reverdin needle.

Keyes reports many successful cases treated by this method with but few relapses and those that have occurred, he attributes

to the fact that in his earlier cases he used cat gut instead of silk. Unfortunately other operators have not met with the marked success in the operation that Dr. Keyes has and perhaps it is due to defective technique.

The author has performed the operation several times, with and without success. Owing to the number of relapses that have been reported at various times and to the advance made in aseptic technique, the open operation is, I think, growing in favor, and the results of course are lasting beyond relapse.

The open operation and excision of the veins is done by making an incision about two inches long over the most prominent part of the veins, and passing two ligatures around them and tying tightly; the intervening portion of the veins are then cut out and the stumps are brought together and so retained.

The plan of suturing or tying together the stumps has for its object the elevation of the testicle and shortening of the cord. It is an improvement on the simple excision. Care should be taken to arrest all capillary oozing before closing the scrotal wound, as it has been the author's experience in two cases to have a Haematocoele of the tunic to treat after complete union of the wound.

Whooping Cough.*

By H. Edwin Lewis, M. D., Burlington, Vt.

Any disease occurring as frequently as whooping cough, necessarily becomes an interesting subject for study and research at all times. Unfortunately the laity, and too many of the profession are blind to the actual dangers from whooping cough in early childhood, and there can be little doubt that the death rate in cases occurring in children under five years of age would be considerably lowered if the serious nature of the malady was more often recognized.

Statistics are remarkably uniform in regard to infantile mortality from whooping cough, and the recently issued Maine Registration Report gives some interesting figures on the subject. Of the total number of deaths from whooping cough in Maine, 111 in all, 71 occurred in children under one year of age, 37 in children between 1 and 5 and only three in cases over that age! The percentage of deaths in children below 5 was 4.37 or about 1 in every 23 deaths from all causes!!

The death rate from whooping cough in the New England States per 10,000 during 1896 was 1.68 in Maine; .87 in New Hampshire; .72 in Vermont; 1.13 in Massachusetts; 1.49 in Rhode Island, and .6 in Connecticut. The following statement is quoted verbatim from the report:

“Whooping cough for the year for which this report is made, caused over three times as many deaths as scarlet fever, or measles, more than half as many as typhoid fever, and nearly two-thirds as many as diphtheria, including membranous croup.”

Griffith, in an admirable article on the subject in the recently issued American Text-book of Diseases of Children states that in

*Read at a meeting of the Thurber Medical Association, Milford, Mass., March 2, 1899.

England and Wales 120,000 people died from whooping cough between the years 1858 and 1867, and 85,000 succumbed in Prussia between 1875 and 1880.

From the foregoing it is very evident that whooping cough is a pronounced factor in infantile mortality and it requires no acute reasoning to attribute the fact to the little appreciation which the laity have of its serious nature. Any number of people, and many with more than ordinary intelligence, look on the disease as one of the inevitable occurrences of childhood, attended with little danger but much discomfort to the little sufferers and to those who must observe their gymnastics,—particularly the latter. Consequently many parents actually seem to feel relieved when their children contract whooping cough, for as they frequently express it, “Now, thank goodness, it will be over with.” Alas! many times it is “over with” for a good many—but it is for all time.

It is true as we frequently have thrown at us, that we cannot cure whooping cough, but the greater increase of deaths in the poorly clad and illy fed, as well as the corresponding decrease in those properly watched and cared for, demonstrates pretty thoroughly that hygienic care and feeding will eliminate at the least many of the dangers of whooping cough. The importance, then, of such measures as will minimize the dangers from whooping cough, how so ever simple they may be, becomes at once apparent, and while we may not be able to cure an attack in the correct sense of the word, we may feel assured that our efforts, hygienic or otherwise, will prevent or reduce to a minimum the sequels and complications so liable to follow cases of whooping cough.

The highly contagious and infectious nature of whooping cough has been recognized since 1578, when Baillon described an epidemic in Paris, and though the disease does not seem to have been very prevalent before the eighteenth century, after that it spread very rapidly and became pretty well known. Linnaeus, who was an acute observer noted particularly the infectious char-

acter of the disease, and expressed the opinion that the contagion was nothing more nor less than the larvæ of insects deposited in the nose. Since his time any number of investigators have described various bacteria as the cause of whooping cough, but none of them, not even the well known *bacillus tussis convulsivæ* of Afanassiew, discovered and described in 1887, have been found sufficiently constant in the catarrhal secretions from whooping cough patients, to warrant the definite statement that they are the specific germ of the disease. But though we are unable up to the present day to recognize any particular germ as the pathogenic cause of whooping cough, there can be little doubt that there is a specific bacteria which attacks by election the respiratory mucous membrane and produces ptomaines having a marked effect on the convulsive centres of the brain and spinal cord.

Various writers from time to time have endeavored to define the exact pathology of whooping cough but their efforts have met with much less success than has characterized investigation in other diseases. Children dying from the disease present few distinct changes besides those of the disease or diseases which complicated the attack. The mucous membrane of the respiratory tract is usually very hyperemic, secreting a very thick viscid mucus, and the central nervous system of those dying during a paroxysm shows a decided congestion and in many instances the presence of small punctate hemorrhages. (Holt.)

Some observers have attempted to locate the lesion in different parts of the respiratory mucous membrane, but the great diversity of opinion undoubtedly proves that the location varies in different cases. The larynx is probably most constantly affected, for laryngoscopic examinations by Von Herff and many others, have demonstrated a very frequent swollen and congested condition of the laryngeal mucous membrane. It is well known that irritation of the mucous membrane on the posterior wall of the larynx will instantly provoke a cough, and this hyper-sensitive condition of the laryngeal surface, even in health, has given rise to its designation as the cough zone. When the normal sensi-

tiveness is increased by inflammatory changes, it can readily be understood how even the slight irritation of a tiny fragment of mucus could precipitate a paroxysm of coughing. Further than this, the afferent nerve of the larynx, the superior laryngeal, is probably rendered super-sensitive to stimuli, by the ptomaines present in the disease, and its intimate connection with the pneumogastric gives rise to the pronounced phenomena of whooping cough.

There is every reason, then, to suppose that the immediate cause of each paroxysm is the irritation produced by an accumulation of mucus. Inhaling certain odors, or mental excitation may precipitate the paroxysm, but each attack of coughing continues until a small plug of mucus is raised, and after such expectoration a period of rest and relief usually ensues. Through reflex action the expiratory muscles are thrown into a state of clonic spasm; this continues up to a certain point when inspiration must take place or cyanosis ensue, and as the glottis is also in a state of spasm, the inspired air forcibly drawn in through a narrowed orifice produces the characteristic whoop.

The symptoms of whooping cough are too pronounced and the disease is too readily diagnosed to require any description I might essay. Different cases may show considerable variation in detail, but in the main the general characteristics of whooping cough are always the same.

The inroads which the disease and its morbid products make on the nervous system in the form of congestion, hemorrhages or possibly definite changes in the nerve substance itself, are often shown by special and startling symptoms.

I have in mind an interesting case of unilateral ptosis which came to the Eye, Ear, Nose and Throat Clinic of the Fanny Allen Hospital last year.

It occurred in a female child seven years old, whom the mother affirmed had recently had whooping cough. Along at the latter end of its attack when the paroxysms had grown noticeably less, the mother observed one morning that the child could not completely open its right eye. The condition did not

pass away but the neighbors assured the mother that it would in time. After four or five weeks there being no change the mother came to the conclusion that something ought to be done, and so brought the child to the hospital.

The ptosis was quite marked and the pupil was dilated, though slowly reacting to light stimulus. Vision of the left eye was 15-15, right eye 15-20. Accomodation was normal, letters in Jaeger No. 2 being easily read with either eye at fourteen inches. She complained of double vision and examination of the extrinsic muscles while demonstrating no strabismus showed that the internal rectus was unable to perform internal rotation of the right eye. The mother claimed that the attack of whooping cough had been quite severe and that the child had had a number of hemorrhages from the nose. When I saw her she was still suffering from considerable bronchial catarrh. The ophthalmoscope failed to show any internal changes and I came to the conclusion that the eye symptoms were probably due to alteration in the third nerve from hemorrhage or otherwise. Her treatment consisted of the administration of a solution of nitrate of strychnine $\frac{1}{4}$ gr. to the ounce, beginning with 5 drops three times a day and increasing a drop each day until twenty drops were reached. She was also given ten drops of syrup of hydriodic acid before each meal.

Three weeks later she had apparently made an almost complete recovery, the only thing she complained about being an occasional attack of diplopia. The lid was all right, the pupil had become normal and the internal rectus seemed to perform its function in a satisfactory manner.

The treatment of whooping cough should begin the very day the diagnosis of that malady is made and continue until all symptoms are gone. The fact that pertussis is a self-limited disease and one that medication cannot cure is no contra indication for treatment. The old idea of entirely leaving the disease "to take care of itself" has been exploded for some time and as I have previously tried to show, the serious complications and sequelae liable to arise make guiding treatment an absolute necessity.

In the first place the child should be dressed warmly and allowed to go out doors whenever the weather will permit. Keeping a child suffering with whooping cough confined to a hot, close room, as recommended by many writers, always tends to

lengthen the attack, and render such sequelae as capillary bronchitis and pneumonia extremely liable on the least exposure. As soon as the cough begins a snug abdominal bandage should be applied and kept on all through the attack. This will be found of marked benefit and especially useful as a means of preventing hernia. Furthermore it will prove very gratifying to the patient, giving a sense of support which is always appreciated.

In regard to the diet little need be said except that it should be nutritious and moderate in amount. A little food at short intervals will prove far better for the patient than larger amounts less often. Where vomiting is exceedingly persistent, the stomach should be left entirely alone for a few days and the child nourished by nutrient enemata.

For medication probably no treatment is followed by as good results as the use of the reflex sedatives. There is every reason to anticipate at an early date the isolation of a definite germ as the cause of pertussis, but since the prominent symptoms are of a pronounced nervous character our treatment should be directed toward sedation of the nervous system.

Phenacetine will accomplish this end as satisfactorily as any known drug, and I have found the best results to be obtained from its administration in small doses, combined with tincture of belladonna. The bromides are very useful particularly when administered at bed time and through the night. Their judicious use reduces the frequency and severity of the paroxysms and permits the little sufferer to obtain a sufficient amount of sleep.

In addition to above sprays of a sedative nature can be used, and the result may prove highly satisfactory. The bromides, belladonna, cocaine, carbolic acid, etc., have been recommended in this connection and have been found useful in many cases.

Complications should be treated as they arise, but careful treatment and attention will avert all of the dangerous ones.

The bowels, it is scarcely necessary to say, should be carefully regulated all through the disease.

The after treatment should consist of a change of climate and such measures as will build up the patient's general condition and restore all lost vitality.

Cod-liver oil, malt preparations and the like are of first value.

Rooms 2-3 Y. M. C. A. Building.

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Thurber Medical Association.

The regular monthly meeting was held on Thursday afternoon, March 2, at two o'clock, in the office of the librarian.

A resolution of thanks was extended to Dr. F. T. Rogers, of Providence, R. I., formerly editor of the Atlantic Medical Weekly, for his kindness in supplying the library of the Association with copies of six of the leading American and English medical journals, during the year 1898.

Dr. A. J. Gallison of Franklin read an interesting paper, laid over from the last meeting, entitled, "Why any Laws Regulating the Practice of Medicine?"

The secretary then read a valuable and practical paper on "Whooping Cough," written by H. Edwin Lewis, M. D., of Burlington, Vt.

Each paper was freely discussed, and both will appear in the Monthly.

The next meeting will be held April 6, and it is expected will be addressed by a specialist in the diseases of the eye.

J. M. FRENCH, Secretary.

REGULAR MONTHLY MEETING OF THE FANNY
ALLEN HOSPITAL STAFF.

The regular monthly meeting of the Fanny Allen Hospital Staff was held at the Hospital Monday evening, February 27. The Secretary's report for the month ending February 27 was as follows :

HOUSE PATIENTS.	
Number of medical patients.....	12
“ “ surgical patients.....	10
“ “ Eye, Ear, Nose and Throat patients.....	7
Total of House patients.....	29

OUT PATIENTS.	
Medical.....	9
Eye, Ear, Nose and Throat.....	17
Total number of Out Patients.....	26

CLASSIFICATION OF DISEASES.

<i>Medical :</i>	
Eczema Capitis.....	2
Neurasthenia.....	1
Delirium Tremens.....	1
Typhoid Fever.....	1
Dysmenorrhœa.....	1
Catarrhal Gastritis.....	2
Cystitis.....	1
Syphilitic Ulcer of Anus.....	1
Exophthalmic Goitre.....	1
Urethritis.....	1
Total.....	12

<i>Surgical :</i>	
Laceration of Perineum.....	1
Fracture of Leg.....	1
Osteomyelitis of Femur.....	1
Prolapse of the Uterus.....	1
Strangulated Umbilical Hernia.....	1
Tubercular joint (knee).....	1
Endometritis-Hemorrhoids.....	1
Retroversion of Uterus-Endometritis.....	2
Carcinoma of face and neck.....	1
Total.....	10

EYE, EAR, NOSE AND THROAT.	
Cataract.....	1
Dacryocystitis.....	1
Chronic Suppurative Otitis Media.....	2
Deviation of Septum.....	1
Mastoiditis.....	1
Ulcerative Keratitis.....	1
Total.....	7

The following surgical operations were performed at the Hospital during the month ending February 27.

Amputation of Cervix and Posterior Colporrhaphy.....	1
Operation for Strangulated Umbilical Hernia.....	1
Ventro-suspension and Currettage.....	2
Currettage.....	1
Perineorrhaphy.....	1
Excision of knee joint.....	1
Ventro-fixation.....	1
Operation for Hemorrhoids.....	1
Operation for Urethral Stricture.....	1
Circumcision.....	1
Operation for Osteomyelitis of femur.....	1
Total.....	12

OPERATIONS IN EYE, EAR, NOSE AND THROAT DEPARTMENT.

Cataract, simple extraction.....	1
Slitting Canaliculus—Probing.....	2
Canthotomy.....	1
Turbinectomy.....	2
Mastoid Operation.....	1
Myringectomy, removal of ossicles and curettement.....	2
Operation for deviation of Septum.....	1
Tonsilotomy.....	1
Uvulotomy.....	2
Total.....	13

The following case was presented and shown by Dr. W. G. E. Flanders:

A CASE OF POST-CECAL APPENDICITIS.

This case came under my care with the following history:

One year previous, he had suffered from a severe attack of what was considered typhoid fever of a mild type. At that time he had tympanites and marked tenderness over the abdomen, and it was thought there was gurgling, etc., in the right iliac fossa.

Sometime the last of June, 1898, he had a similar attack. It was accompanied by severe pain at times over the whole abdomen and at all times over the right lumbar region.

The case was under treatment of the medical officers for 14 days when it came under my care.

Upon examination I found the abdomen distended, tympanitic and very painful upon pressure. The tenderness was general.

While he complained of some severe pain in the abdomen, it was mostly located in the lumbar region of the right side. Upon examination the back was found to be red, swollen and very tender upon pressure. There was every evidence of pus, and that in large quantities. There was flatness extending from the median line, on the back, for five or six inches to the right, and from the crest of the right ilium to the lower border of the liver. This condition naturally gave rise to the query: was it an abscess of the liver, the kidney or of a post-cecal appendix? As there were no other symptoms to connect it with the liver, disease of this organ after careful examination was excluded. While it was possible, it did not seem to be at all probable that the kidney could be in such a condition of suppuration and the excretion continue normal, this condition being found upon repeated examination. This then left the probable cause as suppurative inflammation of the appendix vermiformis.

Upon the 17th day of July an operation was performed as follows:

An incision was made about five inches long down to the muscular tissues and through this to the lower border of the kidney.

A large quantity of foul pus rolled out, at least two or three quarts, having the odor of fecal matter. It was thin, of a dirty green color and had burrowed through the muscular tissues down to the peritoneum. The kidney lay in this mass of pus. In fact it extended up about that organ to the posterior surface of the liver. After careful examination I was unable to discover any disease of the kidney or liver. In examining the lower part of the cavity I was able to pass a large sound through an opening down into the pelvis. This sinus was dilated and washed out and upon first washing there was a mass of necrosed tissue thrown off, which, upon careful examination, was found to be the appendix which had sloughed off from its natural attachment. It was about five inches in length, black and of a slimy feel. This was saved and preserved in alcohol for future reference. As the

patient was in a very weak condition the wound was washed and packed with gauze as soon as possible. He was then put into bed and made a good recovery from the operation.

After two weeks, as there continued to be a small quantity of pus that came from the bottom of the wound, and his condition had improved so much, I decided to cut down upon the seat of the trouble, and on the 6th day of August he was again etherized and this time I made an incision through the abdominal wall over, or a little to the right of the natural location of the head of the caecum and cut down upon the peritoneum.

This I did not open but separated it carefully from the underlying muscular tissue, using as my guide a sound introduced into the wound on the back and carried down to the bottom of the sinus which was located behind the caecum. After separating the peritoneum for about two inches, I came down upon the sound, which I followed down as far as it was possible to pass it; there I found the stump of the appendix that had been amputated by nature. The lumen of the stump was closed securely and it was bound down so securely by adhesions that there was absolutely nothing to do but to clean out and pack the wound. The cavity left by the separation of the peritoneum from the muscular tissue was large, and the whole hand could easily have been placed in it. The whole sinus was dilated so that the pack of gauze in the back was brought out through the wound in the abdomen. The pus cavity in the pelvis was also filled with gauze. The patient was put into bed, surrounded by hot bottles, and the usual methods taken to stimulate reaction. There was a smart rise in temperature to 105 following the operation; this however soon fell to normal. His recovery was rapid, uninterrupted and complete, and he is as you see, a perfect picture of health to-day.

This adds one more to the long list of obscure cases of appendicitis. This man must have had normally a post-caecal appendix with a caecum having an unusually long meso-caecum. In some previous attack the inflammation extended to the head

of the caecum and adhesion took place and bound the caecum down to the parietal layer of the peritonium. These adhesions rolled the head under the caecum, and they were so extensive and strong that when inflammation came on again they were able to resist the strain, and the pus that formed behind the caecum perforated the folds of the meso-caecum and followed the course of the ascending colon until it came in contact with the under and posterior surface of the liver. The pus accumulated rapidly until by its destruction of the muscular tissue and from the pressure behind it forced its way through to the surface. It is probable that the point at which nature amputated the appendix was the seat of a coprolith which produced the primary inflammation resulting in gangrene of the tissue.

It has been my fortune to come in contact with a large number of obscure cases of pelvic abscess which were directly or indirectly caused by disease of the appendix; so much so that to-day I consider the operation for appendicitis to be one of the most severe and uncertain operations that we are called upon to perform. It has been my experience that those cases which give the fewer abdominal symptoms are generally the ones in which we find the appendix to be situated post-cecal and to have caused more destruction of tissues than any other form of appendicitis that we come in contact with. I have found this condition to exist in cases varying from 18 months of age to that of 76, and in the majority of cases I believe that in obscure disease of the pelvis we will find that the appendix is at fault.

There are many interesting features in this case.

1st. The amputation by nature of the appendix and the solid healing of the stump.

2nd. The practical absence of all the general symptoms that should accompany a case of appendicitis.

3rd. It should be a lesson to those men, a class to whom I am sorry to say, many belong, that wait for the appearance of a tumor in the right iliac fossa and pronounced dullness in that region before advising or even consenting to an operation. While I do not believe in promiscuous operating, upon every case of appendicitis, I think that in this, as in all other cases that come under the hand of a surgeon, each case should be treated according to the indications presented by itself.

The Vermont Medical Monthly.

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EDITORIAL.

The Work of the Medical Society in Securing Proper Legislation.

The belief was expressed last month in these columns that a large proportion of the disagreeable features incident to the practice of medicine could be either wholly removed or in great measure lessened, through the agency of the medical society. The society signifies organization, and in organization there is strength. The medical society is the bundle of sticks, which the

utmost effort of a strong man cannot break ; while the individual physician is the separate strand, which can be severed by the hand of a child.

An important function of the medical society is to aid in securing proper legislation relative to the medical profession and the practice of medicine. In many states, and in greater or less degree in all, the physician suffers from burdensome legislative restrictions and responsibilities, without corresponding protection and advantages. Not only this, but the safety of the public requires that incompetent pretenders should be prevented from tampering with the health of the people. Both these conditions call for action through legislation. And it is safe to assert, in general terms, that every law upon the statute books which is favorable to the medical profession, has been put there by means of, or at least by the aid of, organized effort on the part of medical men, expressed through the medical society ; while every unfavorable law which has been proposed and has failed to be enacted, has been defeated by the same means. On the other hand, whenever laws calculated to advance the science and regulate the practice of medicine have failed of enactment, it has been because the medical profession has not been united in support of the measures, or has failed to make its wishes known in the proper manner. The wishes of individuals count for but little when expressed singly ; but when expressed through the proper organization, they seldom fail of being respected by the law makers.

J. M. F.

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Some Phases of Medical Honor.

We are continually hearing or reading expressions concerning the honor of the medical profession, medical ethics, and professional etiquette. From such expressions one would naturally believe that the Golden Rule is followed more closely by

medical men than any other class on earth. The young physician just starting into practice has imbibed from his professors and their teaching, a great many facts, as he believes, concerning professional conduct and relations between medical men. He enters upon his work with visions of the good will and encouragement which he will receive from his medical brethren, and his heart is full of love for all mankind. But his blissful ignorance is dispelled sooner or later and in just about six months he learns to his entire satisfaction that professional etiquette and friendship are matters of the purest fiction. The great and holy love which medical men bear for each other is a myth, or a lunge joke. And as he is forced to turn from the visions of the things he expected to the things that are, uninviting though they always will be, he discovers that a great void has suddenly become manifest in his professional life. Is it strange then that a young doctor loses his enthusiasm and settles down to nothing but a wage-earner? We think not.

A few every day examples :

A young woman cuts herself severely, and the resulting hemorrhage startles her friends who rush for anything in the shape of a doctor. Our friend, young Doctor Medicus, is called up by telephone. "Won't he please come right off, as Miss C—— is bleeding to death?" With his heart in his throat and his head in a whirl he grabs his surgical kit and rushes to the address named. On his way he feels that the opportunity of his life has at last arrived. He will save the aforesaid maiden's life by pressure applied over the femoral artery, just below Poupart's Ligament, or somewhere else, win the gratitude of her relatives, the praise of his medical friends, and incidentally secure a much needed fee.

Anticipation enables him to make excellent time, but before he reaches his destination, old Doctor X—— is called as he was passing the house. The old doctor examines the injury and decides to take some stitches. While he is doing so Doctor Medicus arrives and is rushed right into the room. Does the old doctor

greet him kindly and request him to stay and at least watch the proceedings? Not much. He grunts out a surly greeting and deliberately turns his back on the new comer. The young doctor murmurs some apology for his intrusion, but the old doctor completely ignores him. In confusion the young man makes his exit, cowed and crushed by the manner of a man whom he had previously surrounded with a halo of ethics and politeness. The above little episode actually occurred and the old doctor is connected with the college from which the younger graduated.

Another illustration :

A young doctor is hurriedly called to a lady who has by mistake taken some poison. On his arrival he finds the patient in a condition of collapse. To his hurried inquiries he receives the information that Mrs. F. is old Dr. J.'s patient, that through an error she has taken internally some liniment that the doctor has prescribed for neuralgia. The young doctor wastes no time but administers an emetic, and gives suitable stimulation hypodermically. An hour's work over the patient brings her out of all danger, and the young doctor congratulates himself on the commendation he will receive from the older doctor, who has been sent for and is expected every moment. Does the old doctor show any appreciation or recognition of the young man's services on his arrival? Not in the slightest. The young doctor met the old doctor in the hall-way, thinking that he would want to know what had been done and so forth. In a gruff way he admitted that the diagnosis of the poison made by the young doctor was correct, and then made his way into the sick chamber *and shut the door*. It was a freeze out fast enough, and there was only one thing left for the young doctor to do—go home. He did so, and needless to say carried with him a new idea of professional courtesy.

Another instance :

A young man is taken seriously ill with pneumonia and young Doctor Z—— is called. He at once recognizes the dangerous condition of his patient and knows that a grim struggle is

before him. So, metaphorically he throws off his coat and enters the conflict. For eight long days and nights he battles with the dread monster, pitting the best that is in him against a merciless foe. Hour by hour he notes the changes and symptoms, striving as only God knows how to stem the tide. Not a minute is the sufferer out of his mind, and in his anxiety he cannot eat, he cannot sleep—just think and hope and fight. Finally the crisis comes and the young doctor, like a sentinel, is there. The fatal climax has arrived and inch by inch he sees the life spark going out. Work as he will the darkness settles down—there is a flicker or so of fading light—then the end. Death has won the fight. Crushed and broken down with the sadness of the little drama in which he had tried to play his part so faithfully, the young doctor passes out of the stricken home. It is perhaps the first patient he has lost and though he cannot reproach himself in any particular for neglect or error, he feels the bitterest disappointment of his life. Does some one come to him the next day and tell him that Dr. So-and-so who was attending a patient on the same street had said that “in his opinion Dr. Z. was a promising young man, and had done all that anyone could do for the deceased?” Not much. Instead, through an indisputable authority Doctor Z. is informed that Dr. So-and-so has said in the presence of at least four people that it was just what he expected; people who employ young, uninformed doctors must expect to die, and he would be willing to bet fifty dollars that *he* could have saved the case. So nice, kind, charitable and sympathetic of Dr. So-and-so.

A last instance :

A young lady is referred by a friend to a young doctor for special treatment. Not knowing the young doctor she mentions the fact to her family physician, who has been treating her unsuccessfully for some time, and asks his opinion. “Go to Dr. — ? Why, he hasn’t had any experience and is too young. Besides, he doesn’t know anything, and was “plucked” the first time he came up for examination. He is the last one on earth to go to.

I would much rather you would go to Dr. —, disreputable as he is." How generous, how noble the young lady must have considered her adviser when she found out later that he had wilfully lied about the younger man and cruelly maligned the other!

The above are simply experiences we all have passed through, particularly if we, as the young doctor, have been fairly successful. Unfortunately for the upbuilding of the profession the very ones who commit the evil are those highest in the medical societies and colleges of our land. Their choleric, jealous, unmanly natures cannot stand the test of fair competition, and like sneaking ruffians whose murderous thrust is always in the back, their innuendos and false statements are never spoken to one's face.

Because a man is pursuing the same calling as ourselves, working out his destiny according to his talents, just as we are, have we any reason to decry him or his work? Are we bettering our own condition, improving our own knowledge, or raising the standard of manhood by magnifying our brother's errors, or discrediting his successes?

If there is such a thing as honor and principle in this fair world of ours then it is a crime and a coward's trick to speak ill of a man when he is not present to defend himself. God Almighty may hate a quitter, and justly, but there is a still meaner class whom even the devil cannot abide. It is made up of those who neglect no opportunity to besmirch the character of their competitors and by so doing try to hoist themselves. Their poisonous breath pollutes the atmosphere breathed by a whole community, and the result is scandal, rancor and strife. But sooner or later they are apprehended and men know them for what they are. Their just deserts, however, can never be meted out by mankind. That is God's business.

Vaccination.

A little over a hundred years ago Continental Europe was tyrannized by small pox. Spectre-like the fearful disease stood at the door of every home. Any moment it might enter, fasten its cruel talons on the fairest and the best of a family, and mercilessly crush out their lives. It was no uncommon thing for a whole community to be attacked and the resulting carnage almost always exceeded that of the bloodiest battle fields history has ever known.

But one day a medical man working away in the dark that had persisted for ages, stumbled on to a great fact. With the discovery of that fact, the greatest of all in the history of medicine, vaccination was born, and the curse of years was robbed of its horrors. Little did Jenner or the world know when he published his discovery in 1798 that he had redeemed a plague stricken people from a bondage more terrible than slavery. His eyes could not see into the future far enough to observe the mighty results of vaccination and consequently he nor his followers could appreciate the boon to humanity it was destined to become.

But we who live a hundred years after the birth of vaccination, a whole century later, are beginning to appreciate how great a benefactor Jenner really was and how much his discovery means to the world.

It is true that there are some who reject vaccination, but if they reject the indisputable statistics that show the wonderful decrease of small pox in communities where vaccination is practiced, they must certainly be placed in the same category with the blind who won't see. No fact to-day is so demonstrable as the rapid decrease of small pox since Jenner's time, and that such decrease is the result of vaccination is a certainty which stands

absolutely incontrovertible. We have recently observed the following in the Marine Hospital *Supplementary Health Report*, January 6, 1899 :

“In 1871 Germany with a population of 50,000,000 lost annually 143,000 lives by small pox ; in 1874 vaccination was made obligatory, and the result has been a rapid and pronounced reduction of mortality, so that to-day only 116 victims are annually sacrificed to the disease.”

Further than this, in the German army to-day small pox is unknown whereas before the enforcement of vaccination it annually caused the death of *more* soldiers than any other disease.

A great deal of the opposition to vaccination has arisen from the improper methods used in the past. There is little doubt that other diseases were communicated promiscuously when the virus was used from person to person, but this is all done away with now. Through the use of glycerinated vaccine lymph, obtained from carefully tested animals and prepared under the most stringent aseptic methods all dangers of septic infection are eliminated. Parke, Davis & Co. send out their lymph prepared under the strictest aseptic precautions, in hermetically sealed tubes. For a reliable and active vaccine lymph it is surpassed by none and the form in which it is put on the market will commend it to every up-to-date physician.

Opposition to vaccination is certainly going to vanish. To every hundred who opposed it in Jenner's time there is only one to-day, and ten years from now the anti-vaccinationist will be hooted at by the multitude for his ignorance and folly. Then when vaccination becomes universal, practiced as a matter of fact by all people and all nations, small pox the despoiler of homes, the Lord High Executioner of the nineteenth and former centuries will be banished forever from the face of the earth.



BOOK REVIEWS.

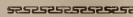
Practical Uranalysis and Urinary Diagnosis.
—A Manual for the Use of Physicians, Surgeons and Students.
By Charles W. Purdy, M. D., LL. D., Queen's University, Fellow
of the Royal College of Physicians and Surgeons, Kingston.
Fourth Revised Edition. With Numerous Illustrations, including
Photo-engravings and Colored Plates. Philadelphia, New
York and Chicago: The F. A. Davis Company, 1898. Pp.
xvi-365. [Price, \$2.50.]

This the fourth revised edition of a book which requires no recommendation of ours. Ever since its first appearance it has been an authority on uranalysis and urinary diagnosis, and a library without Purdy's uranalysis nowadays is as vacant as it would be without Osler's practice. In three short years the work has been adopted as the textbook on uranalysis by over sixty American colleges, and three large editions have been exhausted.

Its success is well deserved and the book is adapted to any or all demands in the study of the urine. The latest edition contains some important changes in the chemistry of the urine and the work has been made thoroughly modern in this important particular. New methods of analysis have been substituted for the older and less valuable, and the practical value of urinary diagnosis brought up to the highest point of usefulness to the general practitioner.

A number of new illustrations have been added and, with the old ones, form an important part of the book. In every detail the whole work is practical and complete. Nothing of importance is slighted. It is highly essential that every physician should possess it and not only own it, but use it. He will be surprised at the fund of valuable information it contains.

Compend of Obstetrics, especially adapted to the use of Medical Students and Physicians. By Henry G. Landis, A. M., M. D., Late Professor of Obstetrics and Diseases of Women in Starling Medical College. Revised and edited by William H. Wells, M. D., Adjunct Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic. Sixth Edition. Illustrated. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut street. 1898.



Compend of Diseases of the Skin.—By Jay F. Schamberg, A. B., M. D., Associate in Skin-diseases, Philadelphia Polyclinic. With 99 Illustrations. Philadelphia: P. Blakiston's Sons & Co., 1012 Walnut street. 1898.

These compends are certainly remarkable little books. It is truly wonderful what complete treatises they form on their respective subjects, and one naturally marvels at the mass of information crowded into such a small space. On general principles we are opposed to short cuts to medical knowledge, but a careful perusal of these little compends convinces us that they have a real place and a real value. To the physician or student who already has a general medical education, but who wishes to brush up in each branch of medical science preparatory to a state medical examination, these little books will indeed prove a valuable aid. This is their mission, to freshen up one's detailed knowledge, and if used intelligently we know that they will fulfil their purpose. Their form is convenient and the price most reasonable.

Glycerinated Vaccine

(P., D. & CO.)

WE ARE NOW PREPARED TO SUPPLY GLYCERINATED
VACCINE SECURELY SEALED IN INDIVIDUAL GLASS TUBES.

BACTERIOLOGICALLY AND PHYSIOLOGICALLY TESTED.

IT is a noteworthy fact that manufacturers of vaccine have generally ignored those rules of rigid surgical asepsis which have been recognized for years as absolutely necessary when the physician desires to make a break in the healthy skin of his patient. As a result, septic infection after vaccination has been commonly met with in general practice. The object of the product now offered by us is to produce infection with *pure* cow-pox, and to avoid the sores and sloughs which naturally follow the use of vaccine material carelessly prepared and often loaded with the organisms of ordinary pus.

Your correspondence upon this subject is most earnestly solicited, for it is impossible to do justice to such an important matter within the space of this announcement.

Parke, Davis & Co.,

*Home Offices and Laboratories,
Detroit, Mich.*

Branches in New York, Kansas City, Baltimore, and New Orleans.

PROPOSALS.

PROPOSALS FOR POTATOES AND MALTINE FOR THE YEAR 1899. SEALED BIDS OR ESTIMATES for the aforesaid will be received at the office of the DEPARTMENT OF PUBLIC CHARITIES, Foot of East 26th Street, in the Borough of Manhattan, City of New York, until 12 o'clock M., MONDAY, FEBRUARY 20, 1899.
For further particulars see CITY RECORD.

The advertisement quoted above which recently appeared in the daily papers strikingly illustrates how the value of Maltine is appreciated by the medical profession, and how general its use has become. That proposals for it should be linked with proposals for something so universally consumed as the potato, is indeed remarkable. It is suggestive, too; the city's poor must be sadly subject to starchy indigestion, for Maltine is a specific for that condition by reason of its richness in the starch-converting principle, diastase.—*International Journal of Surgery*.

§§§§§§§§§§§§§§§§

Absolute Protection.—“The best liquid disinfectant for use in isolating infectious patients in private houses is the combination commercially known as “Platt's Chlorides”. Covering the doorway with sheets kept damp with the solution affords absolute protection. Twelve years' use in my practice has proven it reliable in all respects.”—Frederick W. Winger, M. D., President of the Board of Health, Bradford, Pa., Dec. 1, 1898.

§§§§§§§§§§§§§§§§

A Very Grave Error.—The experience of many of the best men of the profession, not only of the United States but abroad, has established the clinical value of antikamnia. Among those who have paid high tributes to its value and who occupy positions of great eminence, may be mentioned Dr. J. Acheson Wilkin and Dr. R. J. Blackham, practitioners of London. They have found it of value in the neuralgias and nervous headaches, resulting from over-work and prolonged mental strain, paroxysmal attacks of sciatica, brow-ague, painful menstruation, la grippe and allied conditions. Indeed the practitioner who has such cases as the latter come under his observation, who attempts their relief by opiates and stronger drugs, when so efficient an agent can be used, which is much less harmful, commits a grave error.

Experience goes to prove that ten grain doses of antikamnia in an ounce of sherry wine, taken every two to four hours, will carry the patient through these painful periods with great satisfaction.—*Medical Reprints*, London, England.

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MALTINE is a highly concentrated extract of *barley, wheat and oats*. Barley alone is employed in the manufacture of all other malt extracts, and *not one of them is as highly concentrated as MALTINE*.

MALT EXTRACTS which are thinner than MALTINE are thinner for the simple reason that *they contain more water—are not concentrated* as MALTINE is and therefore are less nutritious and more costly.

Maltine

MALTINE is rendered particularly delicious and refreshing if administered with any of the aerated waters, milk, wine or spirits. Thus *a pleasing change is afforded* to capricious or fastidious invalids.

MALTINE, aside from its great nutritive value, is so rich in Diastase that a dose *readily digests all the starchy food*, such as bread, potatoes and cake which the average adult eats at a single meal.

Sapodermin (hydrarg. albuminat. $\frac{1}{2}$ —5% and 1%.)

A neutral, non-toxic, non-irritant soap equal in germicidal power to the sublimate, yet harmless. Soothing, healing, and a nutrient to the skin. Sapodermin 1% gives best results in specific cases. Sample cake (full size) sent to physicians on receipt of ten cents to pay charges.

Kryofine (methoxacet-p-phenetidin).

Anodyne, antipyretic, hypnotic. An uncompounded synthetic chemical, powerful, safe, prompt, sure and pleasant in its action. Prescribed in tablet form, powder, or solution.

Bisol (bismut. phosphoric. sol.)

May be given in solution and in smaller doses than ordinary bismuth preparations. Unsurpassed for the treatment of gastro-intestinal disorders, the diarrhoea of typhoid and phthisis.

Menthoxol.

Camphoroxol.

Antiseptic solutions superior to hydrogen peroxide alone both in power and duration of effects. Non-poisonous, non-irritant, stimulating growth of healthy granulations. Excellent for wet dressings. Their stability ensures uniform activity even when kept for a long time. Sample ($\frac{1}{4}$ lb.) sent prepaid to physicians on receipt of 25 cents to pay charges.

C. BISCHOFF & CO.,

Literature on application.

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NEW YORK.

Hard Coughs and Colds

"It is quite common for individuals with incipient pneumonia to visit the physician's office 'on account of a severe cold.'"

"If the physician be called early, if he recognize the malady promptly, and if he act vigorously and wisely, he may arrest the disease at this point."

Both of these quotations are from the writings of Prof. I. N. Danforth, of the Northwestern University Medical College of Chicago. They are found in the last edition of the American Text-book of Applied Therapeutics.

To Abort Pneumonia We Suggest a Trial of

Ayer's Cherry Pectoral

This is an anodyne-expectorant, the formula of which will be furnished any physician upon request.

For Hard Coughs and Colds, especially when the cough is troublesome and the pain harrassing, a prompt arrest of all threatening symptoms may be expected to follow the use of this anodyne-expectorant.

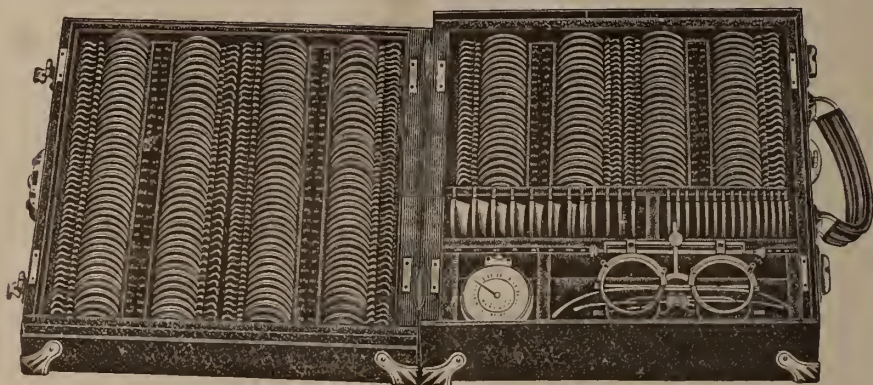
As a local application for a congested or painful lung, requiring an anodyne and counter-irritant effect, we have

Ayer's Cherry Pectoral Plaster

We will gladly send one bottle of Ayer's Cherry Pectoral and one Pectoral Plaster to any physician, express charges prepaid, upon request.

J. C. AYER CO., Lowell, Mass.

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Neater, stronger and better than double-strap mountings.

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MEDICAL DEPARTMENT of the UNIVERSITY of VERMONT**

will begin the Middle of January of Each Year, and Continue Six Months.

The lectures on special subjects, by gentlemen recognized as authorities in their particular departments, will be delivered during the regular sessions without extra fee.

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The Mary Fletcher Hospital is open for Clinical Instruction during the session. The Medical and Surgical Clinics will be held in the hospital.

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Matriculation Fee, payable each term.....	\$ 5.00
Full Course of Lectures, each year.....	100.00
Single Tickets, for one or more subjects where student does not wish to take the full course,	20.00
Graduation Fee, payable once and not returnable.....	25.00

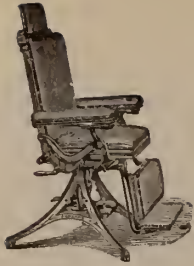
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Graduates of other regular American Medical Schools are admitted on payment of the matriculation fee and 25.00. Graduates of this school are admitted without fee. Theological students are admitted on payment of the matriculation fee only.

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Wheeler's Compound Elixir of Phosphates and Calisaya. A nerve food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrofula and all forms of Nervous Debility. This elegant preparation combines an agreeable Aromatic Cordial, *acceptable to the most irritable conditions of the stomach*; Bone Calcium Phosphate, $\text{Ca}_2, 2\text{PO}_4$; Sodium Phosphate, $\text{Na}_2, \text{HPO}_4$; Ferrous Phosphate, $\text{Fe}_3, 2\text{PO}_4$; Trihydrogen Phosphate H_3PO_4 ; and the Active Principles of Calisaya and Wild Cherry.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Development, etc., and as a *physiological restorative* in sexual debility, and all used-up conditions of the Nervous System should receive the careful attention of the good therapist.

Dose.—For an adult one tablespoonful three times a day after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

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(Trade Mark Registered.)

GLUTEN FLOUR

For Dyspepsia, Constipation, Diabetes and Obesity.

Unlike all other Flours, because it contains no bran and little starch—which cause acidity and flatulence. Nutritious and palatable in highest degree. Unrivalled in America or Europe.

PAMPHLET AND SAMPLE FREE.

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KENT & SON, PIANOS.
A HIGH GRADE PIANO
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30 DAYS FREE TRIAL
GUARANTEED FOR TEN YEARS. Do not
pay fancy prices for your pianos. Write
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SICK-ROOM ISOLATION.



Two sheets suspended over the doorway and kept moist with

PLATT'S CHLORIDES,

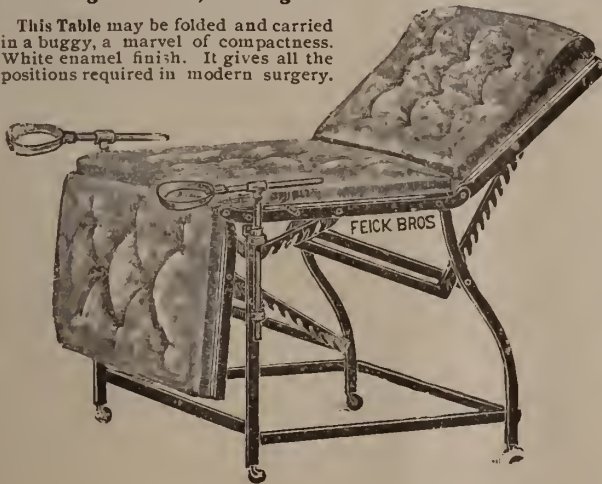
diluted one to four, presents a practical method of isolating an infectious disease.

"Platt's Chlorides" is an odorless, colorless liquid; a powerful disinfectant and prompt deodorizer, and is endorsed by over 23,000 physicians. It is sold everywhere by druggists, in quart bottles only, and manufactured by HENRY B. PLATT, Platt Street, New York.

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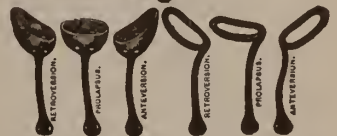
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This Table may be folded and carried in a buggy, a marvel of compactness. White enamel finish. It gives all the positions required in modern surgery.



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Natural Uterine Supporter, best material, any style of cup, complete, \$2.50.

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productions are noted as being the very best as they are absolutely pure, and are recommended by leading physicians who have witnessed their efficacy, and prescribe them for invalids and convalescents.

Send for circular and price list.

Brotherhood Wine Co.,

BROTHERHOOD BUILDING, CORNER SPRING AND
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Gray's Glycerine Tonic Comp.

Glycerine, Sherry Wine, Gentian, Taraxacum, Phosphoric Acid, Carminatives.

Formula DR. JOHN P. GRAY.

Neutralizes Acidity of the stomach and checks fermentation.

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THE MOST POWERFUL ANTISEPTIC AND PUS DESTROYER.
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(C. P. Glycerine combined with Ozone)

THE MOST POWERFUL HEALING AGENT
KNOWN.

These remedies cure all diseases caused by Germs.
Successfully used in the treatment of diseases of the Genito-
Urinary Organs (Acute or Chronic):

Whites, Leucorrhœa, Vaginitis, Metritis,
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blue border with my signature.

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VERMONT

MEDICAL MONTHLY.

Vol. V.

April, 1899.

No. 4.

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Free Press Print, Burlington, Vt.

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PALATABLE-PERMANENT.

Miscible in Water, Milk, Wine, etc.

Prescribe PHILLIPS'.

THE CHAS. H. PHILLIPS CHEMICAL CO., 77 PINE ST., NEW YORK.

Syr. Hypophos Co., Fellows

Contains the Essential Elements of the Animal Organization—Potash and Lime;

The Oxidising Agents—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalising Constituent—Phosphorus; the whole combined in the form of Syrup with a Slightly Alkaline Reaction.

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

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Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

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GLYCO-THYMOLINE

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NASAL



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NASAL CATARRH

An Alkaline, Antiseptic, Non-irritating, Cleansing Solution for the Treatment of Diseased Mucous Membrane, particularly Nasal Catarrh.

“The sheet anchor in the treatment of hypertrophic rhinitis is cleanliness and free drainage.

At the last meeting of the American Medical Association a widely-known rhinologist and laryngologist said: ‘The profession out of reach of the specialist can do more for the relief of patients suffering with chronic inflammatory conditions of the nasal cavities with Glyco-Thymoline (Kress) and the Birmingham douche than any one preparation I know of.’

This coming from so eminent an authority is worth repeating, and after a thorough trial of the preparation, I feel justified in indorsing his statement, and believe it to be worthy of this short notice.”—GEO. H. STUBBS, M. D., in *The Alabama Medical and Surgical Age* for March, 1898.

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THE BEST PREPARED FOOD.

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EXHIBITED.

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NO CANE SUGAR,
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NOURISHING STRENGTHENING
PURE PALATABLE SAFE RELIABLE

IS THE STANDARD PREPARED
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NEARLY ALWAYS SUCCESSFUL
WHEN ALL OTHER KINDS
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HAVE FAILED.

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SAMPLES FOR CLINICAL TEST
SUPPLIED TO PHYSICIANS
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ON REQUEST.

**TO YIELD SATISFACTORY RESULTS IN NUTRITION
FAR INTO THE FUTURE, BECAUSE ITS MERITS HAVE BEEN
PROVED BY CLINICAL SUCCESS IN THE PAST.**

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SOLD BY DRUGGISTS EVERYWHERE.

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A PEPTONIZED ALBUMINATE OF IRON.

Prepared only for the Medical Profession.

All authorities agree that the best preparation of iron is the albuminate, as it is easily assimilated, does not constipate or interfere with the stomach, but it has never been made to keep, in fact it commences to deteriorate as soon as made. Thousands of dollars have been spent by chemists to solve this problem.

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The dose is small, only one-third of a grain.

Feralboid is put up in tablets as follows: Feralboid plain, feralboid with quinine, feralboid with quinine and strychnia and feralboid with manganese. One hundred of these sugar coated tablets, twenty-five of each kind, will be sent to any address, carriage prepaid, on receipt of one dollar.

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Prepared Only for the Medical Profession.

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A LAXATIVE SALT OF LITHIA.

Prepared only for the Medical Profession.

A Therapeutic Recourse of Wide Application.

Indications: Gout and all of those diseases arising from a gouty condition of the system, rheumatism and all of those diseases arising from a general rheumatic condition, chronic constipation, hepatic torpor and obesity. In all cases where there is a pronounced leaning to corpulency, it reduces to a minimum the always present tendency to apoplexy. In malaria because of its wonderful action on the liver, increasing twofold the power of quinine.

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It increases the number of **red corpuscles**  
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# This, That and the Other

## A Winter Remedy

That Codeine had an especial effect in cases of nervous coughs, and that it was capable of controlling excessive coughing in various lung affections, was noted before its true physiological action was understood. Later it was clear that its power as a nervous calmative was due, as Bartholow says, to its special action on the pneumogastric nerve.

Codeine stands apart from the rest of its group, in that it does not arrest secretion in the respiratory and intestinal tracts. In marked contrast is it in this respect to morphine. Morphine dries the mucous membrane of the respiratory tract to such a degree that the condition is often made worse by its use; while its effect on the intestinal tract is to produce constipation. There are none of these disagreeable effects attending the use of Codeine.

Antikamnia has stood the test of thorough experimental work, both in the laboratory and in actual practice; and is now generally accepted as the safest and surest of the coal-tar products.

"Antikamnia and Codeine Tablets," each containing  $4\frac{1}{4}$  grains Antikamnia and  $\frac{1}{4}$  grain Sulph. Codeine afford a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the throat, as well as the coughs incident to lung affections.

## Acute Inflammation of the Prostate Gland

*The Journal of the American Medical Association* contains a report on inflammation of the prostate gland, which was presented to The Section on Surgery and Anatomy at the Forty-ninth annual meeting of the American Medical Association, held at Denver, Colo., June, 1898, by Listen Homer

Montgomery, M. D., of Chicago, Ills. His plan of treatment in acute inflammation of the prostate gland is to wash out the abscess cavity with hydrogen peroxid, give copious hot water enema and hot hip baths frequently, avoid morphine internally and advise care lest the patient strain at stool or during micturition. On the theory that toxins are retained in the circulation and within the gland and to prevent degeneration in the gland substance, he administers triticeum repens or fluid extract triticeum freely, combined with gum arabic or flaxseed infusion. Along with these remedies the mineral waters, particularly vichy with citrate of potash, go well together. Hydrate of chloral or this salt combined with antikamnia are the very best anodyne remedies to control pain and spasms of the neck of the bladder. These pharmacologic or medicinal remedies are the most logical to use in his judgment, while externally, applications of an inunction of 10 or 20 per cent iodoforn, lanoline, as well as of mercury, are also of value.

## Migraine—(Catarrhal.)

R Antikamnia and Codeine Tablets..... No. xii  
Sig.—Crush and take one every three hours.

## Grows in Favor

As the years go by there is one drug that constantly grows in favor. To the physician of the Transmississippi region it is probably doubtful if it is necessary to say that this remedy is antikamnia; as all have used it. But increasing experience demonstrates its adaptability to conditions other than at first advised. It is notably of value in ovarian and other pelvic pain. If you have not tried it in this class of cases, do so.

—*American Journal Surgery and Gynecol.*

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# THE GREAT FACT IN MODERN MEDICINE:

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*And Where Nature fails to make Good Blood,  
WE CAN INTRODUCE IT.*

BOVININE is Bovine Blood Unaltered from the Arteries of the Bullock;  
The Universal Auxiliary of Modern Medicine and Surgery,  
and the TRUE “ANTITOXIN” of Healthy Nature.

In the more enlightened progress of Modern Medicine, “Blood-letting” has given place to Blood-*getting*.

Aye! Get Good Blood— but How? Not by the Alimentary Process. It has already failed to do its work (else the patient would not be sick); and in acute disease must not even be allowed to do the work it can. Stimulate as you will, the whole sum of the patient’s alimentary power when fully forced into play, is unable to keep up the nourishing and supporting contents of the blood. There is absolutely but one thing to do; and, thank God, that can be done, usually with success, as ten-thousand-fold experience has proved. That one thing is this: where Nature fails to PRODUCE good and sufficient Blood, WE CAN INTRODUCE IT from the arteries of the sturdy bullock, by the medium of BOVININE.

The vital activity of this living blood conserve rests on no man’s assertion: it speaks for itself, to every properly equipped physician who will test its properties microscopically, physically, or therapeutically.

## TRY IT IN PRACTICE.

**TRY it in *Anæmia***, measuring the increase of red cells and hæmaglobin in the blood as you proceed, together with the improving strength and functions of your patient.

**Try it in *Consumption***, with the same tests from week to week.

**Try it in *Dyspepsia*** or Malnutrition of young or old, and watch the recuperation of the paralysed alimentary powers.

**Try it in *Intestinal*** or gastric irritation, inflammation, or ulceration, that inhibits food itself, and witness the nourishing, supporting and healing work done entirely by absorption, without the slightest functional labor or irritation; even in the most delicate and critical conditions, such as Typhoid Fever and other dangerous gastro-intestinal diseases, Cholera Infantum, Marasmus, Diarrhœa, Dysentery, etc.

**Try it *per rectum***, when the stomach is entirely unavailable or inadequate.

**Try it by *subcutaneous*** injection, when collapse calls for instantaneous blood supply—so much better than blood-*dilution*!

**Try it on *Chronic Ulceration***, in connection with your antiseptic and stimulating treatment (which affords no nourishment) and prove the certainty and power of topical blood nutrition, abolishing pus, stench, and PAIN, and healing with magical rapidity and *finality*.

**Try it in *Chronic Catarrhal*** Diseases; spraying it on the diseased surfaces, with immediate addition of peroxide of hydrogen; wash off instantly the decomposed exudation, scabs and dead tissue with antiseptic solution (Thiersch’s); and then see how the mucous membrane stripped open and clean, will absorb nutrition, vitality and health from intermediate applications of pure bovine.

**Try it on the *Diphtheritic Membrane*** itself, by the same process; so keeping the parts clean and unobstructed, washing away the poison, and meanwhile sustaining the strength independently of the impaired alimentary process and of exhaustive stimulants.

**Try it on *anything***, except plethora or unreduced inflammation, but first take time to regulate the secretions and functions.

**Try it on the *patient*** tentatively at first, to see how much and how often, and in what medium, it will prove most acceptable—in water, milk, coffee, wine, grape, lemon or lime juice, broth, etc. A few cases may even have to begin by drops in crushed ice.

▲ New Hand-book of Hæmotherapy for 1898, epitomizing the clinical experience of the previous three or four years, from the extensive reports of Hospital and private practice. To be obtained of

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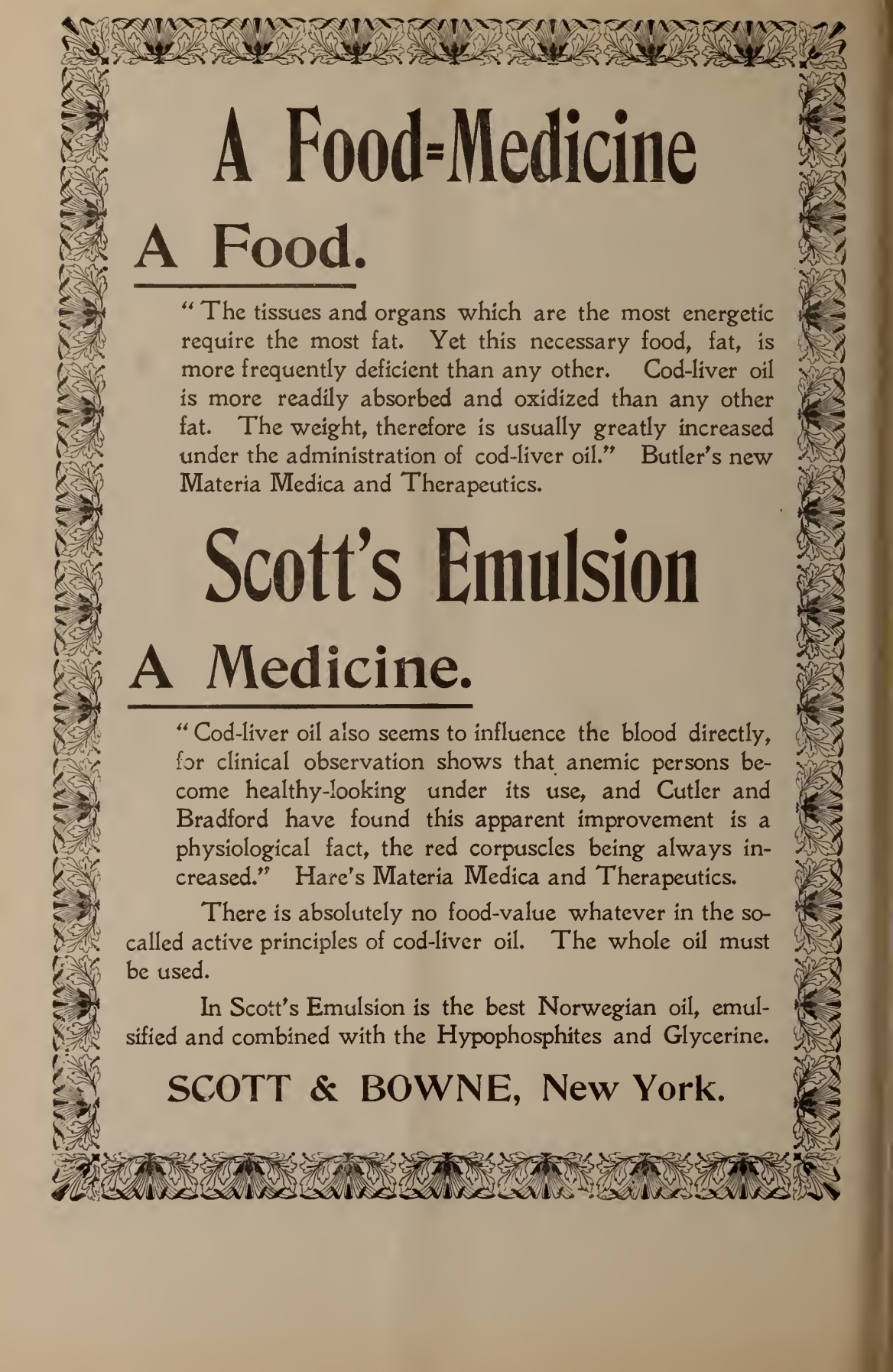
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## A Food.

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## A Medicine.

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There is absolutely no food-value whatever in the so-called active principles of cod-liver oil. The whole oil must be used.

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# The Vermont Medical Monthly

*A Journal of Review, Reform and Progress in the  
Medical Sciences.*

*Official Organ of the Vermont State Medical Society and Thurber Medical  
Association.*

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Vol. V.

APRIL, 1899.

No. 4

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## Surgery.\*

*By W. D. Huntington, Rochester, Vt.*

Surgery, that branch of medical science which treats the healing of disease and injury of the body by manual operations, is no doubt as old as creation. The binding up of wounds, the supporting of broken limbs by splints, together with slight knowledge of the healing power of tissue, have been common as long as man himself.

The skill of extracting foreign bodies, sewing cuts of the head and face were soon followed by more savage and barbarous customs of dressing amputations by means of boiling oil turned over the stump, while tumors and enlarged glands were removed by excision and dressed with arsenical paste to prevent a return.

By means of enthusiastic study of human anatomy, surgery took a decided advance during the Alexandrian era, but was not placed upon a scientific basis until the eighteenth century, when private dissecting and anatomical rooms were started. But the broad mantle was not thrown out until the technique of antisep-

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\*Read at the 85th annual meeting of the Vermont State Medical Society.

tic surgery was promulgated by Lister in 1875, when he proclaimed his idea that an open wound should be made closely analogous to a subcutaneous wound in which the unbroken skin acts as a protector to injured tissues.

While to-day the antiseptic theory of surgical practice is adopted the world over, it has not yet attained its highest stage of development. It is a fully recognized fact that cleanliness, sterilization of hands and instruments and field of operation, together with properly prepared dressings are indispensable. Yet the means or methods are not fully satisfactory and a continual study is still going on for greater efficiency by introducing newer materials and better methods of employing those already at hand. Many articles on antiseptics, which enter so largely into the success of surgery, have been published, which give directions and formulæ by which the antiseptic system can be utilized by the country surgeon.

Irrigation has displaced the cumbersome and inconvenient carbolyzed spray. But as an outcome of all our accurate knowledge of surgical technique, to what extent must surgery, with the various changes which the tissues undergo from local injury and defective nutrition, with the introduction of septic matter which influences their nutrition and transformation, be carried by the country surgeon? To be sure the people admire the man who can assume responsibility at the proper time. Major operations in surgery illustrate this in a great measure. Is it best for the busy country physician to assume the care and responsibility of such surgical work, when the exactness with the knife deeply impresses the observer and receives more praise than he who knows when to operate and how to conduct the after-treatment? Small towns and cities have but a few in the medical profession who are prepared to do major operations, for the requirements of this work are small as compared with other fields of our profession.

Yet there are none of us who do not assume minor surgery, adjusting fractures, amputations, etc. Many of us, owing to our

location, are compelled to practice self-reliance and self-possession in the midst of excitement and we must show neither weakness nor rashness, but strive to cultivate the power of thinking so as to dispel all doubts from our observers.

Obstetrical surgery with its wearing and exhausting work is full of care and responsibility and has progressed so far toward scientific eminence that a thorough knowledge of asepsis and antiseptics ought to be attained before one should attempt the handling of the uterus, while the use of forceps and version are of frequent occurrence and necessitate a thorough knowledge of this branch of surgery. At the present time you are expected to recognize the importance of an operation upon the pelvic floor or perineum immediately and to relieve the patient of a train of symptoms which must follow a neglected or unrepaired lesion. In a majority of cases anaesthesia is not required, since the parts by pressure have become deprived of their sensibility.

Not long since I attended a lady in child birth. She had been operated upon about ten months previous at one of our hospitals for a lacerated perineum of severe form of about 18 years duration. As expected at delivery of head, rupture occurred. The parts as soon as possible were brought together, resulting in complete union, relieving the patient of sequelae which invariably follow neglected laceration.

When we have important cases and are in doubt as to the diagnosis, or as to the advisability of a severe operation, I consider the hospital the proper place and I can not see the advisability of attempting to manage operations in the home, even if domestic tastes with natural attachment for home surroundings are preferable to the patient. For however well informed you may be, or however skillful with the knife, you are not supported by able nurses and well equipped operating room where modern technique can be successfully carried out.

We are indebted to the kindness of a humane and generous people which is eminently shown in the numberless charitable institutions which abound for the relief and protection of man-

kind, while the beneficial influence of hospitals is not closed within their walls, but the blessings are distributed to the rich and poor alike, and its influence is extended to all ranks and conditions of men by the progress which the medical and surgical art receives from the students who frequent them. In fact all deviations of form and health are found there. Be cautious in regard to sending patients to hospitals. First feel assured that the management is good, supplied with kind and efficient nurses. Such institutions are an unspeakable blessing to all.

If we follow progress, guarded by rigorous tests, we are not surprised at the rapid progress attained in the surgery of to-day.



**A House Epidemic of Syphilis**, by William S. Gottheil, M. D. Thanks to a better knowledge of the dangers and modes of transmission of syphilis, and to superior habits of cleanliness, epidemics of the disease are in America; yet they occur among the lower classes of our population with greater frequency than is generally supposed. In the *New York Medical Journal* of March 26th the writer records one in which the disease was introduced into the family, according to the history, by vaccination, and in which every member of the family of eight was ultimately infected. The first case was a child of 2 years; then the mother, aged 34; then two girls, aged 9 and 14 respectively; then a boy of 4; then a girl of 7; and then a nursing, aged six months. The father escaped until the last; but late in the spring he came to the clinic with a characteristic eruption, alopecia, etc. The cases were all severe; there were several irides; all had obstinate and some very extensive mucous patches; and the 2 year old child had a syphilitic pneumonia. The site of inoculation was discoverable in two cases only, probably on account of the lateness and irregularity with which the patients were brought to the clinic. In the mother it was upon the center of the cheek, and in one girl it was upon the eyelid. The family was very poor, living in one room, and their habits were very uncleanly.



## Pneumonia that only Threatens.\*

By George Dunsmore, St. Albans.

It is no uncommon thing to read in the newspapers of the day of some man of note who is threatened with pneumonia.

This is the kind of pneumonia of which I wish to speak. To me it is a new disease, having never heard of it until within a few years. Of its causes, symptoms, pathology and treatment I know nothing, as I have never had the good or bad fortune to see a case of it. I assume that it must be of microbic origin as every other disease now is. I must admit that I have very dire apprehensions that it may possibly be classed with the Professor's bug. As the story goes the Prof. told the boys that he wished them to bring him any rare specimens of bugs they might find so that he might name them. The boys did as requested and invariably found themselves bringing him bugs so common and so familiar to him that the business became monotonous. So they concluded to trap him. To this end they caught several bugs and after disemboweling them, carefully and methodically made a new bug from them and presented it to him with the request that he would name it. After looking at it a moment he said, "Gentlemen, this is a *Hum-Bug*."

I do not like to appear ineredulous, because it might place me under the ban of old fogeyism, but I very much fear that the bug of this disease is a *hum-bug*. Let me emphasize a point right here, it is the difference between a threat and an execution. So long as my enemy only threatens to shoot me I am safe, not even the smell of gunpowder on me.

So a disease that has only threatened, has not yet struck a blow, when it strikes the threat ceases.

Read at the 85th annual meeting of the Vermont State Medical Society.

A threat is something outside of the party threatened. It is true that, if the party threatened sees the attacking party, he may manifest his apprehension of danger by such signs as the onlooker can readily interpret. In this case, however, it is only the doctor who sees the ghost. It reminds me of a spiritualistic meeting I once attended where, it was said, ghosts of all ages and sizes abounded; where their names and the very color of their eyes was given. Yet in this shifting phenomena of ghosts the medium like our doctor was the only one who saw them. Pneumonia, like a club, can leave no marks until it strikes, and cannot strike so long as it only *threatens* to strike.

Now pneumonia to threaten must have some threatening signs, and they must be in it and not in the man. Will some one who has seen them tell? Do they come in the form of ghosts and shake their gory locks so deftly that only the physician can see them?

Croupous pneumonia is the form that usually attacks adults, and it does not hail its approach by throwing up sky rockets. It comes like a thief in the night, and often it comes in the night. A man goes to bed well so far as he knows, is awakened in the night with a chill, followed by fever and perhaps pain in one or both pleura. He is not threatened now with pneumonia, he has it. It is pneumonia from start to finish.

Within a year a woman said to me, "You cannot imagine what a narrow escape I had from pneumonia. The doctor said he never saw anyone come so near having it and not have it." I said, "you must have thought of and consoled yourself with that old saying, 'a miss is as good as a mile.'" On another occasion, not long since, a woman of ordinary intelligence but of a nervous temperament, said to me: "I was taken sick and sent for a doctor; he said I was threatened with pneumonia, and made me three visits that day." "I suppose you had it then," I said. "No, no. I was only threatened with it." Query—If a threat requires three visits a day, how many would the reality need? The power of seeing this apparition is not given to all

doctors alike. It may be a question how our doctor of the three visits acquired this art. Not through hypnotic or spiritualistic influences, as the former would imply that he was controlled by his patient, and as for the latter it deals only with the ghosts of departed mortals and not with the apparitions of disease.

May it not be that our doctor is a soothsayer and hence can predict the coming of events. When he predicts pneumonia he differs from the ordinary fortune-teller whose predictions usually brighten and lighten up the pathway of life with good cheer and happy days, and a long life, and a green old age disturbed by no fear of a threatened pneumonia. You may say that our doctor has good cheer for himself. Is it not good cheer to make three satisfactory visits where one would have done? I said satisfactory visits, for any number would be satisfactory to the man who is led to believe that pneumonia is weaving around him its baneful web.

Have the medical trees become so productive of fruit that their branches have to be supported by such props as this?

It is true we are many and with every prospect of being many more. Twenty years ago there were in the village, now city, of St. Albans, seven of us—to-day we number twenty-one with an increase in the population of less than four hundred. Add to this that we have a body of men appointed by the Governor through no political pull or favoritism but purely on their merits as experts (to use their own language), in stamping out the diseases of the State at \$5.00 per day and expenses. Then think of the number of their appointees (all on merit, of course), two hundred and forty-five, making in round numbers an army of five hundred feet all stamping, stamping, together.

Gentlemen, think of an army of five hundred feet stamping upon a few poor, defenseless microbes. What would, what could alone be the outcome! Nothing seems to escape the Argus eyes of these men. Even the poor little *measly* microbe, protecting as it does adult life from a disease incident to child hood, has fallen under their ban. Is it any wonder, with such State

scavengers running before, behind and around us, that we should see visions ?

He who has not the power of discerning the spectre of a threatening pneumonia, will not fail to see visions of empty pocket-books and howling creditors.

Add to these the patent medicines whose advertisements fill alike the secular and religious press of the country. Then consider the never-ending liberality of our Legislature in legalizing anything that wants to be legalized. And I must say that the more ludicrous the object seeking legislation, especially if it has any reference to the healing art, the more certain it is of success and the better it takes with the people.

With all these and many other drawbacks, is it any wonder that our doctors should see things not visible to mortal ken ?



**Haemorrhage as a Sign of Congenital Syphilis:** In the course of the description of a case of haemorrhagic congenital syphilis appearing as a haemorrhagic vesicular eruption, Dr. William S. Gottheil calls attention to the importance of otherwise unexplainable bleedings in infants as symptoms of congenital lues. They may be the only mark of the disease, especially at first; but they are almost invariably accompanied by a diminution of the coagulability of the blood similar to that of haemophilia, and the case usually goes on rapidly to a fatal termination. Disease of the vascular walls is one of the commonest and best-known effects of the syphilitic poison, leading to haemorrhagic discharges from the mouth, the bowels, the bladder, or the nose; to blood accumulations under the skin and mucosae, or in the serous cavities and internal organs; or finally, making the syphilitic eruption itself haemorrhagic. The author emphasises the importance of remembering these facts in the treatment of infants who have haemorrhagic discharges or a haemorrhagic eruption the cause of which is obscure. (Archives of Pediatrics, June, 1898.)

## How I Quickly Cured a Cold in the Head.

*By William H. Murray, M. D., Danbury, Conn.*

The winter just past in the New England States has been one of unusual severity. Starting in with a severe snow storm just before Thanksgiving, we have had a succession of snows, rainy days, cloudy weather, and altogether a disagreeable time.

To cap the climax the grip has been unusually prevalent, leaving in its train all of that long list of sequelæ which appall the doctor and discourage the patient.

I had an attack of influenza about Christmas time, which though severe, I recovered from, with but little after-effects save a hypersensitiveness of the mucous membrane of the nose. As soon as I was nicely rid of one cold in the head, another came until I was about discouraged. All kinds of treatment were adopted, a new one for each attack, which did not seem to do much good, the attack lasting about a week.

It seemed after an attack was over that some of the germs causing it, would retreat to breed in some of the recesses of the nose, only to come forth again on the least provocation or undue exposure to cold or dampness. It was about six weeks ago, I was taken with one of the worst attacks, sneezing almost incessantly, chills and fever to start with, coryza which kept me from getting about, and my wash-woman working overtime to keep me in handkerchiefs.

This condition had lasted nearly two days, confined in-doors, a semi-invalid, afraid that the trouble would extend to my lungs and pneumonia supervene. At this time I made up my mind to give lyptol a thorough trial as a local application and as a germ killer.

It is just possible that you do not know what lyptol is, so I will state that it is an antiseptic ointment for surgical uses. The base is a thoroughly sterilized petroleum to which is added under high temperature, bichloride of mercury; the Australian oil of eucalyptus, formalin and benzo boracic acid. I had used it quite a good deal as a surgical dressing, and as a germ killer, pus destroyer, antiseptic and healer, I found it unequalled.

Relying on this experience I commenced making local application to the inside of each nostril about 2 P. M., using the little finger and pushing the ointment as far up as possible. Inside of an hour I found that I was not sneezing so much and the irritation was considerably relieved. I continued the applications until bedtime when I gave each nostril an extra big dose. When I awoke in the morning, I found to my amazement, that the cold was all gone; not a vestige left; nor has there been a single evidence of its return since.

I have used it in eleven cases since this, in cases from youth to old age and every time, in a few hours the deed was done; the germs killed; the patient cured. It must be used freely and fearlessly and the results will be right.

## Thurber Medical Association.

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The monthly meeting was held on Thursday, April 6, at 2 o'clock in the afternoon.

The principal feature of the day was an entertaining and instructive address on "The Normal and Abnormal Actions of the Ocular Muscles," by Dr. J. A. Tenney, Professor of Ophthalmology in Tufts Medical College.

The meeting was memorable for the presence of its oldest member, Dr. Wm. B. Nolen of Franklin, who though blind and infirm, celebrated by his attendance his eighty-third birthday, and the forty-fifth year of his membership in the Association, of which has always been one of the most active members and five times its president. In a few well-chosen words, he expressed his appreciation of the benefit the Association had been to him during all the years of his active practice, and his continued interest in its welfare and his desire for its prosperity, now in his age and infirmity.

The next meeting will be held May 4, and the topic for discussion will be Rheumatism.

J. M. FRENCH,  
Secretary.

## The Fanny Allen Hospital Training School for Nurses

BURLINGTON, VT.

---

The Directors of the Fanny Allen Hospital have established a Training School for Nurses, designed to provide women who so desire a practical and systematic training to become professional nurses.

### REGULATIONS.

Like all other departments of the Hospital, the Training School is under control of the Directors of the Hospital; the Chief Surgeon having the general supervision of all matters relating to the work, studies, lectures and discipline. The Superior has the immediate charge of all the nursing in the Hospital and of all persons who are employed in the wards.

Two years are required for the course, which includes general and surgical nursing, together with eye, ear, throat and nose nursing, and gynaecological nursing; anatomy, physiology, minor surgery, and general principles of nursing; chemistry, hygiene dietetics and obstetrics. Maternity nursing is taught in theory and practice, although there are no maternity wards connected with the Hospital, but every student will be required to attend at least one case of confinement.

The most desirable age for candidates is from twenty-one to thirty-five years. They must be of sound health and must appear before the Chief Surgeon for examination and for such examination shall pay a fee not to exceed two dollars. They should also give the names and addresses of two responsible persons, not of their own kin, who know of their good char-



acter and eligibility. Such candidates as are approved and recommended by the Chief Surgeon and the Directors, will be received.

The course of instruction includes the general care of the sick, making of beds, changing bed and body linen, care of helpless patients in bed, etc.; keeping patients warm or cool, giving baths, the prevention and dressing of bed sores, and the proper care of patients under various conditions, with different diseases or injuries; the making and applying of bandages and rollers, preparation of splints, application of poultices and other fomentations, the dressing of burns, ulcers and wounds, and other minor dressings, leeching, cupping and subsequent treatment, the administration of enemas and the use of the female catheter.

Instruction is given the nurses how to act in case of the various emergencies arising in hospital and private nursing, and also in accidents occurring in ordinary life. There is practical instruction given in massage and the preparation and serving of food and delicacies properly.

There is also instruction given as to the most effective ways of warming and ventilating the sick rooms, and their proper care so as to provide for the welfare and comfort of patients; in keeping all the utensils and appliances strictly clean and disinfected; in making accurate observations and records of temperature, pulse, respiration, expectorations, the secretions, state of the skin and eruptions; of mental condition as to stupor, shock, delirium, etc.; of the condition in regard to appetite, sleep, effects of diet, medicine, or stimulants; the condition of wounds and their subsequent treatment following surgical operations; and in the attendance upon convalescent patients. Full instruction is given in the giving of medicines and in the employment of external applications, in the taking of notes on cases, in keeping the nurse's record, and in rendering of reports to the attending physician.

There is included in the course a definite line of instruction during the two years from manuals and text-books, together with

lectures and demonstrations regularly given by the Medical and Surgical Staff of the Hospital; daily drills in the operating rooms, wards, and other departments. Examinations, oral and written, are held at the end of each term by the lecturers, and nurses cannot graduate who fail to attain a grade of at least seventy per cent.

While in training the pupils are employed as assistant nurses in the wards and operating-rooms.

The school year begins in September and continues for eight weeks.

For further information address

W. G. E. FLANDERS, M. D.,  
Chief Surgeon,  
Burlington, Vt.

REGULAR MONTHLY MEETING OF THE FANNY  
ALLEN HOSPITAL STAFF.

The regular monthly meeting of the Fanny Allen Hospital Staff was held at the Hospital March 27. The Secretary's report for the month ending March 27 was as follows :

HOUSE PATIENTS.

|                                                   |    |
|---------------------------------------------------|----|
| Number of medical patients.....                   | 15 |
| "    "    surgical patients.....                  | 10 |
| "    "    Eye, Ear, Nose and Throat patients..... | 6  |
| Total of House patients.....                      | 31 |

OUT PATIENTS.

|                                   |    |
|-----------------------------------|----|
| Medical.....                      | 6  |
| Eye, Ear, Nose and Throat.....    | 18 |
| Total number of Out Patients..... | 24 |

CLASSIFICATION OF DISEASES.

|                                      |    |
|--------------------------------------|----|
| <i>Medical :</i>                     |    |
| Neurasthenia.....                    | 2  |
| Rheumatism.....                      | 2  |
| Eczema.....                          | 2  |
| Exophthalmic Goitre.....             | 1  |
| Erysipelas.....                      | 1  |
| Paralysis Agitan.....                | 1  |
| Epitheloma.....                      | 1  |
| Typhoid Fever.....                   | 1  |
| Gastritis.....                       | 2  |
| Valvular Disease of Heart.....       | 1  |
| Cystitis.....                        | 1  |
| Total.....                           | 15 |
| <i>Surgical :</i>                    |    |
| Endometritis.....                    | 1  |
| Laceration of Perineum.....          | 2  |
| Ventral Hernia.....                  | 1  |
| Tubercular knee joint.....           | 1  |
| Hepatic Abscess.....                 | 1  |
| Fracture of Leg.....                 | 1  |
| Prolapse of the Uterus.....          | 1  |
| Diseased Ovaries and Pyosalpinx..... | 1  |
| Hemorrhoids.....                     | 10 |
| Total.....                           | 19 |

## EYE, EAR, NOSE AND THROAT.

|                                                |   |
|------------------------------------------------|---|
| Ulcerative Keratitis.....                      | 2 |
| Chronic Otitis Media—Nasal Hypertrophies ..... | 1 |
| Phlycteneloid Conjunctivitis.....              | 1 |
| Obliteration of Lachrymal Passage and Sac..... | 1 |
| Mastoiditis .....                              | 1 |
| Total.....                                     | 6 |

## SURGICAL OPERATIONS PERFORMED.

|                                          |    |
|------------------------------------------|----|
| Curettage.....                           | 2  |
| Anterior and Posterior Colpourethry..... | 1  |
| Repair of Perineum.....                  | 1  |
| Ovariectomy-Salpingectomy.....           | 1  |
| Excision of knee-joint.....              | 1  |
| Operation for Abscess of Liver.....      | 1  |
| Ventral Fixation.....                    | 1  |
| Operation for Ventral Hernia .....       | 1  |
| Appendicitis Operation.....              | 1  |
| Total .....                              | 10 |

## OPERATIONS IN EYE, EAR, NOSE AND THROAT DEPARTMENT.

|                                           |    |
|-------------------------------------------|----|
| Slitting Canaliculus.....                 | 3  |
| Excision of Tumor of lid.....             | 1  |
| Tubercotomy .....                         | 2  |
| Tonsillotomy.....                         | 1  |
| Cauterization of Nasal Hypertrophies..... | 3  |
| Total.....                                | 10 |

# *The Vermont Medical Monthly.*

*A Journal of Review, Reform and Progress in the  
Medical Sciences.*

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All communications of a business nature should be addressed to

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## EDITORIAL.

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### The Coming Meeting of the American Medical Association.

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The Fiftieth Annual Meeting of the American Medical Association is to be held at Columbus this year. The prospects are very bright for an enthusiastic, successful meeting, and every physician in the United States who can possibly do so should attend.

The following announcement has been sent out :

OFFICE OF THE PERMANENT SECRETARY,  
1400 Pine St., PHILADELPHIA.

The Fiftieth\* Annual Session will be held in Columbus, Ohio, on Tuesday, Wednesday, Thursday and Friday, June 6, 7, 8 and 9, commencing on Tuesday at 11 A. M.

"The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies *as are recognized by representation in their respective State Societies*, and from the Medical Departments of the Army, Navy, and Marine-Hospital Service of the United States.

"Each State, County and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular State, Territory, County, City or Town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association."

*Members by Application*—Members by Application shall consist of such members of the State, County and District Medical Societies entitled to representation in this Association, as shall make application in writing to the Treasurer, and accompany said application with a certificate of good standing, signed by the President and Secretary of the Society of which they are members, and the amount of the annual membership fee, \$5.00. They shall have their names upon the roll, and have all the rights and privileges accorded to *permanent members*, and shall retain their membership upon the same terms.

At a recent meeting of this Association the following was unanimously adopted :

WHEREAS, the American Medical Association did, at Detroit, in 1892, unanimously resolve to demand of all the medical

\*No meetings in 1861 and 1862.

colleges of the United States the adoption and observance of a standard of requirements of all candidates for the degree of doctor of medicine which should in no manner fall below the minimum standard of the Association of American Medical Colleges; and

WHEREAS, this demand was sent officially by the Permanent Secretary to the deans of every medical college in the United States and to every medical journal in the United States, now therefore the American Medical Association gives notice that hereafter no professor or other teacher in, nor any graduate of, any medical college in the United States, which shall after January 1, 1899, confer the degree of doctor of medicine or receive such degree on any conditions below the published standard of the Association of American Medical Colleges, will be allowed to register as either delegate or permanent member of this Association.

Each delegate or permanent member, when he registers, is requested to record the name of the Section, if any, that he will attend, and in which he will cast his vote for Section Officers.

Secretaries of Medical Societies, as above designated, are earnestly requested to forward *at once*, lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the Secretaries are, *by special resolution*, requested to send to him, annually, a corrected list of the membership of their respective Societies.

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#### ORATIONS.

ON MEDICINE, - - JAMES C. WILSON, Philadelphia.  
 ON SURGERY, - - FLOYD W. McRAE, Atlanta, Ga.  
 ON STATE MEDICINE, - DANIEL R. BROWER, Chicago.

CHAIRMAN COMMITTEE OF ARRANGEMENTS

STARLING LOVING, Columbus

---

 AMENDMENT

OFFERED BY W. L. WILLS, Cal.:

CONSTITUTION, ART. IV—Officers. Amend to read: "The following officers, viz: President, four Vice-Presidents, Treasurer, Librarian, Secretary, Assistant Secretary, and Chairman of Committee of Arrangements, shall be nominated by a special committee of one member from each State represented at the meeting, and shall be elected annually by the vote on a joint ticket, and shall hold office until their successors are elected."

---

 SECTIONS

"The Chairman of each Section shall prepare an address on the recent advancements in the branches belonging to his Section, including such suggestions in regard to improvements or methods of work as he may regard important, and present the same, on the first day of the annual meeting, to the Section over which he presides. The reading of such address not to occupy more than forty minutes."—*By-Laws*.

"A member desiring to read a paper before a Section should forward the paper, or its title and length (not to exceed twenty minutes in reading) to the Secretary of the Section, at least one month before the annual meeting at which the paper or report is to be read."—*By-Laws*.

---

 OFFICERS OF SECTIONS.

*Practice of Medicine*.—Frank Billings, Chicago, Chairman; Carroll E. Edson, Denver, Secretary.

*Surgery and Anatomy*.—W. J. Mayo, Rochester, Minn., Chairman; M. L. Harris, Chicago, Secretary.

*Obstetrics and Diseases of Women*.—A. H. Cordier, Kansas City, Mo., Chairman; W. D. Haggard, Jr., Nashville, Tenn., Secretary.

*Materia Medica, Pharmacy and Therapeutics*.—Thomas H. Stucky, Louisville, Ky., Chairman; Leon L. Solomon, Louisville, Ky., Secretary.



---

*Ophthalmology.*—Casey A. Wood, Chicago, Chairman; Charles H. Williams, Boston, Secretary.

*Laryngology and Otology.*—Emil Mayer, New York, Chairman; Christian R. Holmes, Cincinnati, Secretary.

*Diseases of Children.*—Henry E. Tuley, Louisville, Ky., Chairman; L. D. Hoogher, St. Louis, Secretary.

*Physiology and Dietetics.*—J. Weir, Jr., Owensboro, Ky., Chairman; Lee Kahn, Leadville, Colo., Secretary.

*Neurology and Medical Jurisprudence.*—Frederick Peterson, New York, Chairman; Hugh T. Patrick, Chicago, Secretary.

*Cutaneous Medicine and Surgery.*—W. T. Corlett, Cleveland, Ohio, Chairman; J. M. Blaine, Denver, Colo., Secretary.

*State Medicine.*—Arthur R. Reynolds, Chicago, Chairman; W. P. Munn, Denver, Colo., Secretary.

*Stomatology.*—George V. I. Brown, Milwaukee, Wis., Chairman; Eugene S. Talbot, Chicago, Secretary.

WM. B. ATKINSON, Permanent Secretary.



## MEDICAL ABSTRACTS.

**Otitis.**—(By Dr. Hugh Blake Williams, of Chicago, Ill. Abstract from *The Alkaloidal Clinic* of Chicago for January, 1899.)—The more I see of chronic suppurative inflammation of the ear, the more convinced do I become that the element of chronicity is due to lack of thoroughness in treatment. The method of procedure mapped out below will not succeed in cases where necrosis has occurred, but in all others it will reduce the duration of treatment from months and weeks to days.

The patient is placed upon the side with the affected ear up. The concha is filled with Marchand's Hydrozone, which is allowed to remain until it becomes heated by contact with the skin, when, by tilting the auricle, the fluid is poured gently into the external canal. The froth resulting from the effervescence is removed with absorbent cotton from time to time and more Hydrozone added. This is kept up until all bubbling ceases. The patient will hear the noise even after the effervescence ceases to be visible to the eye.

Closing the external canal by gentle pressure upon the tragus forces the fluid well into the middle ear, and in some instances will carry it through the Eustachian tube into the throat. When effervescence has ceased the canal should be dried with absorbent cotton twisted on a probe and a small amount of pulverized boracic acid insufflated.

The time necessary for the thorough cleansing of a suppurating ear will vary from a few minutes to above an hour, but if done with the proper care it does not have to be repeated in many cases. However, the patient should be seen daily and the Hydrozone used until the desired result is obtained.

Care is necessary in opening the bottle for the first time, as bits of glass may fly. Wrap a cloth about the cork and twist it out by pulling on each side successively.

In children and some adults the Hydrozone causes pain, which can be obviated by previously instilling a few drops of a warm solution of cocaine hydrochloride. In this note it has been the intention to treat suppuration of the ear rather as a symptom and from the standpoint of the general practitioner.



**Hypertrichosis.**—There are few chronic diseases that give rise to more real discomfort than this cosmetic defect. Numbers of doctors have almost piteous appeals from female patients on whom the development of a hirsute facial appendage is a source of as much worry as it would be of joy to their young male relatives. So many different methods have been employed for its removal in the past, and so many exaggerated claims made for each new method, and yet recurrence has been the rule, that the ordinary general practitioner is apt to doubt that there is really any effective lasting method of depilation, and so advises his patients against attempts at relief.

The electrolytic method of removing the superfluous hairs of Trichiosis,—the invention and practical development of which, by the way, we owe entirely to Americans—has been now before the profession nearly a quarter of a century. It has been generally adopted in Europe, and especially in Paris is used extensively and with the best satisfaction. "The question is often asked," says Dr. Jackson, in his *Manual of Skin Diseases*, \* "is the removal of the hair by this method permanent?" This question may be answered: "It is, without a shadow of a doubt." The answer has the advantage of being definitely decisive, something that is not always characteristic of therapeutic suggestions, especially in skin diseases. With the refinements in the use of the electrolytic needle that twenty-five years of practical experience with it have given, the depilation is now almost invariably successful from the beginning, and a new growth of hair after-


\*From advance sheets of the third edition of "Jackson on Diseases of the Skin."—Lea Brothers & Co., Publishers.

wards is an anomalous irritative hyperplasia which is extremely rare, or a sign of failure to destroy the hair bulbs completely at first. The danger of scarring is also reduced to a minimum and with reasonable care the cicatrization will never be more than the minutest points on the skin, and seldom will be noticeable at all. There would really seem to be very little reason any more for sensitive people to suffer the discomfort they usually do because of the persistent presence of this undesirable hirsute adornment.

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**A Curious Pocket Piece:** In the New York *Medical Journal* of February 4th, 1880, Dr. William S. Gottheil describes a case in which a woman carried a piece of her own skull in her pocket for years "for good luck." She applied for treatment for a different affection, and it was discovered incidentally that a syphilitic periostitis had begun again around the scar left by the ulceration from which her piece of bone had come twelve years before. As in the present case, she had not at that time attached sufficient importance to the matter to consult a physician about it. The sequestrum, of which she was quite proud, was an ovoid piece of bone measuring  $2\frac{1}{4} \times 2$  inches, and was composed of two adjacent portions of the two parietal bones, the sagittal suture in the middle shewing beautifully. Its upper convex surface shewed the outer table of the skull intact. The under concave surface was composed mostly of cancellous tissue; but all along the middle line, at the suture, the inner table was present, shewing that at that place the entire thickness of the skull had been lost.

Apart from its curiosity, the case is of interest as shewing the very extensive destruction of important organs that can take place in syphilis without systematic reaction of much personal inconvenience. The entire thickness of the skull had been destroyed, and the meninges necessarily exposed; yet the inflammation had not spread to those membranes, and the patient had hardly considered herself sick.



## BOOK REVIEWS.

**A Text-Book on Practical Obstetrics.** By **EGBERT H. GRANDIN, M. D.**, Gynæcologist to the Columbus Hospital; Consulting Gynæcologist to the French Hospital; late Consulting Obstetrician and Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynæological Society, etc. WITH THE COLLABORATION OF **GEORGE W. JARMAN, M. D.**, Gynæcologist to the Cancer Hospital; Instructor in Gynæcology in the Medical Department of the Columbia University; late Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynæological Society, etc. **SECOND EDITION.** Revised and Enlarged. Illustrated with Sixty-four Full-page Photographic Plates and Eighty-six Illustrations in the Text. 6½x9½ inches. Pages xiv-461. Extra Cloth, \$4.00 net; Sheep, \$4.75 net. THE F. A. DAVIS CO., PUBLISHERS, 1914-16 CHERRY ST., PHILADELPHIA.

The second edition of this well known work is before us, in an enlarged and revised form. In our opinion no other work on obstetrics yet published demonstrates more clearly and accurately the science and art of obstetrics. The systematic arrangement of the text and the completeness of detail are especially commendatory, while the illustrations are the finest we have ever seen. For actual value and beauty of workmanship they are unequalled in any other book on obstetrics.

That the opinion of the whole profession is heartily in favor of the book is well shown in the large number sold and used by medical men, to say nothing of the many colleges which recommend the book to their students as the preferred text book.

In this new edition we find that the chapters on obstetric surgery and the puerperium have received the most attention in the way of revision and improvement, and we would expect it, since obstetric progress has been greatest in these branches. In other minor particulars we notice slight changes and cannot help but feel that the book is benefited thereby. All in all it is a fine book and a worthy exponent of midwifery. The binding and printing are excellent.

**Histology : Normal and Morbid.** By Edward H. Dunham, Ph. B., M. D., Professor of General Pathology, Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, N. Y. City. Lea Bros. & Co., New York and Philadelphia.

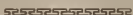
It certainly was an excellent idea of the author to incorporate in the same volume a study of both normal and morbid histology. The best way to study pathology is by comparison with normal conditions. Disease in many instances is simply a matter of degree, and degree can only be recognized by comparison with the normal condition, which is more or less of a fixed state. The importance of a familiarity with the normal condition is at once apparent, but we must admit that that normal condition is recognized and ultimately learned, only by long continued comparison with the deviations from the normal. The combination of the studies of normal and morbid processes, then, is a happy one, and pursued intelligently is bound to result in much good for the student.

In this particular work the author has treated both subjects in a most satisfactory manner. The text is brief for so broad a subject, but it was evidently the author's intention to present only the fundamental principles of the subjects treated. That he has done so and well, no one can deny.

The first part of the book devoted to normal conditions is remarkably clear and scholarly. Unnecessary data and so forth are avoided, but there can be no complaint of a lack of thoroughness. It is an admirable exposition of the subject. The second part takes up the histology of the morbid process. The author has endeavored to confine this portion of his work to general morbid conditions, only referring to such unusual and specific conditions as were necessary to elucidate the general proportions. It is well adapted to the demands of a student, supplying him with excellent groundwork for the further study of pathology.

The third part of the book considers histological technique, preparation of material, use and care of the microscope and so forth.

The whole work is a complete scientific treatise on the subject of normal and morbid histology, and is a valuable contribution to the world of science. We admire it for its possibilities, the zeal and ability of its author, and the high grade of workmanship which the Publishers have utilized in preparation.



**Diseases of the Ear, Nose and Throat and their Accessory Cavities.**—By Seth Scott Bishop, M. D., D. C. L., LL. D. Professor of Diseases of Nose, Throat, and Ear in the Illinois Medical College; Professor in the Chicago Post-Graduate Medical School and Hospital; Surgeon to the Post-Graduate Hospital, one of the Editors of the *Laryngoscope*, etc. Second Edition. Thoroughly Revised and Enlarged. Illustrated with Ninety-four Chromo-Lithographs and Two Hundred and Fifteen Half-tone and Photo-engravings.  $6\frac{1}{2} \times 9\frac{1}{2}$  inches. Pages xix-554. Extra Cloth, \$4.00 net; Sheep or Half-Russia, \$5.00 net. The F. A. Davis Co., Publishers, 1014-16 Cherry St., Philadelphia.

This book in its second edition has undergone great improvement. The original was certainly a remarkable book, but its successor far surpasses it. In the first place this present edition is much larger and greater detail is shown in the handling of certain subjects. New chapters on "Related Diseases of the Eye and Nose," and "Life Insurance Affected by Diseases of the Ear, Nose and Throat," have been added, as well as excellent articles on "Autoscopy," and "Pachydemia Laryngis." Every art of the printer and publisher has been utilized to present a handsome book, and the high value of the text amply justifies its beautiful appearance. For the student or practitioner it is undeniably *the* book on the subjects treated. Dr. Bishop is to be congratulated on his able contribution to science and we heartily commend his work to the medical profession. No library which is designed to be modern can afford to be without this excellent book.



Publisher's Department.

**Wet Dressings.**—Wet dressings made by saturating sterile gauze with mentholol are recommended very highly in the treatment of all wound surfaces. Healthy granulation is stimulated, pus destroyed and its further formation prevented. Camphoroxol in the same way makes a superior dressing for the umbilicus in the new born. Both are non-irritant, harmless, and besides being powerful germicides exert this action for a longer period than most antiseptics of this nature. They are stable and retain their undiminished activity for months.

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Dr. L. E. Schell, Assistant to Chair of Physiology, Detroit College of Medicines, and Surgeon to the Polyclinic, Harper Hospital, Detroit, Mich., speaks highly of the diastasic properties of Maltine. Clinically he finds that the efficacy of the diastase is neither retarded nor impaired by the addition of an acid. One of his favorite prescriptions in certain indications is HCl in combination with Maltine.

524252525252525

**Better Still.**—The influenza has been quite prevalent in a number of cities during the past month. In Richmond there have been many cases, though no deaths distinctly attributed to it. It is affecting mostly those who have had the disease almost annually during the past few years. Although the attacks of this year are relatively mild, they are severe enough to keep business men away from their places of business. Phenacetin, or better still, antikamnia, with salol or quinia, and a little powdered digitalis added, has proved a satisfactory plan of treatment, presupposing, of course, that the bowels are kept open, the secretions of internal organs are attended to, and that the patient is kept in-doors, especially at night or in bad weather.—*The Virginia Medical Semi-Monthly.*

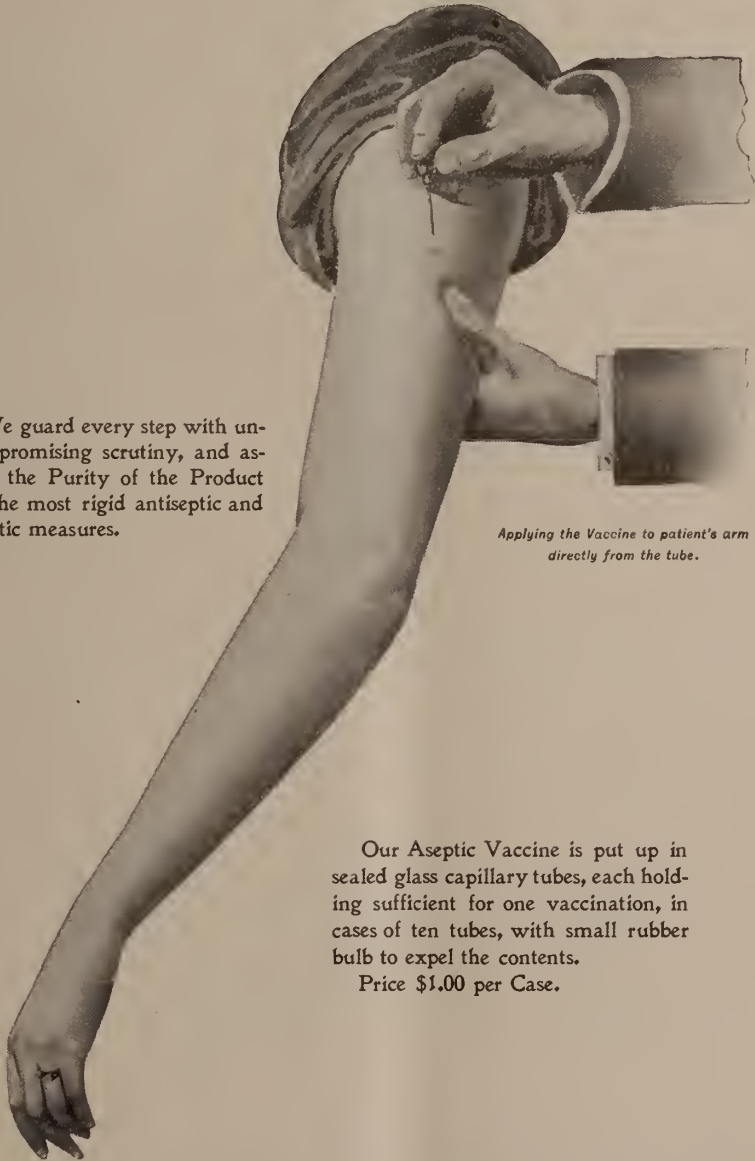


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and New Orleans.

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## Author's Abstract.

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### *Points in the Arsenical Caustic Treatment of Cutaneous Cancers.*

---

BY WILLIAM S. GOTTHEIL, M. D.

---

1. The arsenious acid caustic treatment of skin cancers does not contemplate or depend upon the actual destruction of the new growth by the caustic.

2. The method is based upon the fact that newly formed tissue of all kinds has less resisting power than the normal structure when exposed to an irritation and its consequent inflammation. Hence the former breaks down under an "insult" which the latter successfully resists.

3. If therefore the whole affected area can be subjected to the influence of an irritant of just sufficient strength to cause a reactive inflammation intense enough to destroy the vitality of the new cells, the older normal cells will survive.

4. Arsenious acid of properly mitigated strength is such an agent, and its application causes an inflammation of the required intensity.

5. It therefore exercises a selective influence upon the tissues to which it is applied, and causes the death of the cancer cells in localities outside the apparent limits of the new growth, where there is as yet no evidence of disease.

6. It is superior, in suitable cases, to any method, knife or cautery, which requires the exercise of the surgeon's judgment as to the extent to which it is to be carried. That that judgment is often wrong, and necessarily so, is shown by the frequency of recurrence under these methods even in the best hands.

7. It is applicable to all cutaneous carcinomata in which the deeper structures are not involved, and which do not extend far into the mucous membranes.

8. It is easy of application; it is safe; it is only moderately painful; and its results compare favorably with those obtained with other methods.

## Contents for April.

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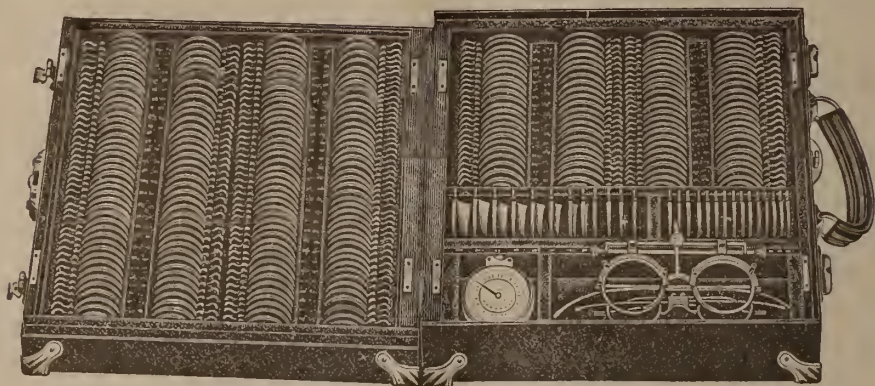
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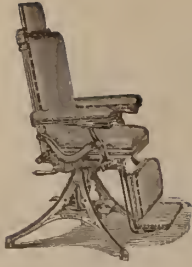
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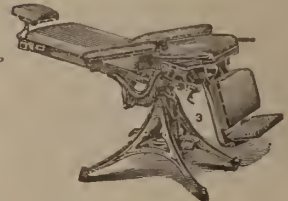
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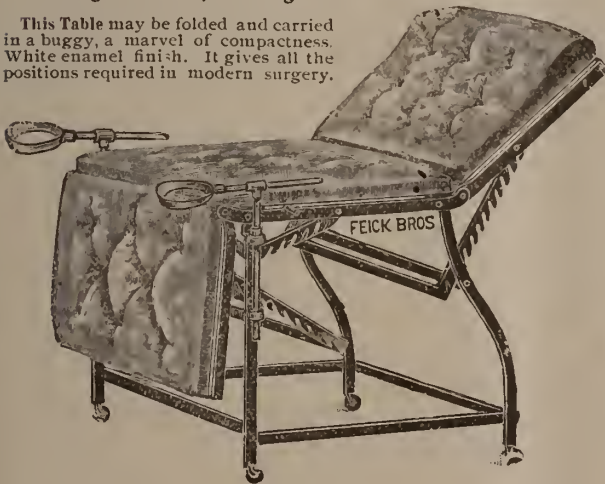
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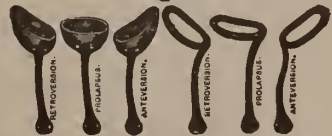
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Vol. V.

May, 1899.

No. 5.

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Aye! Get Good Blood—but How? Not by the Alimentary Process. It has already failed to do its work (else the patient would not be sick); and in acute disease must not even be allowed to do the work it can. Stimulate as you will, the whole sum of the patient’s alimentary power when fully forced into play, is unable to keep up the nourishing and supporting contents of the blood. There is absolutely but one thing to do; and, thank God, that can be done, usually with success, as ten-thousand-fold experience has proved. That one thing is this: where Nature fails to PRODUCE good and sufficient Blood, WE CAN INTRODUCE IT from the arteries of the sturdy bullock, by the medium of BOVININE.

The vital activity of this living blood conserve rests on no man’s assertion: it speaks for itself, to every properly equipped physician who will test its properties microscopically, physically, or therapeutically.

## TRY IT IN PRACTICE.

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**Try it** in *Dyspepsia* or Malnutrition of young or old, and watch the recuperation of the paralysed alimentary powers.

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**Try it per rectum**, when the stomach is entirely unavailable or inadequate.

**Try it** by *subcutaneous* injection, when collapse calls for instantaneous blood supply—so much better than blood-dilution!

**Try it** on *Chronic Ulceration*, in connection with your antiseptic and stimulating treatment (which affords no nourishment) and prove the certainty and power of topical blood nutrition, abolishing pus, stench, and PAIN, and healing with magical rapidity and *finality*.

**Try it** in *Chronic Catarrhal* Diseases; spraying it on the diseased surfaces, with immediate addition of peroxide of hydrogen; wash off instantly the decomposed exudation, scabs and dead tissue with antiseptic solution (Thiersch’s); and then see how the mucous membrane stripped open and clean, will absorb nutrition, vitality and health from intermediate applications of pure bovinine.

**Try it** on the *Diphtheritic Membrane* itself, by the same process; so keeping the parts clean and unobstructed, washing away the poison, and meanwhile sustaining the strength independently of the impaired alimentary process and of exhaustive stimulants.

**Try it** on *anything*, except plethora or unreduced inflammation, but first take time to regulate the secretions and functions.

**Try it** on the *patient* tentatively at first, to see how much and how often, and in what medium, it will prove most acceptable—in water, milk, coffee, wine, grape, lemon or lime juice, broth, etc. A few cases may even have to begin by drops in crushed ice.

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# The Vermont Medical Monthly

*A Journal of Review, Reform and Progress in the  
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*Official Organ of the Vermont State Medical Society and Thurber Medical  
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## "The Fallacies of the New Fad—Christian Science!"

*By Elias Peter Hicks, M. D., Burlington, Vt.*

Ever since man has existed, or as far back as history can carry us, the healing of the suffering and sick has been the foremost idea of the human race. Numerous theories regarding medicine, surgery and the healing art in general, have, from time to time, been introduced into the world in the endeavor to relieve human suffering and disease, and prevent death.

In the ages past—the dark ages of the world—when superstition held sway, the most unreasonable beliefs and practices were in vogue, which to-day, thanks to intelligence, reason and science, have, with few exceptions, been driven from the world. But there are a few false, unreasonable, inconsistent and foolish ideas yet remaining, which only await further intelligence and reason, to lay them in the grave of ignorance and delusion.

One would naturally suppose that in the nineteenth century the theories and ideas that have for their foundation delusion and ignorance, would not be able to survive the test of science and reason, but a very few still remain, although their lives are evidently drawing to a close.

Among the false and inconsistent ideas or doctrines of to-day we find one that is making a desperate struggle to exist—Christian Science. This school of medicine, for it is nothing more or less, is held up to the world by its followers as being the only true way to relieve the suffering and heal the sick. Let us examine this strange doctrine or school of medicine whose principles are contrary to reason and common sense. Mrs. Eddy, the inventor of this new belief, and author of the book called "Science and Health," which is authority on the subject, says, "that if we deny the existence of matter, we destroy the belief in these conditions and with them disappear the foundation of disease. That as God created nothing but what was good, sickness, pain and death cannot exist; they being only delusions. It is only necessary, then, to relieve those who are sick, to convince them of non-existence of suffering and pain." The following is taken from her book :

"The blood, heart, lungs, brain, etc., have nothing to do with life. Every function of man is governed by the divine mind."

"You say a boil is painful, but that is impossible, for matter without mind is not painful. The boil simply manifests your belief in pain through inflammation and swelling; and you call this belief a boil. Now administer mentally to your patient a high attenuation of truth on this subject, and it will soon cure a boil."

"If the scientist reaches his patient through divine love, he will accomplish the healing work at one visit; and the disease will vanish into its native extinction like dew before the morning sun."

"This confirms my theory that faith in the drug is the sole factor in the cure."

"Disease is expressed not so much by the lips, as in the functions of the body. Establish the scientific sense of health, and you relieve the oppressed organ, and the inflammation, decomposition or deposits will abate, and the disabled organ will resume its healthy functions."

“Chills and heat are often the form in which fever manifests itself. Change the mental state, and the chills and fever disappear.”

“Palsy is a belief that matter attacks mortals and paralyzes the body, making certain portions of it motionless. Destroy the belief, show mortal mind that muscles have no power to be lost, for mind is supreme, and you will cure the palsy.”

“Treatises on anatomy, physiology, and health sustained by what is termed material law, are the promotors of sickness and disease. It is proverbial that as long as you read medical works you will be sick.”

Was there ever such a conglomeration of idiotic and senseless expressions? Still they are found in Mrs. Eddy's book which is authority on the subject. This, then, is the foundation of the Christian Science school of medicine, which seeks to treat diseases of the human body by divine help, and making the afflicted believe they only imagine themselves sick. One of the fundamental principles of this strange doctrine is that “as a man thinketh so he is.” A man complains of a headache, he thinks he has a pain in his head. As long as he thinks so the headache remains, but let him once think that he has no headache and none exists. The man who has taken poison into his system thinks he has pain, but if you once get him to think that he has no pain from the effects of the poison, he is well.

Mrs. Eddy says that “faith in the drug is the sole factor in the cure.” If that is true, then the man in pain who is told that he is taking morphine that will surely relieve him, and he believes it, recovers as well by the administration of pure water.

Again, if we tell a man to whom we are to administer an emetic, that we are only giving him a little soda and water, and give him a solution of zinc sulphate, because he thinks he is taking soda water, the emetic fails to act.

The Christian Scientist says: “Establish the scientific sense of health, and you relieve the oppressed organ, and the inflammation, decomposition or deposits will abate, and the disabled

organ will resume its healthy functions." According to this idiotic belief, if the man with gangrene will only think and believe that he has no such condition, it will disappear as if by magic, no matter how dangerous or fatal the case may be. Take the person suffering with a cancer and make him believe that he only thinks he has such a condition and that, too, will soon be gone. Inflammation, decomposition and deposits of all kinds are relieved at once by only thinking that you have not got them. So, of course, under this wonderful treatment, no one can ever die of organic disease, if they only think they are well.

What is the result of this strange and inconsistent belief put into practice? Hardly a day goes by but what we read of people dying, treated by a Christian Scientist. We read of cases of pneumonia, diphtheria, typhoid fever and other diseases being treated by this method, where the sick have been denied the help that God has given us to heal ourselves. What a delusion it is to think for a moment that we can cure all the diseases of the body by merely thinking we have no pain or suffering, and how can sensible and intelligent beings believe such a doctrine? If this doctrine is true, then medicine and surgery are no longer needed. The investigations of the past are but delusions and valueless. The theory of germ disease is a mistake, the action of drugs a farce, vaccination a humbug, the antitoxine treatment for disease nonsense, and all of medicine and surgery worthless, if this doctrine is true; but we know that this new belief is a delusion a farce and an absurdity, which is only believed by those whose mental powers are below par, and who seek to delude the people into a belief that is contrary to God's laws, reason and common sense.

The Christian Science belief is no less absurd than to believe that hunger is a delusion, thirst a misconception and sleep an imaginary necessity; for if mind controls matter with such tremendous power, it is not necessary that it shall be alone applied to healing a sick and diseased body.

As medical men, what shall we do to prevent the terrible evil that results from the practice of such a false and unreasonable doctrine? Shall we do anything at all? It lies within our power to crush out such a dangerous practice and save our fellow beings, but what has been done in the past by the profession? Nothing at all! The medical profession has stood by and seen human beings sacrificed to false ideas, which have time and time again resulted in the death of the one treated. How much longer will this condition be permitted to exist, when the world is in the hands of the medical men, who are supposed to care for the welfare of humanity?

What shall be the remedy, then, to prevent the sacrifice of human life at the hands of these impostors who know nothing of medicine and surgery? First, we should see that the medical laws are enforced. Second, we should decline to write a death certificate when called in at the time of death, and our third duty should be to educate our fellow beings in such a way that they cannot be deluded into a belief that is dangerous to life.

The world looks to the medical profession for protection. We guard the public health by our laws wherein epidemics are stamped out. We herald to the world new discoveries as to the cause and cure of disease. We examine closely the credentials of physicians who wish to practice, but we leave undone the most important duty of all when no effort is made to stop the practice of the impostors with their Divine Healers, Faith Curists, Christian Scientists, etc.

Let us then be true to our profession, faithful to those dependent upon us for protection, and put a stop to the practicing of medicine and surgery by those not qualified or legalized to do so.

## Why Any Laws Regulating the Practice of Medicine?

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*Read before the Thurber Medical Society, Milford, Mass., by  
Dr. A. J. Gallison of Franklin, Mass, March 2, 1899.*

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I have asked myself this question a great many times. Why do we wish to have the practice of medicine restricted or regulated by law? The old adage comes to me for answer, "the law is for the lawless."

The practice of medicine as a profession is one of the highest, best and noblest. We wish to keep it where it should always be found, upon the highest plane. That it has not always been so, and is not to-day so regarded by a great many persons calling themselves doctors, you all very well know.

To put the profession upon the highest plane and keep it there is the first and greatest end to be desired.

To bring out a discussion, this afternoon, as to why the practice of medicine is held so cheaply by some people is my excuse for writing this paper. What have been some of the causes; what are some of the causes; and what can be done to remedy these things, are some of the points I wish to bring to your notice at this time.

Previous to the year 1894, there was no law in Massachusetts regulating the practice of medicine. Not that the regular profession had not tried to have such a law or some kind of a law placed upon our statute books before 1894, for they had tried and tried again for many years but in vain. Why was this so, and what were some of the hindrances to the passage of such laws are some of the things I propose to call to your notice this afternoon. There were many causes, both within the profes-

sional ranks and among the laity which made it difficult to get any law enacted that would in any way regulate or restrict the practice of medicine and surgery not only in Massachusetts, but in any of the States. First there was the natural prejudice of the people against any law that would in any way interfere with their personal liberty or right to employ any person they saw fit for their physician. That was a very hard point to get over in the "early days." There were few doctors that held diplomas from medical schools or colleges, so there was no standard by which to measure or gauge a person as to his professional ability. A young man or any person wishing to become a doctor, in those days, usually made application to some established physician and, being accepted, began "reading medicine with the doctor," and studied in the doctor's office—when he was not doing something else, namely, caring for the doctor's horses, sawing wood, hoeing the garden, etc., etc. In due time, after being with the old doctor and seeing how he did things, and handled cases, the student became more or less acquainted with the doctor's methods of practice and so began practicing under the guidance of his preceptor. Having learned for himself more or less, and becoming more or less skillful under the old doctor's directions, if, in addition to these two or three years spent with old doctor so and so, he had means to attend some medical school and hear a few lectures, and visit some hospital, he was very well equipped for business; at least so the people usually thought. But as time passed on the people as well as the profession themselves found that time actually spent in a medical school under the direction and with the assistance of competent instructors produced better doctors than the old preceptor system, so to-day there is no medical school of any standing that accepts any time spent under a preceptor. All the three or four years must be actually spent in the school.

I think a large part of the gentlemen here this afternoon probably passed some time studying with a preceptor, or, at least, they "read medicine" with some doctor before entering the

medical school. I do not wish to be understood as saying or meaning that there were no good doctors produced under the old system, for you all know it has produced some, yes many, men of great skill and eminence. But this is my point, the system tended to produce more quacks and pretenders, and gave the people no means of knowing whether a person was qualified to practice medicine or not. The people had to judge for themselves wholly. One doctor could not say Doctor So and So is no good, because he has no diploma, when very likely he had never received one himself.

Then, too, as is always to be expected, the quacks did not want a law to regulate the practice of medicine, because in such event their business would suffer. So for many years the quacks and the pretenders prevented "the bill" or any measure being introduced into either branch of our legislature. But as our medical schools increased, and opportunities for getting medical knowledge became more abundant, the profession became better educated as a whole, and the people began to demand that every doctor should display some evidence of his having studied in some institution or college, and also that he should have a diploma. But as this demand became general, so sprang up the "diploma mills." I need not tell you much about them. They flourished for a time. Then came the cheap short termed medical schools, these still exist to some extent to-day, but if we can maintain our Massachusetts Medical Registration law, and improve it, and the other states pass equally as good or better laws, both the diploma mills and the poor, cheap, short termed medical colleges will have to go out of business.

As I have already said, there are many causes operating against the passage of any good sound law that will regulate the practice of medicine. Chief among them is the regular quack, the man who advertises in the daily newspapers. And I may as well include all the advertising doctors in this class,—quacks who are graduates of regularly recognized medical schools, the



\*"B"men, Faith Curists, Christian Scientists, Clairvoyants, Osteopaths, Abortionists, et cetera, etc., etc. This class of humanity pay the newspapers large amounts for advertising, hence the newspapers help them to fight their battles in the Legislative halls.

It is a disgrace, and a great source of shame to the educated professional men of this country that no person can pick up a single paper without finding upon every page a quack advertisement of some kind. It would not seem so outrageous if these advertisements told the truth or came anywhere near the truth. But as it is ninety-nine of them are barefaced lies, claiming to be something they are not, and pretending to do cures that they never can perform.

The medical registration law of Massachusetts is good as far as it goes. The number of "B" men will never be any larger and must grow smaller. We have a high standard of excellence for the regularly educated physician to maintain; and the young men or young women that would enter this class must show that they are qualified before they can practice in our Commonwealth. These things are good and as they should be. But let us look a little farther into this matter. The laws of the State require that a person wishing to practice medicine in Massachusetts must be able to pass a very thorough written examination in surgery, physiology, pathology, obstetrics, and practice of medicine, etc., etc. But after having done this and receiving his certificate to practice in the commonwealth, he puts out his modest sign and begins to practice, what protection does the commonwealth give him? Over on the opposite side of the street is Mr. Quack, M. E., around the corner and living in grand style is Mrs. So and So, Christian scientist, on the next street is a clairvoyant or some other wonderful production. And so it goes! Every newspaper he takes up is filled with proprietary medicine adver-

\* "B" men. When the medical registration law of Massachusetts was passed on June 17th, 1894, it allowed any person who had practiced medicine in the state three years continuously prior to June 7th, 1894 to register. All regular graduates holding diplomas were given a white certificate on form A. All non-graduates, this included the quacks, etc., etc., were given a pink certificate on form B. Hence the name "B" men. Since December 31st, 1894, no "B men" have been given certificates.

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tisements. Such as Bood's Sarsaparilla, Jreen's Nervura, Haine's Celera Compound, etc., etc. Or else some wonderful cure of Dr. Bunnion or Munyon, Hulton or Tucker. Whenever he rides in the country the rocks and fences are covered with quack advertisements. If he drops into a drug store, there he sees upon every hand brilliantly gotten up pictures, plaques, bottles and labels telling the same story,—and if he waits and listens just a few moments, he will doubtless hear the druggist prescribing over the counter for some unfortunate party who does not know the difference between Dr. Goodman, M. D., and Mr. Poordruggist, P.-l'og. These are some of the reasons why there should be any laws regulating the practice of medicine; and it is for us, brothers, to see to it that our profession takes no backward steps in this matter. Let us have more medical men in our legislature. See that our representatives and senators understand thoroughly these matters and watch them to see that their influence and votes are for right and justice.

## Thurber Medical Association.

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At the regular meeting held on Thursday, May 4th, the exercises were in the nature of a symposium on rheumatism, with special reference to the treatment.

The following papers were read :

*The Rheumatic Diathesis*; by Dr. W. W. Browne of Blackstone.

*Acute Articular Rheumatism*; by Dr. N. C. B. Haviland of Holliston.

*The Alkaloidal Treatment of Rheumatism*; by Dr. Wm. L. Johnson of Uxbridge.

*Chronic and Anomalous Forms of Rheumatism*; by Dr. M. W. Knight of Milford.

The discussion which followed was very generally engaged in, and brought out many points of interest, from the personal experience of the members.

J. M. FRENCH, Secretary.

## Cleanliness in Diseases of the Nose and Throat.

*By H. Edwin Lewis, M. D., Burlington.*

The value of cleansing solutions in many pathological conditions of the nose and throat cannot be overestimated. But there can be little doubt in the minds of those practitioners who give particular attention to this class of diseases that the indiscriminate use of the many douches, gargles, sprays, etc., before the public, is responsible for much injury to the mucous membrane of the nose and throat.

The first requisite in the treatment of the various forms of rhinitis and pharyngitis is unquestionably cleanliness. The extension of the inflammatory process to the middle ear and the several sinuses of the nose is always imminent from the large amount of pathogenic material which accumulates in catarrhal conditions of the upper air passages. To remove that material at intervals only long enough to insure an approximately clean mucous surface, reduces to a minimum the liability of such extension.

But there are several considerations to be observed in the available means at hand for cleaning the nose and throat, in order that the object of cleanliness may be attained and still no damage done. First and foremost is the method. By far the best and simplest way for the patient to wash away accumulated material from the nose, is by the use of some hand atomizer capable of throwing a coarse spray. With such an atomizer the amount of the solution used is not excessive, yet sufficient to accomplish the purpose, and there is no danger of drenching the tissues. The patient's head should be tipped back and while the breath is held the solution should be sprayed into the nostrils until it is felt to trickle down into the throat. Two or three times in each nostril at a sitting is sufficient, and can be repeated as often as dictated

by the conditions. This method is far preferable to douching, or the common way of snuffing solutions up into the nose. Douches are always dangerous because of the possibility of carrying infection to the middle ear, and the snuffing method may be even more pernicious in its results. When solutions run back into the pharynx, swallowing is involuntarily excited, and when the amount is large as in douching or snuffing, it is frequently forced up through the Eustachian tube carrying infective material with it. Again, both these methods over-wash the mucous membrane of the nose and positively do harm by removing not only the encrusted thickened mucus which has accumulated, but by denuding the mucous membrane of the immediate layer of mucus necessary for protection from external irritation. The excess alone, then, should be washed away, for if more than this is done the inflammatory changes in the mucosa and sub-mucosa are exaggerated, the cells are stimulated to greater activity and the secretions are increased. The coarse spray correctly used has none of these objections and it is much more easily controlled by the patient.

In regard to the solutions used for cleaning the nose and throat too great care cannot be shown. If they are too strong the catarrhal process will be increased, and if they are astringent they will inhibit osmosis. The ideal solution then should be mild, soothing, slightly antiseptic, alkaline (to dissolve inspissated mucus) and of a nature to facilitate osmotic action. A solution of Glyco-Thymoline (Kress) one to twelve meets all these demands and is very pleasing to the patient because of its clean, fragrant odor. A slightly stronger solution may be used for the throat.

After all the dried or thickened debris has been removed from a diseased nose or throat, then, and not till then, should topical applications be made. In this way we can be sure that we are treating the tissues, instead of a barrier of crusts and thickened mucus. The middle ear should never be inflated until the nose has been thoroughly cleansed from all accumulated mucus, and the physician who neglects to take this simple precaution is liable to do far more harm than good to his patient. The writer of this short article has found a mild solution of Glyco-Thymoline one of the most preferable for cleansing the nose preceding inflation of the middle ear. It readily does its work and is pleasing to the patient.

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## EDITORIAL.

### The White Man's Burden.

We publish in this issue two papers on subjects of paramount interest to the profession. It is a lamentable fact that medical men as a class entirely neglect the subject of medical legislation. As a result, medicine the science, is a legitimate prey for the innumerable parasites who pose before the public gaze as Christian Scientists, Faith Curers, Divine Healers (healers), Osteopaths and the like. Numerous instances are con-

tinually being recorded in the lay press of fatal results from the ignorance of those people and the end has not come yet. One case, recited to us recently has aroused our indignation and if the source of our information is correct we blush for the woeful lack of intelligence on the part of the parents of a certain family whose medical confidence is reposed in an osteopath. One of the children of the family mentioned was taken very ill with severe pain in one ear. The little sufferer endured everything, as any one familiar with acute otitis media can testify, until the drum membrane gave way and the pus was evacuated. Nature was kind enough to permit such a happy culmination. But the osteopath, whoever he may have been, continued his treatment *which consisted of forcible pressure with the hands over both ears!!* No thought of cleansing solutions, no antisepsis, nothing, but manipulation of the cranial bones!! And because in due time the pain stopped and the child began to play around as formerly the osteopath was lauded to the skies and given the credit of one more wonderful cure.

But at last accounts the ear was still discharging.

Such ignorance, such stupidity is irreconcilable with all claims of civilized progress. Thank God, all people are not so blind to truth and knowledge of facts, but there are enough of those "who having ears, hear not; and having eyes, see not" to prompt all conscientious medical men to take proper steps to protect those who will not protect themselves.

"The white man's burden" is indeed a mighty one and the poor, uncivilized native who relegates his medicine-man to the past, in order to take up the fearful load of Christian Science, Faith and Divine Healing, Osteopathy, etc., will feel sooner or later that barbarism, after all, has its advantages.

## The Paris Exposition.

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Paris will soon again be the attraction of the world. Parties are already being made up to visit the Exposition which is to be held there next year, and it will interest not a few of our readers to know that an American boarding house, or as the French call it a "pension," is to be established for the special benefit of those who prefer to reside where straight American is spoken, and where, besides, they will have opportunities of meeting with other folks from their own country. It will be conducted by Professor Wisner and his wife, who, while natives of France, have resided a considerable time in New York City, and are well acquainted with American customs and ways. They have taken a mansion in the neighborhood of the Bois de Boulogne, and intend fitting it up in such a manner as to ensure that their guests will have a comfortable home during the time they are in the gay city. The professor and his wife are well-known in medical circles in New York, and having arranged to accommodate a number of prominent doctors and their families, they hope to make their house the American headquarters for the profession. Before leaving for Paris, as he intends doing shortly, Professor Wisner would be pleased to hear from other prospective guests. For the present he may be addressed at No. 605 Madison Avenue, New York City.





## MEDICAL ABSTRACTS.

**Typhoid Fever.**—Dr. Osler of Baltimore, in an address on this subject before the New York State Medical Society laid great emphasis on the fact that for very many years the medical profession had been fully alive to the true nature of typhoid fever. One fact stood out with special prominence—*i. e.*, that with clean soil and pure water typhoid fever disappeared. While many advances had been made in the treatment of this disease, they had been nothing compared to the triumph of sanitary science. The medical profession could point to typhoid fever as the best understood and the most carefully studied of the acute infectious diseases—the one in which the greatest victories in hygiene had been won. But in spite of these triumphs, we had had a rude awakening last fall in the many soldiers who fell victims to this dread disease. Ours was a nation, Dr. Osler said, of contradictions and paradoxes—a clean people, careful in personal hygiene but reckless regarding public sanitation. Dr. Smart, the great authority on hygiene, recently made the statement that the cities of this country, as regards the matter of water-supply, were at least a century behind the cities of Europe. In organized sanitation Michigan was one of the model States. The problem of typhoid fever, Dr. Osler declared, was no longer in the hands of the profession; even the lesson of the late war had probably not been bitter enough to teach the public that sanitary science should come within the sphere of practical politics. Our good-natured citizens, who always voted a straight party ticket, were not deeply interested in the problems of sanitary science; they were more easily led by a Perkins or a Munyon than by a Lister or a Koch. Our glorious land has been recently described as “God’s own country, with man’s own backyard, and the devil’s own cesspool.”—*North Carolina Medical Journal.*

**The Diet of Dyspeptics.**—How shall we treat dyspeptics? The main factor lies in proper nourishment. These patients, who have abstained from most kinds of food for years, must now learn anew to eat. Their stomach and intestines very quickly adapt themselves to this new condition. First and above all, it is of importance to increase the quantity of nourishment; second, to provide a sufficient variety of food.

In order to improve nutrition, two articles of food, which hitherto have often been avoided by laymen as well as physicians, play an important part. I mean bread and butter. Bread forms one-third of the total amount of ingested food in health, and besides having a nutritive value serves the purpose of increasing the flow of saliva during its mastication. It also creates an appetite for other food.

Butter not only improves the taste of various kinds of food, but is also in itself a nutriment of the greatest importance. The great number of calories which butter contains (one hundred grammes give eight hundred and thirty-seven heat units, while the same amount of bread develops about two hundred and seventeen) shows this in the clearest manner. Another advantage which butter presents is that its volume is only about one-third that of bread. A patient taking about one-quarter of a pound of butter a day receives therewith more than one-half of the heat units required. This quantity of butter is well borne by most of the patients.

As nutrition plays the principal part in the treatment of these patients, it will not be amiss to give a few hints with regard to its management. To begin with, it does not appear advisable to permit patients who have abstained for a long while from the coarser varieties of food, everything at once. This abrupt change may at times be the cause of various unpleasant symptoms; therefore, it should be accomplished gradually. At first give, besides milk, gruels and thickened soups, eggs beaten up in milk, etc. A few days later begin to add to this bill of fare zweiback or crackers with butter. Then permit meat, the

white of chicken and well-scraped beef; next mashed potatoes; still later give wheaten bread, baked or boiled potatoes, soft-boiled or scrambled eggs, oysters; at last allow vegetables and fruits.

An essential point with regard to nutrition is punctuality in the taking of meals. In most of these cases, in which a gain in weight is of great importance, frequent meals (five or six daily) will be advisable. Although it does not appear advantageous to prescribe for the patient the quantities of the various foods in exact weight (grains or ounces)—as by so doing they are too easily reminded of their ability or inability to digest this or that quantity and not more—it is nevertheless of value to mention approximate figures by which they may be guided or below which they shall not go.—*Medical Times*.

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**German Proof of the Efficacy of Vaccination.**—“Germany stands alone in fulfilling in great measure the demands of hygiene, having in consequence of the calamitous small-pox epidemic of 1870-71 enacted the law of 1874, which ‘makes vaccination obligatory in the first year of life and revaccination also obligatory at the tenth year.’ What was the result? With a population of 50,000,000, having in 1871 lost 143,000 lives by small-pox, she found by her law of 1874 the mortality diminished so rapidly that to-day the disease numbers only 116 victims a year. These cases, moreover, occur almost exclusively in towns on her frontier. If it were true, continued Professor Bizzozzero, that a good vaccination does not protect from small-pox, we ought to find in small-pox epidemics that the disease diffuses itself in the well-vaccinated no less than in the non-vaccinated countries. But it is not so. In 1870-71, during the Franco-German war, the two peoples interpenetrated each other, the German having its civil population vaccinated optionally, but its army completely revaccinated, while the French (population and army alike) were vaccinated perfunctorily. Both were attacked by small-pox; but the French

army numbered 23,000 deaths by it, while the German army had only 278; and in the same tent, breathing the same air, the French wounded were heavily visited by disease, while the German wounded, having been revaccinated, had not a single case.”  
—*Dr. Bizzozzero of Rome in the Lancet.*

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### Hope—A Fantasy.

Men point hope as an angel in thin clothes,  
But 'tis not so;  
Hope is the hay held before a donkey's nose  
To make him go.

—*Chicago Record—Medical Council.*

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**To Stop Nose Bleed.**—Grasp the nose between the thumb and forefinger, and press backwards against the alveolar border of the maxilla, and downward against the teeth. This compresses the lateralis nasi and septal arteries. Satisfactory results also follow the use of tannin and acetanilid.  
—*The Laryngoscope.*

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**Catarrh of the Stomach.**—Simon of Vienna, uses small doses of sulphate of sodium for the treatment of this condition. He usually gives from ten to fifteen grains of it in about six ounces of hot water, and, under these circumstances, the catarrhal condition of the stomach, with its hyperacidity, passes away, and the sensations of pain and discomfort in the epigastrium, with nausea, are relieved. This method of treatment is supposed to do good by improving the motor power of the stomach.—*Gaillard's Med. Jour.*

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## The Value of Bovinine.

By John Alsdorf, M. D.,

New York, N. Y.

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A close study of the principles of therapeutics shows us that it is the only one of the medical curriculum that has not attained to the dignity of a science.

The tendency to empiricism, which has so long clouded its progress, is, however, beginning to disappear as our knowledge of the physiological action of drugs upon the healthy human system becomes more familiar. The classifying of remedies, based upon the application of their physiological actions to therapeutics, has already shown its advantages, and will, in time, supplant all others.

Many empirical facts are well founded, and should not be overlooked in any review of the different substances of the *materia medica*.

The writer's attention was called to the use of bovine in various diseased conditions, both on account of its physiological qualifications and the empirical facts submitted by the profession in all parts of the world, demonstrating its value. If human testimony is worth anything at all, then bovine must be the best of all blood producers.

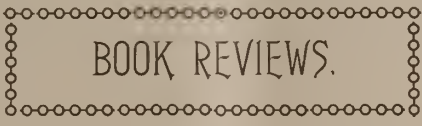
A recent writer has compared the nervous system, with its great cerebro-spinal center, and elaborating net-work of connecting nerves, extending to all parts of the body, to a galvanic battery. When the battery shows signs of becoming "run down," the electrician proceeds to recharge it. The nerve centers are recharged for their wonderful work of evolving and giving out nerve force by recreation, rest, sleep, and suitable food. They are exhausted by excessive and long-continued activity, emotion-

al strains, and physical excesses; also, by deficiency in the quality of the food, or by inability of the nutritive organs to assimilate the food provided.

It has been demonstrated that pure blood is the natural builder of healthy nerve structure. It should be provided in all conditions of deficient nerve vitality. The question arises, where in the *materia medica* is the medical man to find the remedy that will supply this want?

The writer openly states that bovine, a raw food product, prepared from the juices of selected steers by a cold process, furnishing a perfect food, free from insoluble elements, and containing the blood corpuscles, intact, is the remedy *par excellence*.

In conclusion the writer would call particular attention to the value of bovine as a topical application, and would advise his brother physicians, who are interested in the subject, to send to the bovine company for a recent work, issued by them, entitled "Hæmo therapy, or Auxiliary Blood Supply."—*Medical Brief*.



BOOK REVIEWS.

**The International Annual and Practitioner's Index.**—A work of reference for Medical Practitioners. New York, E. B. Treat & Co., 1890. Price \$3.00 Net.

The seventeenth yearly volume of this international retrospect of medicine and surgery includes also a series of special articles, among which are the following: "Practical X-Ray Work," by R. Norris Wolfenden, M. D., B. A.; "Advances in Skull Surgery," by Seneca D. Powell, M. D.; "Surgical Treatment of Paralysis," by Drs. Robert Jones, F. R. C. S., and A. H. Tubley, M. S., M. B. These articles are well illustrated. That on "Climatic Treatment of Consumption," by F. de Haviland Hall, M. D., F. R. C. P., as well as the one on "Legal Decisions Affecting Medical Men," by W. A. Purrington, A. B., L. L. M., are interesting and pertinent. One of the most important articles is that on "The Chief Pathogenic Bacteria in the Human Subject" with descriptions of their morphology and methods of microscopical examination, by S. G. Shattock, F. R. C. S., the Pathological Curator of the Museum of the Royal College of Surgeons, London, illustrated by finely colored plates.

The Annual unquestionably stands without a peer when we consider its mission, its size and its price. Nothing that we could say in its favor would express the real value of the book, and the esteem in which we have held its predecessors is amply demonstrated by their worn appearance. The 1899 edition substantiates the reputation gained by those of former years and will prove a worthy successor. No library is complete without a copy of the International Medical Annual.

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**An Epitome of the History of Medicine.** By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Based upon a course of lectures delivered in the University of Buffalo. Second Edition. Illustrated with Portraits and other Engravings. 6x $\frac{1}{2}$  9 $\frac{1}{2}$  inches. Pages xiv-370. Extra Cloth, \$2.00 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

It is only a short time ago that we reviewed the first edition of this excellent work. The early need of a second edition speaks eloquently of the reception the first must have received. We are especially glad to see this book succeed because it shows that the profession is interested in its past. Such interest in itself shows that medicine has become a science rather than a simple means of money getting. Every true physician will rejoice at this and take genuine pleasure in reading the past successes and failures of his beloved profession.

The new edition has been corrected and added to, and we are certain it will meet with the success it deserves.





## Therapeutic Notes.

**Abstract from "The Causation and Treatment of Consumption.**—By John R. Kestell, Ph. C., M. D., Detroit, Mich., read before the Wayne County Medical Society.

I have little faith in specifics in the treatment of tuberculosis. I believe it is entirely a disease of malnutrition, as a result of defective elimination, and all therapeutic measures must be directed toward the improvement of the digestion and assimilation. Consequently I am explicit in my instructions as to diet, forbidding absolutely the use of alcohol, syrups, potatoes in any form, pork, veal and all such dishes as are difficult of digestion and prone to fermentation. In many of these cases of alimentation I have found it beneficial to give some good diastasic extract of malt, that known as Maltine proving most satisfactory for the reason that it is the only malt extract known to me which gives generous proportions of nitrogenous and phosphatic matter, with a proper proportion of carbohydrates; being made, as it is, from wheat and oats, in conjunction with barley alone. Tonics, stimulating the nervous system and digestive organs and assisting in the reconstruction of blood and tissue, are important. Stimulating baths may be used with good results. It is, in my opinion, a mistake to overwhelm the body with frequent injections of undetermined animal serum, thereby producing either a severe reaction or possible accumulative toxemia.



**Familiar Clinical Picture.**—One of the most common class of cases is that in which there are no well defined

characteristic symptoms of organic disease, but in which there are disturbances of practically all the functions of the body. This condition is variously termed general debility, malnutrition, general atony, etc. The symptom-group is an exceedingly complex and varied one, but the most striking disturbances are those connected with the processes of metabolism; the patient is unable to replace by food the active waste occasioned by the physiologic functions. In consequence of this, nutrition suffers, vital force becomes diminished and there is functional disturbance of practically all the organs of the body. The stomach and the processes of digestion become particularly enfeebled and as a consequence there arise the symptoms of atonic dyspepsia, with lack of appetite and inability of the digestive organs to prepare the food for assimilation. The patient's vital powers are at a low ebb and nature's method of recuperation, that is, by assimilation of food, is effectually inhibited by inability of the organs to furnish the required properly prepared nourishment. Every physician has many times realized the absolute uselessness in these cases of the ordinarily employed tonics, iron, arsenic and strychnine. It is soon apparent that the remedies are either not absorbed or if they do enter the system, they fail absolutely to re-establish the proper ratio of metabolic waste and repair. It is now universally conceded by authorities that the first requisite in the treatment of this class of cases, is to foster the patient's nutritive functions so that food will become assimilated and thus restore wasted tissue and impaired vital forces. The stomach is the organ of prime importance and its normal functional activity must be re-established by remedies which have a direct tonic alterative and stimulant influence upon its enfeebled, inactive mucous membrane. Stomachics—gentian, taraxacum, phosphoric acid, etc.—are the agents of most service. When, however, these stomachics are combined in a certain manner with a remedy which, according to the highest medical authorities, is the best promoter of assimilation, the indications for treatment are completely met. Gray's Glycerine Tonic Comp. combats mal-

nutrition upon the most rational scientific basis, that is, it re-establishes normal nutritive processes by its stimulant and alterative influence upon the digestive organs and also furnishes the wherewithal—glycerine—to cause the assimilation of food and medicines. It gives nature the needed chance to resume its normal work of repairing exhausted vitality and wasted tissue. While primarily a stomachic Gray's Glycerine Tonic Comp. is of greatest value in all conditions of systematic depression or exhaustion occurring either independently or as a consequence of severe organic diseases such as tuberculosis, Bright's disease, etc. It antagonizes depression by propping the natural functions of the body, by engendering appetite and ensuring the absorption and assimilation of food—nature's method of repairing waste.

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**A Valuable Anodyne.**—The anodyne properties of Kryofine are so marked as to render it a drug of incalculable value in all conditions attended by pain. More especially is it efficient in febrile diseases, since it also acts as a prompt and safe antipyretic. In addition it induces a marked sense of well-being, of euphoria. Under its influence pain, delirium, high temperature and restlessness disappear to give place to calm, peaceful and recuperative sleep. An important feature also is that it can be administered in an elegant and palatable solution and combined with other drugs that may be desirable in the individual case. The dosage is small,  $\frac{1}{4}$  to  $7\frac{1}{2}$  grains.

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**Perfect Isolation.**—"For years past I have maintained most perfect isolation, as I consider it, in all contagious diseases by hanging sheets over the sick-room doorway and keeping them constantly wet with 'Platt's Chlorides.' The preparation is the most effective germicide and deodorizer of moderate cost, and has done much to make the sick-room sweet and healthful in my practice."

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Brooklyn, N. Y., Formerly Member of Board of Health.

Dec. 5th, 1898.

To the Malt-Diastase Co.,  
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GENTLEMEN:—I have used Maltzime extensively during the past year and have found it an exceptionally good remedy in gastric and intestinal indigestion in delicate subjects.

One of my patients, with ulcer of the stomach, has constantly improved under it and has taken it continuously for over nine months.

Yours truly, THOMAS E. SATTERTHWAITE.

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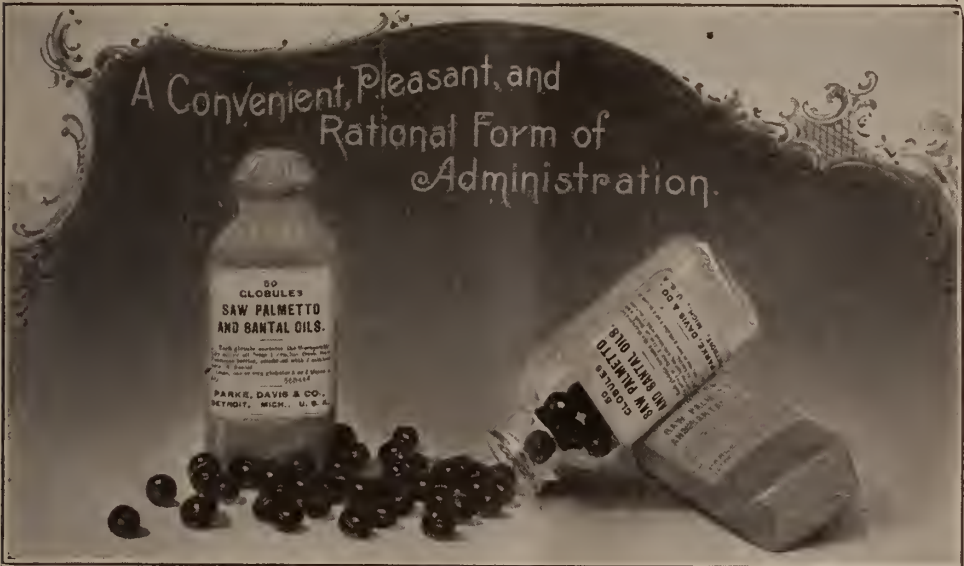
## The Working Tools of the Craft.

Coincident with the onward progress of the medical art has been the advance in our knowledge of the cause of disease. As the practice of medicine and surgery has gradually but surely emerged from the darkness of charlatanism and empiricism and approached more nearly to the dignity of a science, the pressing demand for better facilities and better "working tools" has been met alike by the skilful instrument maker and the modern expert pharmaceutical chemist. The surgeon of to-day has at his command a full armamentarium of ingenious instruments of precision, cunningly devised for certain specific purposes and upon which he can confidently depend. The modern physician also has been furnished with therapeutic instruments of precision, originated by the physiological chemist as a result of the close study of Nature's laws and elaborated and perfected by expert pharmaceutical skill. Contrast for a moment the "working tools" of the physician of a hundred years ago with those of the practitioner of to-day: the bolus and nauseous decoction as against the dainty tablet and the palatable elixir. Up to this point the modern surgeon possesses no advantage over his medical confrere as far as his "working tools" are concerned; but here the parallel ceases. The surgeon, when he needs a new scalpel for an important operation, examines the stock of a reputable dealer and personally selects an instrument of the best quality obtainable. He sees it, handles it, and assures himself

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that it is well made and properly tempered. If perchance the knife is not as represented he soon discovers it, and promptly discards it for one which is more satisfactory and reliable. The surgeon not only *personally selects*, but *personally employs* his instruments, and therefore cannot be deceived in them. But how about the equally important "working tools" of the physician, *i.e.*, the remedies which he orders for his patients? After a series of careful clinical experiments with various remedies of a certain character he comes to the deliberate conclusion that one particular preparation gives him the best therapeutic results and that it will hereafter become one of his trusted "working tools." Take for instance Pepto-Mangan "Gude," the value of which almost every modern practitioner is now familiar with. The physician has learned from experience just what this particular remedy will accomplish; he knows its advantages, limitations, indications and dosage, and prescribes it in properly selected cases, with full confidence in its action and effects. Just here, however, the physician *loses control of his "working tool"* unless he is positively certain that his prescription will be filled exactly as specified. It is, of course, manifestly impossible for the busy physician to personally follow up every prescription in order to assure himself that some inferior and more or less worthless substitute is not dispensed in place of the article prescribed, and he must therefore adopt some other means to prevent this reprehensible practice. There are three ways in which the physician can protect himself and his patient against this unwarranted, inexcusable, and dishonest interference: (1) Let him be certain that his prescriptions are filled only by pharmacists known to him to be above such disreputable catchpenny practices. (2) Specify plainly and unmistakably the particular preparation desired. (3) When possible order an original unbroken package. We feel strongly about this very common and nefarious practice of substitution, which is injurious alike to the welfare of the patient and the reputation of the physician, to say nothing about the injustice to the reputable manufacturers, who have spent brains, time and money in putting valuable and eminently eligible "working tools" into the hands of the profession.—*Dominion Med. Monthly.*

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Both of these quotations are from the writings of Prof. I. N. Danforth, of the Northwestern University Medical College of Chicago. They are found in the last edition of the American Text-book of Applied Therapeutics.

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This is an anodyne-expectorant, the formula of which will be furnished any physician upon request.

**For Hard Coughs and Colds**, especially when the cough is troublesome and the pain harrassing, a prompt arrest of all threatening symptoms may be expected to follow the use of this anodyne-expectorant.

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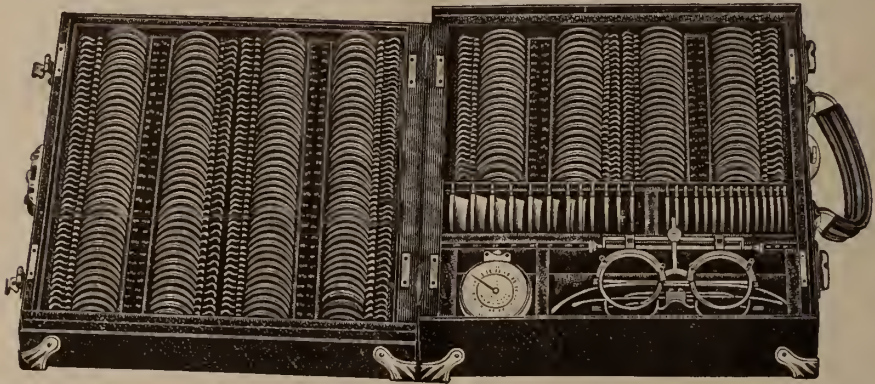
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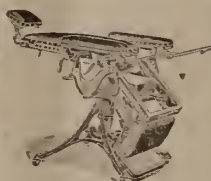
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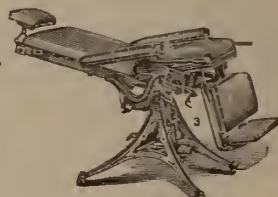
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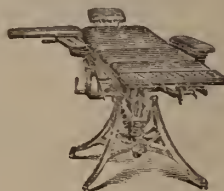


D—Reclining, with head lowered.

The Harvard is capable of rotation, elevation, lateral and backward motions; perfectly balances with or without a patient upon it, is the easiest operated, least complicated, strongest, best adapted for the surgeon, oculist, and gynecologist, most substantial, useful and ornamental surgical chair made.

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Dose.—For an adult one tablespoonful three times a day after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

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Vol. V.

June, 1899.

No. 6.

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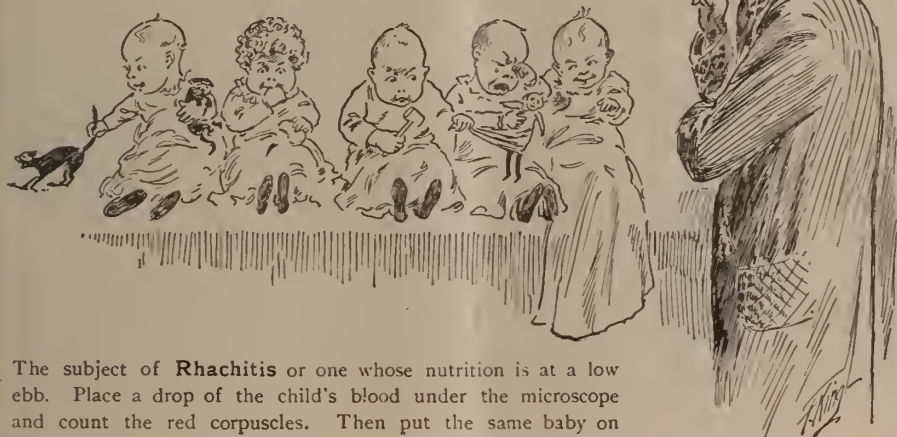
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Aye! Get Good Blood—but How? Not by the Alimentary Process. It has already failed to do its work (else the patient would not be sick); and in acute disease must not even be allowed to do the work it can. Stimulate as you will, the whole sum of the patient’s alimentary power when fully forced into play, is unable to keep up the nourishing and supporting contents of the blood. There is absolutely but one thing to do; and, thank God, that can be done, usually with success, as ten-thousand-fold experience has proved. That one thing is this: where Nature fails to PRODUCE good and sufficient Blood, WE CAN INTRODUCE IT from the arteries of the sturdy bullock, by the medium of BOVININE.

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**Try it** on the *Diphtheritic Membrane* itself, by the same process; so keeping the parts clean and unobstructed, washing away the poison, and meanwhile sustaining the strength independently of the impaired alimentary process and of exhaustive stimulants.

**Try it** on *anything*, except plethora or unreduced inflammation, but first take time to regulate the secretions and functions.

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# The Vermont Medical Monthly

*A Journal of Review, Reform and Progress in the  
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*Official Organ of the Vermont State Medical Society and Thurber Medical  
Association.*

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Vol. V.

JUNE, 1899.

No. 6

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## ACUTE ARTICULAR RHEUMATISM.\*

By Dr. N. C. B. Haviland,  
Holliston, Mass.

Garrod defines the above disease as, "a specific inflammation of the structures in and around the joints attended with great febrile disturbance; erratic; not accompanied with deposits of urate of soda, and (?) not leading to suppuration." This definition seems to me to be very complete and leaves little to be desired.

*Etiology.* The causes which lead to its development are from within and from without the individual and may be briefly mentioned as follows, *from within*—heredity; age, the young being particular liable to the acute forms and the elderly to subacute and chronic varieties; sex, males showing more cases than females although this may be only caused by greater exposure and more arduous manual labor; and an over acid condition of the system not as yet fully understood but contended by Prout and his followers to be due to lactic acid in blood and tissues. *From without*, exposure to cold and wet, east winds, lack of care, often prolonged physical effort accompanied by profuse perspiration unsanitary surroundings, as damp, dark, ill ventilated houses and

\* Read before the Thurber Med. Ass'n.

cellars, damp land and heavy, damp shade: scarlatina predisposes to rheumatism and I have seen two severe cases of scarlatina followed by rheumatic fever with endocarditis: gonorrhoea is occasionally followed by rheumatism and tonsilitis to many suggests one of the manifestations of a rheumatic condition.

*Symptoms.* With these we are more or less familiar. After exposure to cold or damp, the patient experiences a condition of malaise followed with a chill or rigor, and soon some joint or joints become swollen, painful, tender and characteristically helpless and patient winces and protests at any offer to touch it. We find rapid pulse, elevation of temperature, dry tongue and anorexia, high colored urine, and frequently a profuse and foul smelling perspiration.

*Sequelae and Complications.* The most dangerous complication is that of peri or endo-carditis and the heart should be daily watched and auscultated during the progress of the disease. Pleurisy and more rarely peritonitis both being serious inflammations.

Rarely pneumonia and very rarely inflammation of the meninges of the brain or spinal cord. Chorea is quite frequent after rheumatic attacks especially in young girls about the establishment of the menstrual period.

*Diagnosis.* We must diagnose acute articular rheumatism from acute general gout, acute arthritis, and from pyaemia affecting joints, all of which by a careful attention to the history and attendant circumstances can usually be easily done.

*Prognosis.* Acute articular rheumatism *per se* is rarely dangerous to life. Although so extremely painful it is said that not one case in one thousand proves fatal. But when its deleterious action upon the heart is taken into consideration with the possibility of pleuritic or other grave pulmonary complications it becomes to us a matter of much more serious import.

*Treatment.* I suppose that in the discussion of treatment this afternoon much will be attained of benefit to ourselves and to our patrons.

The number of drugs which are and have been used is so large that I may in the time at my disposal attempt to name or discuss but a few of the many that have proved themselves of value. Most doctors, I think commence the treatment of rheumatism with some one of the salicylates, salol, salicin, or plain oil of wintergreen. This is in many cases sufficient but I believe that it will accomplish all the good that it can do within the first week of its use. The combinations of phenacetine and salol, antikamnia and codeia and acetanilid with or without a more pronounced anti-rheumatic in combination are of decided value. A favorite Rx of mine is one drop each of Tr. Ac. Rad., Tr. Belladonna, Tr. Colchici, and Tr. Cimicifuga Rac. once an hour and later as indicated. The iodides have not given me the satisfaction in the early acute stages that they have later in a subacute or convalescing stage.

The alkaline treatment has its ardent supporters and is certainly very valuable in certain cases. Twenty years ago Dr. Wm. H. Thompson of University of New York, gave little treatment in rheumatism except a combination of bicarbonate, citrate and nitrate of potash in quantities sufficient to render the urine alkaline and keep it so. He assured us that this method afforded greater safety from cardiac complication than any other. Other and newer remedies are continually being mentioned and should be employed and results carefully watched for future guidance. Local treatment is simple. Envelop swollen joints with cotton batting retained by woolen bandages and rubber or glass hot water bottle outside those, oil of wintergreen, landamm, soap or chloroform liniment and later Tr. Iodine may avail. Finally in the treatment of rheumatism as in everything else under the sun "Prove all things, hold fast that which is good."

## A Case of Double Pyosalpinx Complicated with a Pelvic Abscess Situated in Douglas Culdesac.

---

*By Dr. W. G. E. Flanders, Burlington, Vt., Chief Surgeon  
Fanny Allen Hospital.*

---

Mrs. M., aged 26, married, came to me with the following history :

Had suffered with severe pain in both inguinal regions for three or four years ; has been under treatment both at home and in hospitals. Finally in February, 1898, she came to Burlington to the Mary Fletcher Hospital and upon examination it was decided to do an exploratory incision, which was done by Dr. Blank and something in the line of operating was done, but owing to the extent of the adhesions, the ovaries and tubes were not removed. The wound closed by first intention and the patient returned home. In a short time a tumor presented itself at the lower end of the incision, and was opened by her attending physician, pus discharging in large quantities. This continued for a few weeks, and it finally closed. She continued to suffer, however, as she had previous to the operation, and there was a continuous discharge of a large amount of pus by rectum. She was greatly emaciated, had complete loss of appetite, and found it necessary to take large doses of morphine to relieve pain.

In June, 1898, she came under my care, at which time she was suffering severe pain in rectum, there was excessive tenderness over ovaries, and vagina was hot, dry and excessively tender to touch. Each side had a boggy feel upon deep pressure. It was evident that both tubes were seriously involved. Her temperature ranged from 100 to 102 F. I advised operation. She was removed to the Fanny Allen Hospital and the usual preparations were made for the operation. She was given



strych. sulphate, grain 1-60 every three hours for three days, liquid diet, salines, douches, etc.

A three-inch incision was made through the peritoneum and a large mass completely filling the true pelvis from one side to the other presented. The adhesions were so extensive that it was almost impossible to outline any of the normal contents, but commencing in front at a point where the fundus should be, I with my finger carefully separated the bladder from it, and then following the tubes, I succeeded at last in enucleating the distorted ovary and tube. This tube was distended to about the size of a lemon, and completely filled with pus. A pedical clamp was put around the mass and tied off with No. 14 silk. It was then amputated and stump cauterized.

I then proceeded to remove the right, which was full as large and had thinner walls than the left. This tube was ruptured before removal and a small amount of pus escaped into the pelvic cavity, but as the patient was in trendlenburg position, and pads had been placed to protect intestines, very little, if any, escaped into the abdominal cavity. The pelvic cavity was cleaned with normal salt solution and the upper part of the wound closed. I then did a ventro fixation, stitching the uterus to the lower part of the abdominal incision. A large glass drainage tube was introduced, extending down to the bottom of the pelvis. This was surrounded with gauze and covered at the top with rubber dam. The injury to the peritoneum had been so extensive that it was thought best not to open the deep seated abscess which was found to be situated in the cellular tissue of Douglas cul de sac. The patient was put in bed with a good pulse—about 80. She did not develop at any time after operation a temperature of more than 100 2-5 degrees F. Hypodermics of strychn. gr. 1-60 were given every three hours, and also, owing to habit, a small amount of morph-sulph. was given, which ordinarily is very much against my idea of treating this class of cases. I have never had any trouble in relieving the pain following operation, by the free use of salines, which deplete the tissue and relieve the congestion causing

inflammation, leaving the patient in a condition that is in no way masked and therefore there is very little danger of our meeting with unexpected and unheralded complications which are so liable to occur in cases that are kept under the influence of opium. The drainage tube was removed permanently on the fifth day, and on the ninth day all of the stitches. At the end of four weeks, the patient was again etherized and an incision made about one inch in length at the junction of the mucous membrane on the posterior surface of the cervix-uteri and the posterior vaginal wall. This opened into a large abscess cavity, which communicated through a small sinus with the rectum. It was bounded above by the peritoneum and below and behind by the rectum; in front by the posterior wall of the vagina. This cavity was filled with a large quantity of foul pus. It was thoroughly washed out with a saline solution, and cleaned with peroxide of hydrogen. The odor of pus escaping from this cavity was all that sulphuretted hydrogen could make it. At the very last washing, a piece of braided silk about four inches long and tied as a knot made its appearance. This evidently had been left by some one who had preceded me as an operator. The wound was filled with iodoform emulsion and packed with gauze. In about three weeks it had completely filled with granulations and the patient was discharged as cured.

In the meantime, she had given up the use of morphine, regained her usual temperament, and was rapidly regaining her flesh.

Upon examination six months after the last operation, we found everything in a healthy condition; a complete absence of all pain or tenderness. The uterus was in the same position in which it had been left at the first operation, when a ventral fixation was done.

The interesting points in the case are, the large amount of pus present without a chill or any other constitutional symptoms except temperature; that during or following the operation, the pulse never exceeded 100; the kindness with which nature took

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care of so extensive injury of the peritoneum, an abrasion which really involved the whole surface of the true pelvis, and the fact that it was utterly impossible to cover these abrasions.

The patient at this time is enjoying perfect health and is weighing more than at any previous time in her history.

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**Erysipelas** is treated by Eshner with *pilocarpine* in the young and robust having no cardiac disease ; in the other class, including the aged and debilitated, with quinine and iron in combination. Attention to the excretions is required. For local application he recommends equal parts of ichthyol and adeps lanae. •

## An Ideal Analgesic.

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By H. Edwin Lewis, M. D., Burlington, Vt.

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The intelligent observer can have little doubt that fully two-thirds of the drugs which have been put on to the market during the last ten years have proven entirely worthless. If this was the only objection that could be made against these worthless drugs, that they had no therapeutic value, the profession would have little cause for apprehension. But in too many instances they are positively harmful, particularly those of coal tar origin and it is the writer's opinion that far more harm than good has resulted from the promiscuous use of coal tar derivatives, since their introduction to the profession. Within the last few years, however, the profession has learned that while the great mass of coal tar products are worse than useless, there are a few synthetic drugs which really deserve a place in the modern armamentarium, and careful discrimination has taught us when, how and in what quantities to use them. Unquestionably one of the best of these new products from the laboratory is kryofine. This drug, a half sister to phenacetine, is classified in chemical nomenclature as methox-acet-p-phenetidin. It occurs in fine white crystals without odor or taste, and while sparingly soluble in cold water, is quite so in glycerine and alcohol.

Butler claims that it is incompatible with the chlorides of mercury, the iodides of arsenic and mercury, the ferric salts in solution, tincture of iodine and the vegetable astringents.

In my hands it has amply demonstrated its remarkable analgesic power, and unquestionably herein lies its chief value. Its action is rapid and any depressing effect from its administration in anodyne doses is *nil*.

During the last winter I had occasion to use it freely in cases of influenza, and I was pleased and surprised at its prompt action in relieving the acute and varied pains which usher in the grippe attack. It was my custom to combine three grains of kryofine with two grains of Dover's powder in loosely packed capsules and administer a capsule every two hours until the pain was relieved, this result usually being obtained in from four to eight hours.

A gentle diaphoresis was produced and the patient usually passed fairly comfortable nights. For the cough and prostration suitable remedies were used, but kryofine and Dover's powder controlled the pain and therefore relieved the most distressing symptom.

In no instance did I employ kryofine as an antipyretic for I am heartily opposed to reducing temperature by drugs. Temperature is by no means the terrible thing we have been taught it was in the past and with but few exceptions it is simply an evidence of increased metabolism, or in other words a very positive sign of Nature's effort to do an increased amount of labor. If we remove the obstacle which occasions Nature's work we may be sure that the fever will vanish. But if we by the administration of some drug forcibly prevent Nature from doing the work, and hold her in check, we are doing more harm than good, for the obstacle will still remain to exercise its baneful effects. Antipyretic drugs then not only prevent the organism from attacking its enemies, but rob it of the right of self-defence. Hence it is wise to refrain from inhibiting Nature's efforts to restore a physiologic equilibrium in her own way.

Of course in instances of hyperpyrexia where the continued high temperature threatens serious injury to the more delicate tissues of the body, means should be employed to combat the greater evil which at this particular time is the high fever. But even now, for reasons previously noted, drugs should not be used to lower temperature. Cold sponging or applications to the surface of the body will accomplish the result far better and with far less danger. Cold lowers temperature not by prevent-

ing heat production, but by abstracting that which has been produced, and it therefore does not arrest the normal process which secondarily gives rise to the high temperature. Numberless times have we all observed the beneficial influence of cold in hyperpyrexia and witnessed the transformation of a delirious, restless, desperately ill patient, in to a quiet, peacefully sleeping one. Judgement then prescribes the use of Nature's method of reducing temperature, in preference to the artificial.

Because of the foregoing I have never used kryofine as an antipyretic, though it undoubtedly could be used for that purpose as safely if not more so than any other known drug. But as has been stated before, in my opinion the drug has its greatest usefulness as an analgesic. It quickly relieves the pain of neuralgia and in migraine or hemicrania its action is immediate and devoid of any depressing influence. In several cases of dysmenorrhoea where the pain attending the onset of the menstrual flow was unusually severe, kryofine gave marked relief, and in two or three instances enabled the flow to become established by its prompt relief of the pain and consequent relaxing, almost antispasmodic influence.

In regard to the dosage while five to ten grains may be given, I prefer to use small doses at frequent intervals, say two or three grains every hour until relief is obtained. It should be administered in powders or capsules for ready absorption. I have not observed any hypnotic effect from kryofine except in those cases where pain was the cause of the wakefulness.

All in all, kryofine makes an ideal analgesic. It gives prompt relief, and the patient while benefited, is in no wise endangered. Further than this there is absolutely no danger of inducing a drug habit, as in the administration of so many other remedies for the relief of pain.

## A Tale of a Wicked Druggist who Substituted.

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Once upon a time there was a man of parts, who was also a physician.

And the skill of this man was so great that the people of the land were wont to flock unto his office for advice, and incidentally medicine. As the years passed by he grew in wisdom, and the sick and suffering who sought relief from him invariably found it, for his consultation price was five. And to those whose red blood corpuscles were few and far between he always prescribed a favorite medicine, the like unto which there was nor is no equal, no not one. And the name thereof was Pepto-mangan.

And the pale people who took this medicine grew well and strong, for their blood became good. Then their souls would be full of gladness and they would return unto the Doctor laden with milk and honey, for by his advice had they not found health and happiness? And the Doctor was glorified in the eyes of his patients, and many shekels were his:

Now there was a certain Druggist to whom the people were wont to take the Doctor's prescriptions to be filled. His face was that of an Angel and a small halo of his own manufacture encircled his fair forehead. But his heart was black within, and verily he was possessed of a devil. And when he saw the great sale of Pepto-mangan, and the countless prescriptions which the Great Doctor was writing for this marvelous remedy, his heart was full of envy and greed.

"Why," cried he, "should not I with all my knowledge of mixing drinks and medicines prepare a remedy like unto this Pepto-mangan?"

So out of the iniquity of his heart he prepared him a substitute.

And to the many who came to his store clamoring for Pep-to-mangan he would say that he was just out of that particular preparation but that he had another "quite as good, if not a little better." And the good people looking up at his halo believed him for an honest man and went forth from his store well pleased at his kindness in giving them something even better than what the Doctor ordered. To others he would say nothing, but would fill their prescriptions with his own concoction and send them away in ignorance of what he had done.

And as the shekels poured in on his counter like golden rain, his soul laughed with glee, for in his mind he saw himself rich beyond compare.

But the people grew well no longer.

No more did they repair unto the Doctor with thankful hearts. Instead of returning unto him with praise and thanksgiving as before, they approached his sanctum with lamentation and wailing. And curses were his, instead of shekels.

"What ho," quoth he. "Wherefore am I getting it in my cervical region? Can it be possible that I, even I, have become a 'has been'? Or has my favorite tonic failed me in my old age?" And he made talk with his patients, seeking knowledge whereof they were no better. And after many questionings he learned of the iniquity of the man of Drngs. Then he was wroth, and with voice like the raging wind he poured forth unto the Heavens the crime of the Druggist.

And all the people heard.

Therefore did they meet together and with one accord hastened unto the store of him who had defrauded and cheated them.

And their anger knew no bounds, for they took him out into a lone place and with no unnecessary ceremony *hanged him to a tree.*

Then on his breast was pinned a card on which was written the fateful words—" *Not what he wanted—but something just as good.*"



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No more thereafter was substitution known in the land, and the people thereof became well and lived happy ever afterwards.

## TO DOCTORS.

Moral.—Beware of substituting Druggists if you expect to cure your patients.

## TO DRUGGISTS.

Moral.—Beware of the wrath of the Doctor and patient on whom you practice substitution.

H. E. L.

## Thurber Medical Association.

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At a regular meeting held June 1, 1899, Dr. John S. Flagg of Boston, professor of embryology and organogeny in the College of Physicians and Surgeons, addressed the members on *A Branch of Medicine Neglected by Physicians*. The particular branch to which he referred was that of dentistry, or more properly, oral medicine and surgery. He held that as the science of medicine includes all its specialties, and as dentistry is properly a special branch of medicine, therefore all dentists should be first physicians, and all physicians should be thoroughly instructed in at least the general principles of oral medicine and surgery. He narrated a number of cases from his own experience showing the close relation between the two. He favored one board of registration for both physicians and dentists, or rather for all physicians, including dentists, and believed that the standard of medical education, as well as the public welfare, would be advanced by a law taking the power of granting medical degrees from the medical colleges, and lodging it in the State board.

His remarks were of more than ordinary interest, and his views, though somewhat radical, were received with much favor.

J. M. FRENCH, Secretary.

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## EDITORIAL.

### “What’s the Use?”

We all are inclined at times to consider the world a pretty hard place to live in, particularly when those we have considered friends prove false and faithless, or when the visions of success or happiness which we have enjoyed for a day, aye for a minute, are suddenly encompassed by a veil of doubt and worry. Then the burden grows heavy indeed and the multiplication of new worries, new trials and new responsibilities makes our heart grow faint and the courage we had prided ourselves oozes out at our very finger tips. Life and living take on the proportion of some great misfortune.

But now in our "indigo" hour we should assert all our manhood, pull ourself together and remember even though "life is a deinned grind" that mere living is not the whole thing. We are here and here we must stay until the last act of our life drama draws to a close and the curtain is rung down on the final scene. Let our conscience dictate the deeds we do and the words we speak, and if perchance we do commit a wrong let us not be afraid to acknowledge it like men.

The following words written by Dr. I. N. Love of St. Louis, in his inimitable style, and appearing in *Love's Medical Mirror* for June, sum up the whole subject so finely that we take sincere pleasure in presenting them:

"What's the use?" Yes, what's the use of noticing annoyances, the shafts of envy and jealousy, the injustice of false friends or the attacks of enemies be they ever so aggressive, for ere long every enemy and false friend will be in his coffin behind the hearse-horse, or else you will, and in either case you will all be in a position to grasp the correctness of Bliss Carmen's screed in "More Songs from Vagabondia."

Said the hearse-horse to the coffin,  
 "What the devil have you there?  
 I may trot from court to square,  
 Yet it neither swears or groans,  
 When I jolt it over stones."  
 Said the coffin to the hearse-horse,  
 "Bones."

Said the hearse-horse to the coffin,  
 "What the devil have you there?  
 With that purple frozen stare?  
 Where the devil has it been  
 To get that shadow grin?  
 Said the coffin to the hearse-horse,  
 "Skin."

Said the hearse-horse to the coffin,  
 "What the devil have you there?  
 It has fingers, it has hair;  
 Yet it neither kicks nor squirms  
 At the undertaker's terms."  
 Said the coffin to the hearse-horse,  
 "Worms."

Go on from 'day to day and take your medicine be it ever so bitter, indulge in neither "swears or groans" bear your burdens bravely, and if an extra heavy one is thrown upon you, "*grin and bear it*" and make no "*kicks nor squirms*," remember that it is better to be a burden bearer than a burden. Be happy in making others happy. Do all the good you can to as many people as you can, as often as ever you can. Live temperate lives in thought, word and deed, and leave all else to God. Above all, don't worry, don't hurry, don't judge,—What's the use?"

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**A New Addition to the "Maltine" Family.**—The Maltine Manufacturing Company of New York City have just put on to the market a new addition to their "Maltine Preparations." It is a combination of pure creosote with Maltine, each fluid ounce containing four miniums of creosote. The value of such a combination is apparent because of the recognized place in the therapy of tubercular conditions creosote fills, and the well-established use of Maltine to facilitate perfect alimantation.

The taste of the creosote, so disagreeable to many patients, is almost completely disguised and all tendency to gastric irrela-tion is mitigated by the nutritive and digestive properties of the Maltine. We feel confident that the new comer in the form of "Maltine and Creosote" will meet with as cordial a welcome as has been accorded the other members of its family.

## Some Day.

Oh, how many promises we make ourselves for that far off time—Some day. What structures we build, what monuments we carve, what triumphs we plan, in the mystic realm of our imagination, all to materialize in the glorious sunshine of Some-day.

But alas, Someday never comes. We go on, day by day, planning and working, trusting like little children in the possibilities of the future. We arise each morning, fresh and expectant, happy in the thought that we are a little nearer the coveted goal. We go to bed each night comforted by the knowledge that yesterday is a little farther away and that to-morrow is only a few hours distant. And so we live out our little world.

But there will come *one* day to each of us, when the evening shades will enfold us for the last time. The myriad rays of golden sunlight like a fleeing army, will make their last retreat o'er the Western hills, and a mighty host of darkness will spring up on every side. It will be the final culmination of the life-battle so far as we are concerned, and Death the victor will rob us forever of Someday.

But let not those who sooner or later awake to the comparative futility of all earthly ambitions, lose hope and give themselves up to only the cold, sordid facts of life. The mere fact of striving to reach the unattainable often times opens up unknown possibilities. No better injunction has ever been given to spur a man on to accomplish all that life really holds for him, than that of the Poet Bryant, in the closing words of that matchless poem "Thanatopsis.

"So live, that when thy summons comes to join  
The innumerable caravan, that moves  
To that mysterious realm where each shall take  
His chamber in the silent halls of death,  
Thou go, not like the quarry slave at night  
Scourged to his dungeon, but sustained and soothed  
By an unfaltering trust, approach thy grave  
Like one who wraps the drapery of his couch  
About him, and lies down to pleasant dreams."

And in awakening to another life, another existence, we may learn that the real Someday is just at hand.



MEDICAL ABSTRACTS.

**Pneumonia.**—Although the local use of cold is paramount to everything else in the treatment of acute pneumonia, internal remedies are by no means to be discarded. Prominent among the latter agents stands strychnine, which possesses a profound stimulant action on the nervous system in general and on the respiratory nerve-supply in particular. Over and above this it is the equal of digitalis in enhancing the function of the heart, and thus tends to overcome some of the most serious tendencies to death in this disease. In order to get the most valuable effect of strychnine it must be given for effect. In other words, it must be administered in doses large enough so that its effects approach the border line of toxic action. In adults it is best to commence with a dose of 1-30 gr. four times a day; and giving in addition a hypodermic dose of 1-20 gr. morning and evening until the limit of toleration is reached. In alcoholic or latent pneumonia it is well to begin with a larger dose.

Another very remarkable drug is capsicum. This is one of the most effective diffusible stimulants in our possession, is of special advantage in that stage of acute pneumonia which is characterized by a low muttering delirium, a comatose tendency, picking at the bedclothes, etc., and which is often associated with a hard, dry, and sometimes black crusty tongue. It is to be given in doses of from ten drops to a teaspoonful of the tincture in water every three or four hours. The writer has given a teaspoonful of the tincture every hour with the best results in cases of low alcoholic pneumonia.—*Mays, Merck's Archives.*

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**On the "Traacherous Lull" in the Course of Appendicitis.**—Dieulafoy (*Bull. de l'Acad. de Mèd.*, February 7th, 1899) states that pain, tenderness, vomiting and

fever of appendicitis sometimes disappear suddenly, and that this phenomenon is not necessarily indicative of amelioration. In fact, this deceptive lull may coincide with the development of gangrene, peritoneal sepsis, diffuse peritonitis. The tranquility is never absolute; there is still some tympanites, muscular rigidity and acceleration of pulse. Sometimes this false calm results from the treatment (morphine, the ice-bag, etc.). The date of its appearance may be as early as the second day of the disease, or as late as the sixth. When the phenomenon occurs it usually leads to the death of the patient by causing the medical man to hope and temporize, and, when too late, he beholds the disease start up with renewed vigor and beyond the power of interference.—*Med. Review of Reviews.*

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**Warm Cocaine.**—The local anesthetic effect obtained with cocaine is more rapid, more intense, and more lasting if the solution is warm. The dangers of intoxication are thus much diminished, as the quantity of cocaine can be very much reduced if it is warmed. A solution of 0.5 or 0.4 per cent heated will produce a powerful effect.—*Da Costa.*

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**Prevention of Hay Fever.**—In the January 21st, 1899, number of *The Journal of the American Medical Association*, Dr. Alexander Rixa, of New York, contributed a very interesting article on "Prevention of Hay Fever." After a highly interesting historical review, and a brief survey of the results achieved in the past few years, the writer resumes the results of his own investigations.

His ingenious researches for a number of years, regarding the etiology of hay fever, lead him to admit that the pollen of the Roman wormwood, ragweed (*ambrosia artemisiifolia*) is the primitive and active cause of this peculiar disease. By inhaling this pollen he produced the symptoms of genuine hay fever. He writes as follows:



From the time I found the pollen to be the exciting cause of the disease, I concluded in a logical way upon the proper treatment. I conceived the idea of rendering the receptacle aseptic by preparing the soil for the reception of the pollen. Naturally, they will find no proper soil for a possible generation, propagation or development, destroying their existence in embryo, so to speak, and with it the real cause of hay fever. For this purpose I decided on the following treatment.

About two weeks before the onset of the disease I commence to irrigate or sterilize the nasal cavity and the post-nasal spaces with a harmless antiseptic solution, using the douche and atomizer. After giving a great number of antiseptics a fair trial, I decided on Hydrozone as the most innocuous and most powerful germicide. Hydrozone is a 30-volume aqueous solution of peroxide of hydrogen. At the beginning I use it for irrigation diluted in the proportion of one ounce of Hydrozone to twelve ounces of sterilized water. Nearing the period of the expected onset of the disease, I increase the dose to two or three ounces of Hydrozone to twelve ounces of the sterilized water, according to the severity of the disease, using the douche, either tepid or cold, four times a day—morning, noon, evenings and at bedtime—while during the intervals I use the atomizer, with a solution of Hydrozone and pure glycerine, or sterilized water, one to three, thus keeping the nares perfectly aseptic during the entire period, and preventing the outbreak of the disease in consequence thereof.

In most obstinate cases, when there is still some irritation in the nasal cavity, I give as an adjuvant the following prescription:

R Acid boracic, gr. xx.  
Menthol, gr. iv.  
Glyco-thymoline,  $\bar{3}$  ij.  
Sol. eucain B.  $\frac{1}{4}$  per cent., q. s. ad  $\bar{3}$  ij.

Sig. Use in atomizer.

As a rule this treatment was sufficient to avert the disease and keep the patient in perfect comfort.

Some one said, not long ago, that the ideal symbol of faith was not the traditional maiden clinging to the Rock of Ages, but the bald-headed man confidently consulting the bald-headed specialist and faithfully looking for relief for his bald-headedness. It is a very suggestive symbol of human limitations, but when hair follicles are gone it would take a special creative act to replace them and the hirsute appendage they furnish. The treatment of premature baldness, however, is not so hopeless if it is taken in time, and skin specialists are agreed that much can be done for the condition if properly treated by prophylaxis, and early attention. In these preliminary stages, and before the real beginning of the alopecia, properly so-called, the cases come into the hands of the general practitioner. Too often he is prone to make little of them, or to consider that they are inevitably progressive anyhow, and so a deformity is allowed to supervene that is unsightly, and a cause of a great deal of annoyance to the patients.

Prophylaxis is especially important. Dr. Jackson, in his *Manual of Skin Diseases*\* insists on two things: the influence of heredity in these cases, and ætiological importance of dandruff. Fathers and sons for generations may grow bald early, or the inherited peculiarity may have to be traced to the grand-parents or some collateral line. Not all the children in one family in which baldness is hereditary are bald, but it will manifest itself in two or three of the children. The necessity for prophylaxis in these cases is evident. *Hygiene of the Scalp* must begin at the very beginning of life and be continued persistently. Its details, as given by Dr. Jackson, are irksome, but most mothers whose sons are threatened with their father's early baldness, will be perfectly willing to take the additional trouble, and as for the sons themselves, as soon as they come to the years of indiscretion (or vanity), which is generally considered to be about the age of fifteen, they can usually be depended on to take for them-

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\*The Ready-Reference Hand-Book of Skin Diseases, by George Thomas Jackson, M.D. Third edition, just issued. Lea Brothers & Co.

selves all necessary precautions to stave off the unwelcome parental inheritance.

As to dandruff, it constitutes, according to Dr. Jackson, the cause of 70 per cent. of the premature baldness that occurs. Not that everyone that has dandruff will become bald; experience is against that, but it is very often true that an error in the nutrition of the sebaceous glands causes sympathetic trophic disturbances in the hair follicles, and hair production ceases. In this class of cases early treatment is of the utmost importance. Lassar's method requires the taking of a good deal of trouble on the part of the patient, but it is deservedly popular because of its frequent success. In general, however, the cure of the condition causing dandruff, which is now considered to be, in all cases, a form of eczema, seborrhoicum will stop the loss of hair. Persistence of treatment for months is necessary, but will nearly always be crowned with success if the condition was not too far advanced when treatment was begun. When there is absolute baldness, it is extremely doubtful if anything can make the hair grow.



BOOK REVIEWS.

**The Newer Remedies.**—Including their Synonyms, Sources, Method of Preparation, Tests, Solubilities, Incompatibles, Medicinal Properties, and Doses as far as known, together with Sections on Organo-therapeutic Agents and Different Compounds of Iron. A Reference Manual for Physicians, Pharmacists and Students. By Virgil Coblentz, A. M., Phar. M., Ph. D., F. C. S., Professor of Chemistry and Physics in the New York College of Pharmacy, etc. Third edition, revised and very much enlarged. Philadelphia: P. Blakiston's Son & Co., 1899. Pp. vi-9 to 147. [Price, \$1.]

This is a book that every medical man in the country should possess. It will enable him not only to keep modern in his therapeutics, but will give him information concerning the many new products constantly being used or suggested by his competitor, a lack of knowledge of which is frequently so embarrassing. It is thorough and complete and while not a treatise on materia medica, is just what it claims to be, a reference manual on the newer drugs and remedies. It should be used as supplementary to the larger works on Materia Medica and the student will find it a valuable help in increasing his armamentarium. The book is of convenient size and neatly gotten up by the publishers.

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**Retinoscopy (or Shadow Test) in the Determination of Refraction at One Metre Distance with the Plane Mirror.**—By James Thorington, M. D., Adjunct Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine, etc. Third Edition, revised and enlarged. Forty-three Illustrations, Twelve of which are Colored. Philadelphia: P. Blakiston's Son & Co., 1899. Pp. xviii-10 to 86. [Price, \$1.]

This valuable little manual has passed through three editions and is really more useful to-day than ever before. Retin-

oscopy has a fixed place in the various means at hand for diagnosing errors of refraction, and the above book demonstrates the utility of the shadow test in a highly scientific yet thoroughly comprehensive manner. We heartily commend it as a simple and complete exposition of a subject, bound to grow in interest as it becomes better known.

\*\*\*\*\*

**Ocular Therapeutics for Physicians and Students.**—By F. W. Max Ohlemann, M. D. (Minden, Germany), Late Assistant Physician in the Ophthalmological Clinical Institute of the Royal Prussian University of Berlin, etc. Translated and edited by Charles A. Oliver, A. M., M. D. (Univ. Pa.), one of the Ophthalmic Surgeons to the Philadelphia Hospital, etc. Philadelphia: P. Blakiston's Son & Co., 1899. Pp. xv-9 to 274. [Price, \$1.75.]

This, the translated edition of a German work, is unquestionably a valuable contribution to the subject of therapeutics of eye diseases. It is well printed on good paper, and has an excellent index with cross references. It is divided into two parts, general and special. The first, or general, part contains five chapters, in which are taken up massage, thermic agents, chemical agents, electricity and general treatment. The second, or special, part considers the therapeutics of the various diseases of the eye. Many prescriptions are given, all valuable, and the doses and quantities are expressed in both the Metric and Apothecary's system. The author has shown excellent judgment in recommending no particular treatment for any condition. Instead he has given all the known methods and drugs which have been found serviceable in each disease, and such a course adds greatly to the value of the book.

We feel certain that the book will be found a very useful one and do not hesitate to recommend it for its evident worth. The work of the translator is especially commendatory.

\*\*\*\*\*


**The Sexual Instinct.**—Its Uses and Dangers as Affecting Heredity and Morals. Essentials to the Welfare of the Individual Future of the Race. By James Foster Scott, B. A.

---

(Yale University) M. D., C. M. (Edinburgh University). Svo. pp. 436. New York: E. B. Treat & Co., 1899. Price, \$2.00.

This book is a noble and earnest plea for a wider and more intelligent knowledge of the sexual relation. The subject is obviously a very delicate one, but the author has treated it so wisely that it cannot help but appeal to the intellect and sound judgment of every reader. The book is absolutely devoid of the sensational and disgusting, containing instead the clean, scientific views of a man who looks at the subject with the calm reason of the physician. The ground is covered in 13 chapters, dealing successively with the sexual instinct and the importance of a just appreciation of its influence; the physiology of the sexual life; a proper calculation of the consequences of impurity from the personal standpoint; woman, and the unmanliness of degrading her; some of the influences which excite to sexual immorality; prostitution and the influences that lead a woman into such a life; the regulation of prostitution; criminal abortion; gonorrhoea; chaneroid; syphilis; onanism; the perversions.

We cannot speak too highly of the book for we feel that it has a real place in the literature of the subject. Its mission will surely be fulfilled and we congratulate the author for the courage and ability to present the subject so plainly and yet keep it so free from objectionable features.

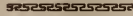


Publisher's Department.

**Modern Surgery and the Warfare on Microbes** —In the warfare on microbes which of necessity forms so important a factor in modern surgery, too much care cannot be devoted to the ammunition. Pus must be removed or destroyed, its formation prevented. Alcohol in certain strengths is well-known to be a very good germicide. Camphor and menthol also have their merits for this purpose. For some time a combination of these with hydrogen peroxide has been in use in the hospitals of Berlin, and has been found to be a superior antiseptic. The laboratory tests show marked results indicating that these solutions have a germicidal power exceeding what would be expected from the sum of the ingredients. Camphoroxol and Mentholoxol, as these solutions have been called, not only are powerful germicides, but harmless as well. They do not irritate, they stimulate the growth of healthy granulations, and besides are very stable solutions which retain an undiminished activity for a long time. Sterile gauze wet with a ten per cent solution forms a neat and most efficacious dressing for any wound surface and possesses the merit of being not only a powerful, but also a continuous antiseptic. As of minor importance perhaps it may be remarked that freely diluted with water they form a very pleasant, refreshing and efficient mouth wash.

**Extract from a Lecture Delivered at the Michigan College of Medicine and Surgery.**—*By Dr. J. F. Bennett, Professor of Dietetics.* Maltine is a pure extract of malted barley, wheat and oats (instead of being made from only one of the cereals) containing all of the nutritive properties of these three grains, in addition to the valuable digestive agent diastase. You will find it

particularly valuable where you wish to get a bone-producing and fat-making substance combined with the digestive agent diastase. I use it daily in my practice, both alone and with the various tonics and reconstructives with which it is combined, with very satisfactory results.



**A Desirable Vehicle.**—The practitioner naturally seeks anything that will enhance the physiological action of a drug, render it more readily assimilable or less disturbing; and is puzzled at times to find a medium which will enable him to get the very best results frequently demanded by the conditions. Drugs that cause gastric irritability—like the Salicylates—must often be abandoned (though absolutely indicated and requiring to be “pushed”) because of the adverse effects set up. So, too, with turpentine, how difficult to emulsify and render it non-irritating. The Bromide or Iodide of potash, especially with children, has to be abandoned at times because of the nausea and vomiting so frequently experienced.

What the practitioner may not know and what we *want* him to know is, he has at command a perfect vehicle for a wide range of drugs that will permit a tolerance not to be found with other menstruum, and one that will also form many desirable combinations—the Phillips’ Milk of Magnesia. The range of usefulness of this hydrate antacid (locally and systematically) is as broad as the acid conditions calling for its employment. It is a particularly advantageous adjunct in the administration of the drugs named above.

In the gouty and rheumatic diatheses due to uric, lactic or lithic acidity, it is valuable, while in the intestinal indigestion of infants attended with flatulence, it serves admirably, alone, or in combination with some of the carminatives. The assertion can be made positively that it produces no concretions, as with the calcined, or carbonic acid as from the carbonate form.

We can emphatically endorse and commend this preparation to our professional friends.



## MASSACHUSETTS COLLEGE OF PHARMACY.

DEPARTMENT OF ANALYTICAL CHEMISTRY.

BOSTON, MASS., Jan. 28th, 1899.

Malt-Diastase Company,  
1 Madison Ave., New York.

Gentlemen :

I have recently made tests upon some *Malt-Extracts Plain* to determine the number of parts, by weight, of reducing sugars, that one part of the extract will produce from starch within a given time, thus showing their comparative diastasic activity.

I purchased the samples in the open market and the following result may be of interest to you.

The figures represent the number of grammes of reducing sugars, (calculated in terms of *Maltose*), that one gramme of the extract forms, when in contact for 30 minutes with an excess of arrowroot starch paste, and are the average of two determinations.

0.3608,.....A diastasic malt, plain.

4.4531,.....A diastasic malt, plain.

6.2314,.....*MALTYME*, Plain.

Respectfully,

J. N. BAIRD, S. M., Ph. E., M. D.,  
Professor of Analytical and Organic Chemistry.

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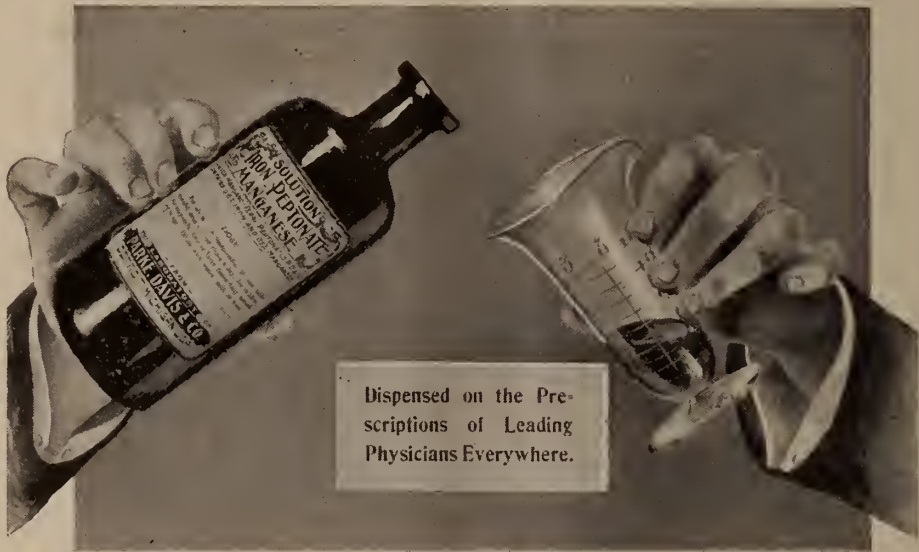
**In Cholera Infantum** The IMPERIAL GRANUM FOOD has proved of priceless value being often the only nutriment found suitable and capable of being retained. Thousands of lives have apparently been saved by its use, and it has seemed to possess not only nutritive but medicinal value, so immediately soothing and quieting was its effect. This shows the vital importance of such a nutriment, one that is pure, natural and unsweetened and that can be easily and quickly assimilated even when the digestive powers are impaired by disease.

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Permanent and  
Efficacious  
Compound...

CONTAINS 0.6 PER CENT METALLIC IRON  
AND 0.1 PER CENT METALLIC MANGANESE.



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Physicians Everywhere.

In our Solution Iron Peptonate and Manganese we offer to the medical profession a combination of exceptional value in the treatment of anemic conditions, where the digestive and assimilative functions of the patient are impaired.

It is hemoglobin-producing, and promotes corpuscular nutrition, and in cases of chlorosis and neurasthenia it has accomplished most encouraging results.

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BALTIMORE, NEW ORLEANS.

Home Offices and Laboratories,

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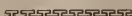
**Scott's Emulsion Vindicated.**—The medical profession and the trade have for the past year and a half been much interested in the fight between Messrs. Scott & Bowne, manufacturers of Scott's Emulsion, and the State Dairy and Food Commissioner of Ohio. The trouble arose from the charges made by the Ohio Food Commissioner that Scott's Emulsion contained a narcotic, which, if true, made it a misdemeanor under the laws of Ohio to offer it for sale without the regulation poison label.

Messrs. Scott & Bowne, feeling it a duty which they owed, not only to themselves, but to the profession in general, repudiated the charges in every instance, and since then the matter has been a subject for the courts to decide.

The suit brought by the Commissioner against a druggist of Cincinnati for selling Scott's Emulsion, which the Commissioner claimed contained morphine, was settled this week in the courts at Cincinnati by a verdict for the defendants, entirely vindicating them and showing the injustice of these injurious attacks upon Scott's Emulsion, the jury being out but a very few moments.

The testimony brought out at the trial was overwhelmingly in favor of the claims of the manufacturers, that Scott's Emulsion had never contained a narcotic of any kind. More than a score of the best chemists in the country certified to these facts.

We congratulate Messrs. Scott & Bowne on their victory. It is the old story—"Truth crushed to earth will rise again."



**Chronic Leucorrhœa.**—In a case of chronic leucorrhœa, with engorgement and erosion of the cervix which has been of three years' standing, and in which the patient has endured many things of several physicians, Micajah's Medicated Uterine Wafers were given a trial, and, much to the surprise of all concerned, improvement began almost from the first. At the present time, after one month's use of the wafers, the patient considers herself cured and is able to do all her housework, which for two years she had neither the strength nor the courage to undertake. It will pay physicians to give this remedy a trial.

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MALTINE is a highly concentrated extract of *barley, wheat and oats*. Barley alone is employed in the manufacture of all other malt extracts, and *not one of them is as highly concentrated as MALTINE*.

MALT EXTRACTS which are thinner than MALTINE are thinner for the simple reason that *they contain more water—are not concentrated as MALTINE is* and therefore are less nutritious and more costly.

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"It is quite common for individuals with incipient pneumonia to visit the physician's office 'on account of a severe cold.'"

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Both of these quotations are from the writings of Prof. I. N. Danforth, of the Northwestern University Medical College of Chicago. They are found in the last edition of the American Text-book of Applied Therapeutics.

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This is an anodyne-expectorant, the formula of which will be furnished any physician upon request.

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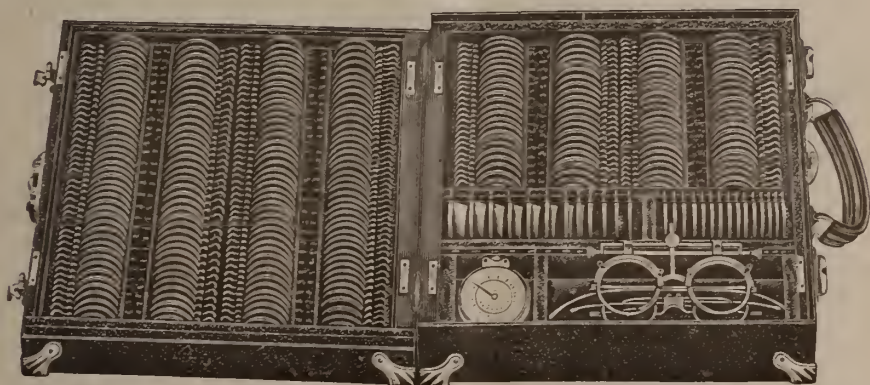
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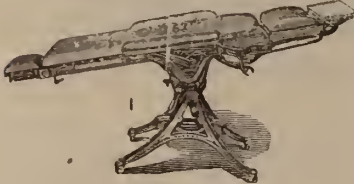
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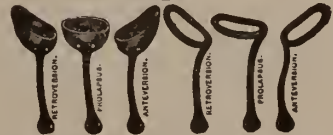
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# VERMONT MEDICAL MONTHLY.

Vol. V.

July, 1899.

No. 7.

*Entered as second class matter at the Burlington, Vt., Postoffice.*

Free Press Print, Burlington, Vt.

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# The Vermont Medical Monthly

*A Journal of Review, Reform and Progress in the  
Medical Sciences.*

*Official Organ of the Vermont State Medical Society and Thurber Medical  
Association.*

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## School of Instruction for Health Officers.\*

The recent School of Instruction for Health Officers held at Burlington, Vermont, during the week of July 10 to 15, was one of the most unique departures in public sanitation ever taken in this country. The far-reaching results made possible by such an undertaking are bound to occasion the universal commendation of every public spirited citizen. That Vermont should be the first State in the Union to inaugurate practical scientific instruction at the public expense, in order that her health officers may become better able to cope with disease, is a flattering testimonial to the progressive tendencies of the State Board of Health. The fact of there being a well equipped State Laboratory under the direction of a man whose scientific ability and standing is of the highest, made the venture not only possible but eminently successful. To Dr. Linsley is due a great share of the credit for making the school a success and we feel confident that the profession throughout the State are very grateful to him, not only for his recent efforts in their behalf, but for the remarkably satisfactory way in which he is conducting the State Laboratory.

\* The Bulletin of the School transactions is reprinted from the *Essex Record*.

The first session of the school was held Monday evening in the City Hall, which had been especially trimmed and decorated for the occasion. His Honor, Mayor Roberts, welcomed the large number of health officers to the city and in the course of his remarks said that several times he had been called upon to welcome organizations to the city, but it gave him especial



DR. JO H. LINSLEY, Director Laboratory of Hygiene.

pleasure to welcome a body of men whose aim in life is to save life, and as all of us are more or less abnormal it is indeed a great pleasure to welcome the healer. He said that medicines had made great strides in the past few years—that the physicians now undertake to locate the cause of the disease instead of

treating a patient in the dark. To-day the physician is not the Indian medicine man of years ago. He paid a high tribute to the medical fraternity and it was his hope that the doctors would give to the State Laboratory all the support it deserves. It was his trust that the health officers would thoroughly enjoy the microbes found there.

Dr. C. S. Caverly, the president, then became the presiding officer and he filled this position at the several sessions of the school in an affable and exemplary way.

The doctor returned thanks to the mayor for his welcome. This is a new kind of a summer school, he said. Then he told of what the legislators did toward establishing the bacteriological laboratory, which had been in operation about eight months, and said that its establishment marked an important epoch in the State. He paid a high tribute to Dr. Linsley without whose tireless and enthusiastic work there would not have been a laboratory at this time. He said that while Vermont was not an unhealthy State and while the people have enjoyed good health and longevity, there are within its borders the germs of disease, as well as elsewhere. What is needed most of all in every village is pure water and pure milk supplies. School houses to be better furnished, better lighted and better ventilated. The object of the laboratory is to aid in bringing about everything that will improve and better the physical condition of the inhabitants.

In referring to the school, he said that those present were there for work and that all should feel that they were students and instructors.

Gov. Smith being introduced, referred to the proverbial hospitality of Burlington. He said he had inspected the laboratory and out of the interest aroused enthusiasm had sprung for the character of the work of the institution and from what he was able to learn, the laboratory compared favorably with those of other states and those also of foreign countries. The principal upon which the laboratory is being run is the right one. The

Board of Health is establishing a blessing to the human race of Vermont.

The governor was of the opinion that the people of the State did not fully realize the benefits that are daily being performed at this institution. The legislature should sustain such a progressive and beneficial institution and it was his hope that when the law-creating body came together again it would double or surely increase the appropriation made at the last session.



DR. M. J. WILTSE, Chemist.

Dr. Henry D. Holton, the treasurer of the board, was delighted to see so many health officers and laymen present to aid in so worthy a cause. Massachusetts was the pioneer state in sanitation, and it was gratifying to see Vermont take the interest in the matter she is now manifesting. Human life, he said, can be prolonged by proper sanitary conditions. He traced the history of the State Board of Health, starting from its receiving lawful authority by the legislature. He spoke of the obstacles

that had been surmounted and believed that the school worked an epoch in sanitation in this country. Vermont was in the front rank, as she usually is, setting an example to the rest of the country. The reports that will go out of this school will interest boards of health of other states to follow in the footsteps of the old Green Mountain State. He complimented Dr. Linsley on his earnest endeavors to bring about that already accomplished. Educating the people of the State up to a plane of appreciation of bettering health and using those means whereby disease will be lessened is the object of the board and towns made healthy by sanitation will attract the visitor seeking health.

Hon. D. J. Foster said it was a significant occasion and the first time that a gathering of health officers has been gotten together to receive instruction in the work they are called upon to do. It has been left to Vermont to set the example in this direction. We desire the public to take an interest in the health of the hamlet, village and city. A gentleman said to me that the greatest need of the hill towns is sanitation. So much attention is given to sanitation in the larger towns that they are more healthy than the smaller ones. It is therefore remarkable that a rural State like Vermont, made up largely of small towns, should be the first to hold a school of this character. He spoke with much fervor in the interest of the bacteriological laboratory and said that the State Board of Health had done an immense amount of good and that thanks are due the board for inaugurating the movement of a school of instruction.

The school was successful beyond the expectation of all. It would be impossible to give too much credit to Dr. Jo H. Linsley; the idea of the school he believed in and the result must well repay him for the hard work he has undergone to bring about its inauguration. He was ably assisted by Dr. M. J. Wiltse and B. H. Stone, assistant bacteriologists who gave free service for months before there was an appropriation by the State.

Horace Ballard, who introduced the bill in the legislature which created the bacteriological laboratory, said that when he was first approached about introducing the bill he was reluctant about presenting it. The representatives from the small towns voted for it. There was opposition from some quarters on the ground that Burlington wanted everything? And why shouldn't this beautiful city want something. If Adam and Eve should pass up this lovely valley they would claim it for their first residence.



DR. B. H. Stone, Assistant Bacteriologist.

Future legislation is sure to make necessary appropriation for maintaining the laboratory and it is sure to be sufficiently large so that the State Board of Health can build a building of its own and continue the work to greater advantage than at present.

Ex-Gov. Woodbury was the last speaker.

TUESDAY.

The school came together at 9 o'clock. In the absence of Dr. S. W. Abbott, secretary of the Massachusetts state board of

health, Dr. Linsley read Dr. Abbott's paper on "The Relation of the Public Health Laboratory to the Citizen." In an exhaustive treatise of the subject it was shown that the laboratories of the nations have resulted in a prolongation of human life.

It mentioned zealous endeavors of noted physicians in their researches to discover the preventives of germs which spread diseases. It mentioned the work of Pasteur and said that his work could not be estimated in dollars and cents. Other discoveries were mentioned, and the author of the paper said that they could not have succeeded as they have had it not been for the laboratories. The laboratory is as essential to the welfare of communities as the forge to the blacksmith.

Dr. Abbott's paper gave an interesting history of the Massachusetts state board of health, of how the board had been successful in driving from the state fraudulent food manufacturers and causing others to become honest. In detail the paper went into the history of sanitation in the state and showed the great reduction of loss of life by infectious diseases as the result. The method in vogue in conducting the laboratories and the immense amount of work performed in them was shown in the number of cultures of diphtheria that had been examined, as well as the germs of tuberculosis and other germ diseases. Dr. Abbott showed that a saving of 1500 lives had been effected through the bacteriological laboratories of the state.

The doctor said that the money contributed by the citizen toward maintaining these institutions was returned to him many times in the prevention of disease.

A discussion followed, Dr. D. C. Noble of Middlebury being the first to respond. He said that Dr. Abbott's paper proved conclusively that Vermont, by the establishing of a bacteriological laboratory, was working in the right direction. It is essentially a people's laboratory and the legislature made no mistake in making the required appropriation for maintaining it, and it will continue to make no mistake by making the required future appropriations. The fundamental purpose of the laboratory is

to aid directly the citizens, and it should become a permanent institution.

Dr. John Gibson of Vergennes was the next speaker on Dr. Abbott's paper. He said that the laboratory bore the same importance to the community that human life does to the same community. Medicine has met with its buffs and rebuffs. So



DR. C. S. CAVERLY of Rutland, President State Board of Health.

with the laboratory. But the opposition must be overcome by education. The laboratory will fill the mission of protecting us from fraudulent foods.

To a question by Dr. Fletcher of Bradford Dr. Linsley replied that one hundred and ninety-two specimens of water and



ice had been examined since the establishment of the laboratory. These included river and well water, and in many cases they were badly polluted. The best water came from streams. A very large amount of vegetable contamination had been found, very largely due to lack of proper care of wells and reservoirs.

Dr. Nay of Underhill complimented Dr. Peck of Winooski for taking the initiative in sending samples of agency liquor to the laboratory for analyses. He thought that the agency whiskey was apt to be a very poor article, and while the average physician prescribed as little stimulant as possible, yet all physicians recognized the fact that stimulant was necessary.

Dr. Peck of Winooski said that complaints came to him that something was wrong with the agency whiskey. He sent samples to the laboratory. It is a notorious fact that all kinds of liquor sold at the Winooski agency are of an inferior quality. It is purchased by persons who know nothing about the quality of liquor.

Dr. Nichols of Barre related an experience which occurred in his city. He said he examined six samples of whiskey and found every one adulterated; yet the committee appointed to look after the purchase of liquor procured these grades for the Barre agency.

Dr. Holton of Brattleboro: "We want to make the people of every place feel that the laboratory is for them. Visitors to towns who inquire if the place is malarially affected can be answered that laboratory tests have been made with the result that no germs have been discovered. This means much to the towns that can answer in this way."

In the absence of J. E. Cushman, Esq., C. E. Mower read Mr. Cushman's paper on "The Powers and Responsibilities of the Health Officers and Local Boards of Health." This was a definition of the power conferred upon the state board of health by the law, and showed to what extent the board of health could go. The paper also treated of the authority of town health offi-

cers. The paper defined specifically these duties from a law point of view and proved of much interest to the school.

Dr. W. S. Nay was the first speaker in the discussion which followed. He said that until recently he believed that law on the statute books was real law, but he had found to his sorrow that



DR. H. D. HOLTON of Brattleboro.

this was not so, as demonstrated by that judicial body—the supreme court. Dr. Nay recently had a suit with the town of Underhill, for which he was acting as health officer while a resident of Jericho. The court decided that a health officer should be a resident of the town in which he is serving as health officer. Dr. Nay related some experiences in performing the duties of

health officer, and advised all health officers in dealing with local boards to make it a matter of record.

Hon. Henry Ballard was the next to discuss the paper. He showed the advancement made by the people in looking upon the importance of the state and local boards of health—how their attitude had changed in the past twenty years, and said that the most important office in the state, not excepting even the governor and the other executive officers, is that of the health officer who has more power than any other official.

The afternoon session of the school was held at the laboratory, where Director Linsley conducted demonstrations. The animal inoculation was demonstrated upon a Guinea pig. Chemical and bacteriological analyses were made, and cultures in typhoid and diphtheria shown for the instruction of those in attendance at the school. These were all of a practical nature and of much interest.

The evening session held in the city hall was devoted to a lecture on "Bacteria" by Dr. Linsley. The lecture was profusely illustrated with stereopticon views and very interesting. Pictures of various bacteria and germ life were thrown upon the screen and their condition discussed by Dr. Linsley. Nearly half a hundred views were shown and the lecture was one of the most interesting listened to by the school.

#### WEDNESDAY.

The session opened with a paper, "Public Water Supplies and Sewerage Including Drainage on the Farm," by Prof. J. W. Votey of the Vermont experiment station. He said that water was the main constituent of human life, and this being the case pure water was essential as a preventive to disease. He mentioned the many diseases that are likely to occur from drinking water of an impure character. Vermont has had her epidemics from impure water, and unless an improvement is made in securing for the larger places a pure water in quantity and quality history is sure to be repeated. For domestic purposes water should

be free from vegetable matter and of as soft a character as possible. Quantity is more important than quality when water is used for fire protection, etc. In submitting water for a chemical analyses the surroundings where the water is taken should be



DR. J. H. HAMILTON of Richford.

communicated to the chemist. This is important. He objected to the use of water which had flowed from the roofs of decaying shingles and confined in a cistern also allowed to decay.

Ground water is more pure than surface water. The ground acts as a filter. Still there are exceptions to this rule as the ground itself may be contaminated. Wells, while they may be pure originally, are apt to contamination if they are located near



GENERAL DIAGNOSIS LABORATORY.

farm or house buildings. Cesspools have been known to contaminate wells several hundred feet away, especially if the soil be of a gravelly nature. When a water system is introduced to a town, health officers should see that wells are abandoned as much as possible. Driven wells afford much advantage over other wells. He advocated the filtering of water taken from streams and a constant vigilance placed over the filters that they be kept clean. The larger number of cities secure their water from streams but

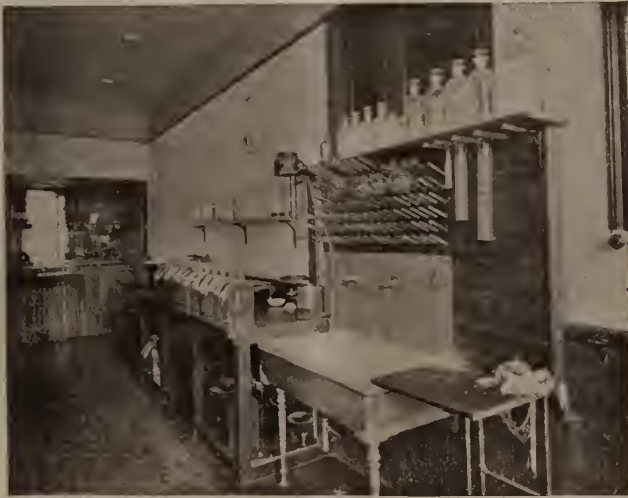


BALANCE ROOM.

as sewerage is run into many of these streams they have become polluted. Wherever such conditions exist epidemics have in many cases resulted. Are the streams of the country to be used as dumping grounds, or is some other plan to be adopted to take care of the sewerage, or are they to be kept free from contamination and used for water supplies?

Vermont is so well watered that we are not necessarily obliged to look to streams for water supplies, but in some places streams are absolutely necessary to furnish the supply. Streams are made impure from the disease germs which come from ani-

mals whose excrement is used to fertilize the farms. There is a call for sanitary missionaries in the country as well as in the more largely populated districts. There are three methods of purification in use in this country: Sterilization, filtration and sedimentation. Sedimentation is the first step toward purification. Over 90 per cent. of bacterial contamination of water can be removed by filtration. Domestic filters may be considered a necessary evil. They should receive proper care, otherwise they



SINK, CONSTANT STILL AND WATER BOTTLES.

become an evil. In water systems the gravel and sand filter should be used. Mr. Votey advocated the placing of the water supplies of the State under the supervision of the State Board of Health. He also advised the placing of milk venders in charge of local health officers whose power should be so great that they could compel a pure milk supply.

Dr. C. M. Ferrin, of Essex, was first to discuss the paper. He gave an interesting history of the water supply of Essex Junction, and to a question he put to Dr. Caverly was advised in putting in a water system at the Junction to at the same time lay a sewer system.

George Smith, health officer of Manchester, told of the obstacles surmounted in his town in getting the inhabitants to adopt a water and sewer system. He said that Vermont towns properly equipped with a pure water supply and the right kind of sewer system were sure to get a large number of summer boarders. The paper was also discussed by Dr. E. W. Shipman



A CORNER IN "PIGVILLE."

of Vergennes, Dr. H. R. Wilder of Burlington, Dr. Don D. Grout of Waterbury, Dr. C. S. Caverly of Rutland, Dr. Henry D. Holton of Brattleboro, Superintendent F. H. Crandall of Burlington, Dr. J. W. Avery of Proctor, Dr. G. B. Nichols of Barre, and others.

The second paper of the morning was by Superintendent F. H. Crandall of Burlington, on "Sanitary Plumbing and House Drainage." Superintendent Crandall's paper was mainly of a technical nature and was closely followed throughout. It treated methods of laying pipe and discussed the merits of various methods. Some excellent points concerning house drainage were given.



In the afternoon, W. H. Buckley, of the plumbing firm of W. H. Buckley & Co., Burlington, gave practical demonstrations of proper and improper plumbing. He illustrated his subject with a model. Mr. Buckley's talk to the health officers was one of the most interesting on the program. He was plied with questions, which he answered in a clear, concise manner and



CHEMICAL TABLE—Chemical Room.

every person present received valuable instruction. Mr. Buckley advocated the appointment of a commissioner or commission, whose duties it will be to inspect every piece of plumbing put in in the State.

Lawrence Griffin, of Barre, advocated that the State issue licenses to plumbers and that they be made to pass an examination before receiving a license.

The evening session was given up to a paper on "The Relation of Animal Diseases to Public Health," by Dr. C. W. Fisher. The points of law relating to various powers of health officers, led by Hon. Henry Ballard, was exhaustively discussed.

## THURSDAY.

The third day's session of the school for health officers of Vermont, opened with still another increase in the number present. The first business was the discussion of the paper read by Dr. C. W. Fisher at the session of Wednesday evening, entitled, "The Relation of Animal Disease to the Public Health." It was discussed by Dr. C. W. Peck of Brandon, who paid especial reference to consumption, warning those present against its rav-



FILLING CULTURE TUBE.

ages and asking for a law with stringent provisions guarding against the communication of its germs from animal to man. All germs, he said, derive potency from unsanitary conditions. A herd of cattle closely confined and in poorly ventilated quarters, may generate disease, and if this is true we are making disease. Dr. Peck introduced resolutions relative to the subject, which were referred to a committee.

Dr. Henry D. Holton of Brattleboro, led a talk on "Isolation of Infectious Diseases," and said that the only way for a health officer is to do his full duty to himself and those whom

he cares for regardless of the pressure brought against him. Drs. C. F. Hutchinson of Enosburgh Falls, J. H. Hamilton of Richford, H. R. Wilder of Burlington, Don D. Grout of Waterbury, took part in the discussion.

School-house Sanitation and Inspection of School Children," was the subject of a paper by Dr. C. S. Caverly. Among other things the doctor said that compulsory education entails certain other responsibilities and the State is morally responsible for the



SPUTUM BENCH AND STAINING DESK.

health of its school children. He took up the questions of physical exercise, over-study, and the ventilation of school rooms.

Dr. Caverly's paper was discussed by Drs. J. Waite Avery and W. N. Bryant of Ludlow. The place of Dr. H. M. Biggs, of New York, who was to have discussed "The Prevention of Diphtheria and Tuberculosis," was taken by Dr. Parke of the New York city laboratory, who said that the city physicians were very much interested in the use of anti-toxine and that it was used upon the mother and other members of the family wherein there was a case of diphtheria. In taking up the subject of tuberculosis the doctor said that his colleagues were not abso-

solutely sure that bovine tuberculosis makes human tuberculosis. The paper was discussed by Drs. W. H. Vincent of Orwell, H. L. Stillson of Bennington, and E. J. Mellville of Bakersfield.

A paper on "Disinfection, Disinfectants and Quarantine," was read by Dr. J. H. Hamilton of Richford, in which he gave a very interesting and pertinent discussion of the three subjects. The paper was discussed by Dr. F. R. Stoddard of Shelburne, and Major L. S. Tesson, Third Cavalry, Fort Ethan Allen.



MICROSCOPE ROOM.

The last number upon the day's program was a demonstration of disinfecting apparatus and filters by Dr. H. R. Watkins of Burlington.

#### FRIDAY.

The closing day's session was a long one because of the length of the papers discussed. Dr. C. S. Caverly introduced a set of Resolutions from the State Board of Health, regarding the interment of bodies in cemeteries.

Dr. C. W. Peck's Resolutions as amended by the committee were adopted:

*WHEREAS*; We as a convention of health officers believe that tuberculosis is communicated to the human family through butter, milk, cream and meat, therefore,

*Resolved*; That it is the duty of the State to take such action in this matter as will cause the prevention, removal or destruction of all such sources of tuberculous infection.

*WHEREAS*; Tuberculosis being a germ disease and contagious from one member of the family or community to another through the floating of the dried sputa in the air; and,



IN THE MAIN OFFICE.

*WHEREAS*; The common people are, as a rule, ignorant of the fact; therefore,

*Resolved*; That it is the duty of the State Board of Health to circulate the necessary knowledge of the facts pertaining to the contagious disease either by lectures in all the large towns of the State, or by publishing and circulating literature on the subject.

The first paper of the day was "Adulterations and Dangers of Milk," by C. H. Jones of the agricultural experiment station. Adulterations are made, said Mr. Jones, by the introduction of

water, by the removal of a portion of the cream and the introduction of chemicals. The latter method should not be tolerated. Milk taken from the cow is germ free and it is in handling that the fluid comes in contact with bacteria. The best method for preserving milk is by pasteurizing. From a sanitary point of view cleanliness should be insisted upon in all the surroundings of milk supplies. The subject was discussed by Drs. C. S. Boynton, Don. D. Grout of Waterbury, W. S. Nay of Jericho, O. W. Peek of Winooski, J. H. Hamilton of Richford, and C. S. Caverly of Rutland.



SINK, WORKING BENCH AND REFRIGERATOR.

The subject of H. L. Stillson's paper was "How to Make Health Regulations a Success Among the People." The paper was divided under the three heads of equipment, sanitary education and environment. The health officer's relations to the attending physician should be cordial. The officer should always be impartial. The community should be educated by the press and the clergy. Environments brings up many new things for consideration. Nuisances should be carefully examined before

they are ordered abated. No regulations will enforce themselves.

Dr. E. M. Brown of Sheldon opened the discussion of the subject treated by Mr. Stillson and read an interesting paper. Dr. H. R. Wilder of Burlington discussed the subject.

At the opening of the afternoon session a letter and short paper from M. J. Hapgood of Peru, on the subject of "Sanitary Country Inspection," was read. This was followed by a paper on "Water Supplies and the significance of Constituents as



STERILIZER, AUTOCLAVE AND WATER-BATH.

Reported in the Chemical Analysis," by Dr. M. J. Wiltse, assistant at the State laboratory. The paper dealt with the process of securing samples and the analysis of water sent to the laboratory.

The second paper of the afternoon, and the last of the school, was that of Dr. Linsley, upon "The Significance of Constituents as Reported in the Bacterial Analysis." A complete examination of water is an investigation of its physical, chemical and biological properties. Surface water contains more organ-

ism than ground water and still water contains more organism than running water. Muddy bottoms are responsible for a large number of microscopic organisms. Experiments show that water of rivers is purer as regards bacteria in summer than in winter. Very deep or driven wells contain few bacteria. The number in lakes varies as does the distance from the shore at which the samples are taken. The water supplies of our towns and cities should be analyzed at least once a month for a year.



BENCHES FOR HISTOLOGICAL WORK.

A brief discussion of the Widal test for typhoid fever, on the program for the day, followed, after which a few words from Chairman Caverly and a vote of thanks to the citizens of Burlington for their many hospitable acts, closed the sessions.

There were the following exhibits: Physicians laboratory outfit for bacteriological work including incubator, sterilizers, blood serum coagulators, centrifuge, microscope, etc.; display of microscopes from principal manufactories in the country, including fifteen instruments valued at \$1,133; display of disinfectants.



The steamer Reindeer left her dock at 7 o'clock, carrying the physicians and others from the city for a four hours ride upon the lake. The Sherman band accompanied the party and rendered a pleasant program. The night was all that could have been asked and the trip proved a pleasant closing of the work of the sessions. The ride was provided by the citizens of Burlington.



CORRIDOR CONNECTING FOUR OF THE WORKING ROOMS.

## Notes on Digitalis and its Active Principles.

By *J. M. French, M. D., Milford, Mass.*

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No drug has as yet been able to compete successfully with digitalis as a heart-tonic of wide applicability and general reliability.

Nevertheless, its use is attended with certain disadvantages. The tincture and fluid extract, and to a less degree the infusion, are irritant and nauseating to the stomach, and when this is at all weak or sensitive, they cannot be given except for a short time, thus failing in the very cases and at the very stage of the disease, where they are most needed. Again, the therapeutic activity of different specimens varies considerably, owing to a difference in strength, and especially in the comparative amount of the several active principles, due to the varying conditions under which the plant was grown, time of collection, part used, and menstrum employed in its solution. A cumulative action is claimed by the older writers, but is denied by many recent ones. If present, it doubtless depends upon the preparations and dose used.

The key to this variation in the action of digitalis, with the means of penetrating it, is found in a study of its active principles, which, according to Merck, Shoemaker, Schmiedburg and others, are five in number, namely :

1. Digitalin.
2. Digitoxin.
3. Digitalein.
4. Digitonin, and
5. Digitin.

Of these, the first three are heart-tonics, the fourth is a heart sedative and gastric irritant, while the fifth is said to be inert.

Digitalin is both a heart-tonic and a diuretic, while digitoxin is the most active of all the glucocides of digitalis, a prompt, powerful, reliable heart-tonic, but without any special diuretic properties. Digitalein is considered a weaker heart-tonic, but a more powerful diuretic, than either of the others. As to solubility, digitalin is soluble in both water and alcohol; digitoxin in alcohol but not in water; digitalein slightly in alcohol and freely in water, while the reverse is true of digitonin. Here we learn why the tincture is the stronger heart-tonic, while the infusion excels as a diuretic; and also why both these preparations, but more especially the tincture, are irritating to the stomach.

If, now, instead of depending on the galenical preparations, we choose one or more of the desirable glucocides—preferably a combination of the three—rejecting the irritant digitonin and the inert digitin, we have a drug whose composition is definite, whose strength is uniform, whose effects are positive, and from which the undesirable principles are wholly removed. It is, moreover, so concentrated in form that the dose is extremely minute. In the form in which I have been in the habit of using it, that of the so-called alkaloidal granules, gr. 1-67, the dose is one every half hour to two hours in acute cases, and from two to four three times a day in chronic ones. I have found it to be at least equal to the tincture as a heart-tonic, and as good a diuretic as the infusion, besides having a tonic effect upon the stomach rather than the reverse, and prepared in a form convenient to carry, and acceptable to the most fastidious. They can be given in granule form—in which case the bitter taste is entirely avoided—or in solution, as may be desired. The important point is always to use the same preparation and to study its action until you know it thoroughly, what it will do, and what it will not do.

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## Report of a Case of Successful Trephining to Relieve Symptoms Due to Depression from Extensive Fracture.

*Leonard D. White, M. D. (Harv. Med. 1883), Oxford, Mass.*

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As prefatory to the details of this case it might be well to offer a few words of explanation of the motives which led the writer to publish the particulars of a case which is by no means rare in city hospitals. The operation is not at all unusual or remarkable or the result unexpected.

It is, however, offered as a case for encouragement for young medical men to keep themselves prepared with both instruments and ready knowledge for the management of such unusual surgical emergencies, lest they be suddenly found unprepared.

There is a certain class of patients where something must be done at once and without the able assistance of a city consultant or the removal of the patient to a city hospital, a far too frequent method of disguising inexcusable ignorance.

While descriptions of trephining read easily enough, free from all abstruse methods or anatomical intricacies, it is, nevertheless, an operation which is quite apt to surprise the beginner by little difficulties caused by unfamiliarity with the peculiar manual dexterity required.

Among these peculiarities of technique here encountered, perhaps none are more prominent than the stitching up of the dura mater. Like sewing up the cervix uteri, it seems simple enough until you try it yourself.

Nearly seventeen years ago the writer purchased a trephine and then, having little else to do, experimented with it in a manner advised by an old medical friend. As this method gave considerable dexterity in the use of sutures in bad localities, a

description is added for the possible benefit of some young doctor as awkward as the writer.

He first took a hen's gizzard, emptied it carefully, tacked the edges around a hole trephined through a cigar box, nailed on the cover, fastened the box to a table, cut a long gash in the wall of the gizzard through the round hole and proceeded to sew it up.

When this can be done in a skillful manner one may feel capable of attempting to repair the cervix of a 250 pound multipara.

To return to the case which afforded the writer his first opportunity to use the trephine in seventeen years' village practice. My patient, a boy of fourteen years, while watching a game was struck by a league ball fouled from the bat and reaching the victim over 100 feet from the striker. It touched the head at a point about three inches above and back of the ear, upon the parietal bone near the occipito-temporal angle.

The impact was distinctly heard as "a heavy thud" by many witnesses over 200 feet from the victim. While at first unconscious, in a few minutes he rallied, slightly dazed and in severe, dull pain, not cutting but pressing in character. He vomited matter streaked with blood.

The pain and nausea, with a semi-comatose condition, grew steadily worse from the time of the accident (3 P. M. Saturday) until operation at 1 P. M. Sunday. Depression over the fracture was very marked. After etherizing the whole head was shaved and carefully scrubbed, all being managed as nearly aseptic as possible.

Upon reaching the bone the extent of the injury was found to far exceed our previous anticipation, there being five lines of fracture and one piece of loose bone. When the "button" was removed the dura pouted and when opened discharged six drachms of jelly-like brain substance and about as much more serum and clotted blood.

Hemorrhage was immediately resumed but was stopped at first by the finger aided by tampons. After wiping out the cav-

ity, the dura periosteum and scalp were sutured separately with cat-gut, and dry dressings applied. Relief of pathological symptoms at once resulted, recovery being rapid and uninterrupted, without a single drop of pus or degree of fever.

At this date, over two months after the operation, no effect upon the mind or nerves has developed.

2575252525252525

### The New Treatment of Hemorrhage.—

Carnot has recently called attention to the value of hypodermic injections of sterilized gelatin solutions for the purpose of increasing coagulability of the blood in general. He also mentions that the local use of these solutions is exceedingly valuable in controlling capillary or oozing hemorrhage, where compresses fail to produce the results desired, and this substance often suffices when preparations of the iron and the acids fail. When employed as an injection it is absolutely essential that the solution is sterile. The solution used by Carnot is gelatin 12 drachms, chloride of calcium  $2\frac{1}{2}$  drachms and water one quart. One or two ounces of this solution is given under the skin into the loose subcutaneous tissues of the back or thighs. It is said to act very speedily in causing coagulation at the bleeding point. When the solution is applied to the exposed bleeding parts care must be taken after the gelatin is applied to prevent putrefactive changes. This is especially so in cases of nasal wounds. There is some danger with the hypodermic injections of producing hyper-coagulability of the blood. Carnot thinks that when it is necessary to give such injections it is best to give the calcium chloride itself.—*Therapeutic Gazette.*

## Meeting of the New Hampshire Medical Society.

The New Hampshire Medical Society held its One Hundred and Eighth Anniversary meeting in Concord, May 25 and 26, 1899, and an unusually long program was presented, nearly all of the papers were read and discussed, others were read by their titles and referred to the Committee on Publication. The attendance was large and the meeting proved interesting to the members and delegates.

The following officers were elected :

President—Charles R. Walker, M. D., Concord.

Vice-President—William T. Smith, M. D., Hanover.

Treasurer—M. H. Felt, M. D., Hillsborough Bridge.

Secretary—Granville P. Conn, M. D., Concord.

Executive Committee—Dr. F. A. Stillings, Concord ; Dr. George D. Towne, Manchester ; Dr. William T. Smith, Hanover ; Dr. F. E. Kittredge, Nashua ; Dr. Ira J. Prouty, Keene ; Dr. A. C. Heffenger, Portsmouth ; Dr. G. W. McGregor, Littleton.

Committee of Arrangements—Dr. D. Edward Sullivan, Dr. Arthur K. Day, Dr. Frank W. Grafton, Dr. Sibley G. Morrill, Dr. George H. Parker, all of Concord.

Anniversary Chairman—M. S. Woodman, M. D., West Lebanon.

A Council of twenty members and a Board of Censors, which includes the Board of Medical Examiners and of Registration for the State.

The next annual meeting of the Society will be held in Concord, May 31 and June 1, 1900.

G. P. CONN, Secretary.

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## EDITORIAL.

### The Rape Fiend and His Punishment.

A certain miserable scoundrel attempted to commit rape on the person of a young lady school teacher at Gassetts, and the subject of his punishment has supplied the lay papers throughout the State with abundant material for discussion. Editor Hays of the *Essex Record* has been severely scored by his brethren of the pen for advocating the severest punishment possible for the culprit. But we are in thorough sympathy with the views of Mr. Hays and take pleasure in reproducing his last editorial:



“It seems that the judge who sentenced William Andrews, the human scab, to ten years imprisonment for attempted rape upon the person of Miss Alice Brown, the Gassetts school teacher, lived up to the very letter of the law. The judge deserves credit for imposing the sentence he did. The law, however, should be revised, and we would suggest that with every conviction and sentence the minimum reward to the culprit be not less than fifty years and the maximum as much more as the judge believes right. In connection with this revision of the law there should be a clause which demands the immediate transformation of the prisoner into a eunuch.”

The idea of castrating certain criminals is not a new idea, but this is the first time we have seen it advocated by a layman. We cannot refrain from commending Mr. Hays for his progressive ideas, for we confidently believe that the day is not far distant when emasculation will be a legalized form of punishment for certain crimes. It will settle once and for all the rapist and his whole life will be a constant restraint to those who might follow the same course but for the fate he will illustrate. Further than this we can be sure that the rape fiend is not going to transmit any of his tendencies to posterity, a consummation of no small note.

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## The School for Health Officers.

---

Vermont once more has proven her right to a prominent place in the van of progress, and the instruction recently given to her health officers at the State's expense will be the signal for like undertakings all over the country. The people have little idea of the enormous value which will accrue to them during the next few years from the labors of those who made the school a success, but every man who prizes his health and that of his fam-

ily will be full of gratitude and admiration for the grand old Green Mountain State and her medical sentinels. Preventive medicine is the science of the day, and if it is a noble art to cure disease, how much nobler is it to prevent it entirely? Ages will come and ages will go, but we believe that the precedent established at Burlington, Vt., in the holding of a school for health officers, will bear fruit far beyond the expectations of those who promulgated the idea and carried it out to a successful finish.

In the name of the VERMONT MEDICAL MONTHLY, and in this way in the names of many physicians in Vermont, we extend to Dr. Caverly and his collaborators on the Board of Health, and Dr. Linsley and his assistants, the hearty commendation their labors deserve. They have done well and the profession is proud of them.

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**Examination Prior to Marriage.**—The North Dakota Senate has passed a bill requiring all applicants for marriage licenses to be previously examined by a board of physicians as to their mental and physical fitness for the marriage state. The certificates must show that they are free from hereditary diseases, with special reference to insanity and tuberculosis. The idea is to insure that the children born of future marriages shall be sound both mentally and physically. Legislation of this kind is interesting, but that is about all that can be said for it, for there is nothing to hinder the contracting parties from going over the border into adjoining States to have the ceremony performed.—*Scientific American*.

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**An Important Observance.**—Prof. Burney Yeo of London, states in his latest work on Clinical Therapeutics that many of the common forms of diarrhoea are accompanied by excessive acidity of the intestinal contents, and that they may be promptly cured by antacid remedies without the use of astringents.

These forms of diarrhoea are associated with the growth and multiplication of micro-organisms which induce intestinal fermentation and consequent local irritation from decomposing food products.

The therapeutic indications in these cases are clear, viz; check intestinal fermentation, neutralize acidity, and overcome the existing atonicity and catarrhal inflammation of the intestinal mucous membrane. Lauder Brunton speaks highly of the value of glycerine as an intestinal antiseptic. In combination with digestive tonic alteratives and antacids, as it is in Gray's Glycerine Tonic Comp. it fulfills all the existing indications and moreover promotes the digestion and assimilation of food so that the normal nutritive processes are speedily re-established. It is of particular value in diarrhoea occurring in people of impaired vitality as it not only cures the intestinal disturbances but it also restores tone to the enfeebled system.

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Starchy foods make up four-fifths of our diet. The diastase in the saliva and in the secretions of the pancreas and of certain intestinal glands change the starchy foods into maltose (malt sugar). So in cases where these enzymes are deficient (as in most cases of intestinal indigestion) Maltzyme, being rich in malt-diastase, will be of advantage. The starchy foods such as bread, pastries, porridge, oat meal, rice and vegetables, are often considered as light foods and easily digested. But to the contrary they are usually harder to digest than food of animal origin, especially when eaten hastily. Therefore starchy or amylaceous indigestion is very common, and eminent authorities claim that fully three-fourths of all cases of dyspepsia are of this variety.

Maltzyme (Plain), two teaspoonfuls to each pound of flour, added to the dough will increase the digestibility of bread and make it more palatable. It can also be added with advantage to oat meal, porridge, breakfast foods, etc.

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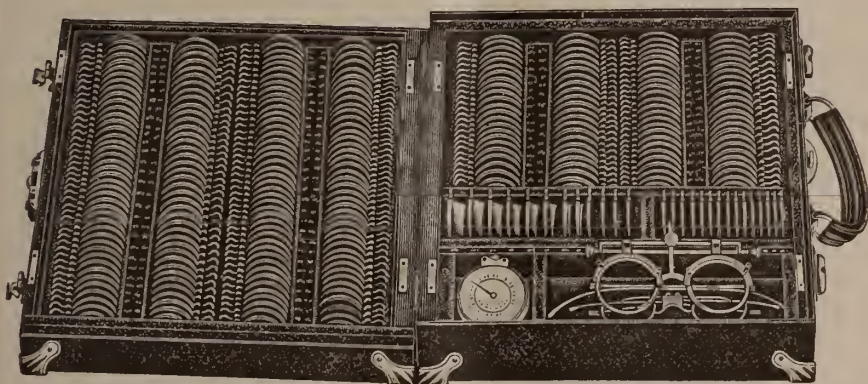
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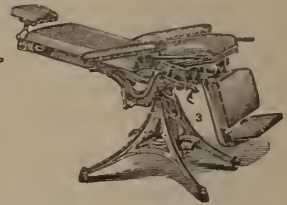
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The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Development, etc., and as a *physiological restorative* in sexual debility, and all used-up conditions of the Nervous System should receive the careful attention of the good therapist.

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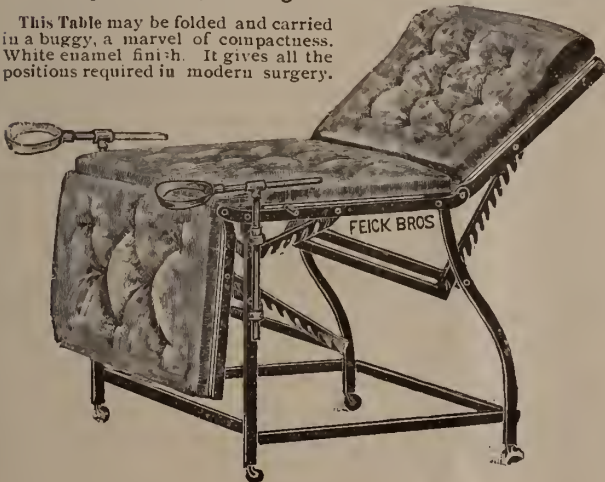
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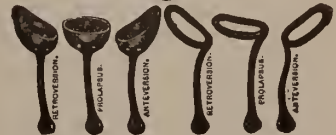
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# VERMONT

# MEDICAL MONTHLY.

Vol. V.

August, 1899.

No. 8.

*Entered as second class matter at the Burlington, Vt., Postoffice.*

Free Press Print, Burlington, Vt.

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Aye! Get Good Blood—but How? Not by the Alimentary Process. It has already failed to do its work (else the patient would not be sick); and in acute disease must not even be allowed to do the work it can. Stimulate as you will, the whole sum of the patient's alimentary power when fully forced into play, is unable to keep up the nourishing and supporting contents of the blood. There is absolutely but one thing to do; and, thank God, that can be done, usually with success, as ten-thousand-fold experience has proved. That one thing is this: where Nature fails to PRODUCE good and sufficient Blood, WE CAN INTRODUCE IT from the arteries of the sturdy bullock, by the medium of BOVININE.

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*Try it in Intestinal* or gastric irritation, inflammation, or ulceration, that inhibits food itself, and witness the nourishing, supporting and healing work done entirely by absorption, without the slightest functional labor or irritation; even in the most delicate and critical conditions, such as Typhoid Fever and other dangerous gastro-intestinal diseases, Cholera Infantum, Marasmus, Diarrhœa, Dysentery, etc.

*Try it per rectum*, when the stomach is entirely unavailable or inadequate.

*Try it by subcutaneous* injection, when collapse calls for instantaneous blood supply—so much better than blood-dilution!

*Try it on Chronic Ulceration*, in connection with your antiseptic and stimulating treatment (which affords no nourishment) and prove the certainty and power of topical blood nutrition, abolishing pus, stench, and PAIN, and healing with magical rapidity and *finality*.

*Try it in Chronic Catarrhal* Diseases; spraying it on the diseased surfaces, with immediate addition of peroxide of hydrogen; wash off instantly the decomposed exudation, scabs and dead tissue with antiseptic solution (Thiersch's); and then see how the mucous membrane stripped open and clean, will absorb nutrition, vitality and health from intermediate applications of pure bovine.

*Try it on the Diphtheritic Membrane* itself, by the same process; so keeping the parts clean and unobstructed, washing away the poison, and meanwhile sustaining the strength independently of the impaired alimentary process and of exhaustive stimulants.

*Try it on anything*, except plethora or unreduced inflammation, but first take time to regulate the secretions and functions.

*Try it on the patient* tentatively at first, to see how much and how often, and in what medium, it will prove most acceptable—in water, milk, coffee, wine, grape, lemon or lime juice, broth, etc. A few cases may even have to begin by drops in crushed ice.

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# The Vermont Medical Monthly

*A Journal of Review, Reform and Progress in the  
Medical Sciences.*

*Official Organ of the Vermont State Medical Society and Thurber Medical  
Association.*

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Vol. V.

AUGUST, 1899.

No. 8

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## The Surgical Cure of Hydrocele.\*

*By D. C. Hawley, A. B., M. D., Burlington.*

At the meeting of the American Medical Association in Baltimore in 1895, I called the attention of the profession to a new operation for the radical cure of hydrocele of the tunica vaginalis. Further experience with the operation has fully convinced me of its superiority over any other, and the fact that I am able to report a series of fourteen cases operated on by this method without a failure, warrants me, I believe, in again calling attention to the subject.

I have been able, in every case operated upon, to secure complete obliteration of the tunic cavity, thereby effecting a radical and permanent cure of the hydrocele, and this with one exception in from six to fourteen days. In one case, the treatment extended over three or four weeks' time, which fact was due to an error in the treatment and is in no way chargeable to the method of operating, as I will explain later.

The attempted cure of hydrocele by the injection method is, in my opinion, at best an uncertain and an unscientific procedure, for the reason that the inflammatory process caused by the injection cannot be regulated in degree. In some cases it is so severe as to produce extreme swelling and intense pain and possibly cellulitis and sloughing, while in others it is so slight in

\*Read at the 85th annual meeting of the Vermont State Medical Society.

degree as to fail in bringing about adhesion of the opposing surfaces of the tunic. It fails invariably when the sac is multilocular, or when it is much thickened by fibrous or calcareous deposit.

The operation by incision, followed by drainage, or by packing the cavity with gauze, is usually successful. The objection urged against it is the long duration of the treatment. My method does not differ in operative detail from the method by open incision. The essential difference is in the after treatment. In describing the method, I shall quote at some length from my original paper :

“The usual incision, two to three inches in length, is made along the anterior surface of the tumor, taking care always not to injure the testicle. The fluid is allowed to escape and the sac is irrigated.”

The edges of the tunic and of the skin are united by six or eight cat-gut sutures.

“The interior of the sac is now irritated over every part of its surface by being rubbed with the finger tips. This is not done roughly, but gently and thoroughly. The sac is packed with strips of iodoform gauze, the usual dressings applied, and the patient kept in bed. At the end of twenty-four hours the strips of gauze are removed, and the cavity is irrigated. The entire surface of the tunica vaginalis will now be found to be covered with inflammatory lymph. Further packing or drainage is not used.”

The parietal and visceral layers of the sac are now brought into thorough coaptation by manual compression. A strip of gauze is placed over the wound of incision, and compression is continued by strips of adhesive plaster, applied systematically around the scrotum. This dressing should be inspected occasionally to see that it does not become loosened. If it does so, it must be reapplied at once. At the end of five days the dressings are taken off, and are reapplied according to the condition of the case, but without further strapping.

“At this time the cavity of the sac will be found to have been obliterated, the opposing surfaces having united by adhesive inflammation.” The cure of the hydrocele is in fact accomplished, the scrotal wound only remaining unhealed. This will require but two or three more dressings, and at the end of six to twelve days will be entirely healed. A slight dressing may be necessary for a few days longer to prevent chafing, and a suspensory should be worn for several weeks.

“The strips of gauze used for packing should be counted and a note made of the number to avoid the possibility of one of them being left at the time of the first dressing. But little swelling follows the operation, and I have seen no cases in which orchitis has supervened. The patient need be kept in bed but three or four days, but the scrotum should be suspended whenever he is allowed to get up.”

I spoke of one case in which the treatment was prolonged to three or four weeks. This was due to the fact that one of the silk sutures used in stitching the tunic to the skin was not removed. As a result a sinus remained, which healed readily after the stitch was removed.

In my later cases I have used catgut sutures, thereby doing away with the possibility of a repetition of this accident.

In my former paper on this subject I urged the superiority of this operation in all cases of old or large hydrocele, but larger experience with it has convinced me that it is the best operation in all cases in which a radical cure is attempted.

This claim is based upon the fact that the duration of treatment is shorter than it is in either the method by open incision or by injection, coupled with the more important fact that a permanent cure may be counted on in every case.

The operation and treatment is the outcome of modern aseptic surgery.

In fact, immediate union of the surfaces of the sac is possible only when strict asepsis is secured, as failure on this point will result in suppuration, and the consequent tedious cure by granulation.

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## Mr. Wilkins Micawber as a Physician.\*

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*By J. M. French, M. D., Milford, Mass.*

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The genius of Dickens has immortalized the name and the fame of Mr. Wilkins Micawber as the man who could make long speeches abounding in words of many syllables, but empty of ideas; who could write inimitable letters, couched in rich sophomoric style, pathetic in appeal, unique in signature, full of everything but truth; who was constantly appealing to his friends for aid, and the more they aided him the more he needed aid; who had an illimitable faith in the future, and a deep disgust with the present; who could strike an attitude, but was never known to hit a mark; who was always on the track of a good thing, but never got there until it was too late; who was, in short, always waiting for "something to turn up"—and it very seldom turned up.

It has seemed to me that this familiar character of Dickens might with propriety be used to symbolize some of the prominent medical theorists of the present day, and also of the days gone by. Like Micawber, these would-be philosophers can make long speeches. More especially, they can write long articles for the medical journals, full of scientific phrases and technical terms, which, if translated into common English, would only expose their ignorance. They can talk learnedly of the etiology, pathology, diagnosis, prognosis and prophylaxis of disease, but they do not expect or even attempt to cure their patients. They can diagnose the various germs, micrococci, streptococci, staphylococci, and bacteria of high and low degree; describe their shape, define their habitat, estimate their size to the millionth part of a hair's breadth—and prove the accuracy of their description by allowing them to increase and multiply

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\*Read before the Thurber Medical Association, August 3, 1899.

to infinity, and wreak their vengeance on un-numbered innocent victims. They look for great things from Nature, and are careful not to interfere with her plan, lest they should be cheated out of a post-mortem. They can watch the progress of disease with eagle eyes, and record its signs and symptoms with patience and exactness; but they would no more dare to interfere to check its course, than would the Mayor of Philadelphia to improve that fever-cursed city's water supply. They claim to have no faith in drugs, and advocate the expectant method of treatment—expect everything from nature, do nothing themselves—except perform the autopsy. They have a fine-spun theory to fit every case, and strain every nerve to prove that theory, no matter what the truth may be. They make excellent professors in medical colleges, but poor practitioners of medicine. They can teach a class of students just what to do in any given emergency, but when themselves in the actual presence of that emergency, they are helpless. Like the immortal Bard of Avon, they find it easier to teach twenty men what is good to be done, than to be one of the twenty to follow their own instructions. Like Micawber, their forte is waiting for something to turn up.

It has long been the fashion to lay the brunt of do-nothingism in medicine at the door of Samuel Hahnemann—who was, indeed, a long-ago Micawber, far ante-dating his prototype, and who has many followers in our day. But we have enough beside him—charlatans who write their names in many tongues and sail under flags of every color; many of them, indeed, flying the flag of “regular” medicine, and even planting after their names the cabalistic letters, H-a-r-v. Hence I do not propose to spend much time on Hahnemann or his followers. Peace to their ashes.

Mary Baker Eddy claims to be the mother of a more modern form of Micawberism, which is just now claiming its victims by the thousands. There will probably never be a more perfect example of do-nothingism in medicine than this so-called Chris-

tian Science—so-called, probably, because it has nothing in common with either Christianity or science. Of its practitioners, two things only seem to be required: one thing they get—their pay; and one they give—“words, words, empty words.”

“Faith Cure” claims a different ancestry, but the characteristics of the two are so nearly identical as to suggest the closest of blood relationship. Christian Science teaches that when you are sick you are not sick, if you but knew it; and Faith Cure, that you need not be sick, unless you will. Both substitute the miraculous for the natural and uphold the heresy that man is not subject to natural law.

Osteopathy—which gets all that there is good in it from massage, or in common English, rubbing—is another form of “drugless treatment of disease,” which is to-day pushing to the front, already is legalized in several states and has made a strong fight for recognition in our own.

Mesmerism has had its day, and animal magnetism, and Perkins’ tractors. While hypnotism—but woe is me! I am a coward, and with hypnotism I dare not meddle. It is a great deal easier as well as safer to preach against the sins of the heathen than to tread on the corns of one’s own congregation. And hypnotism rears its unlovely head in too many high places to-day for me to dare to challenge it to mortal combat. At hypnotism I stop short, and turn another way.

Dr. Elmer Lee of New York, a regular of the regulars, and a prominent satellite of the American Medical Association, is a leading apostle of the most modern, regular, and strictly scientific form of unmitigated medical humbug. In his widely quoted paper on “The Influence of Drug Impressions—a Study in Empiricism,” this latter-day Micawber makes these startling statements: “All the ills to which the flesh is heir,” he says, “can, if curable, be treated successfully by hygienic methods. When health is lost, it is folly to complicate the case, or render it hopeless, by drug substances.” He believes that drugs are used, not because they exert any curative influence from a path-

ologic standpoint, but simply to appease the patient and satisfy the expectations of his friends. He objects to the use of drugs on the ground that confusion is likely to arise on account of inability to distinguish between the symptoms of the disease and the drug. A keen critic has dissected his theories with a Damascene blade. "Did he never give an emetic in croup?" he asks, "and if so, was there any doubt regarding the symptoms produced by the drug and those of the disease? Compound cathartic pills seldom constipate the bowels. I have seen opium given in gall stone colic, and had no difficulty whatever in assigning the different symptoms to their respective sources." Elsewhere Dr. Lee remarks: "I have stood for a moment before a store window laden with a wealth of fresh, delicious fruit, and then a moment in front of a shop filled with chemicals said to be useful in the presence of the danger of death, aware that sickness is actually caused by an absence of these fruit juices in the system, a wise use of which would naturally and speedily restore the organism to health by supplying the elements of nutrition in the highest perfection." "The variety of fresh chemicals organized by nature affords an endless list of therapeutic agencies which can only do good and never harm." To all of which his sharp voiced critic responds: "Now I wish to ask, how many oranges will it take to break up an ague, or how many bananas to cure a case of membranous croup?"

But enough of Elmer Lee. It is proof positive of the liberality and the broadness of the medical profession, that such men as he, and a thousand others whose work is destructive rather than constructive, are left to lift their little voices, toot their tin horns, and flourish their weak pens, without let or hindrance, in the ranks of regular medicine. Surely the days of exclusivism and schism are past, and there is but one school of medicine, far-reaching, wide-ranging, all embracing.

Some months ago I listened to a so-called lecture, delivered before the Milford Health Association by one Charles E. Page—who calls himself a doctor, claims the Athens of America as his

home, and poses as a hygienic physician ; but who is enrolled on the archives of the Massachusetts Board of Registration in Medicine as a non-graduate, " years of practice," " B " man—in which he boldly advocates treating all diseases without drugs, and plainly intimates that the doctors—that is, *the other doctors*, give their patients drugs in order that they may keep them longer under their care. From his talk that night, I judge the cardinal articles of his materia medica to be, starvation, cold water, fresh air, and no underclothing. All are good in their place, but how he would treat syphilis, renal colic, toothache, or the itch, with these remedies, I am unable to state. He vouched for himself, however, by assuring his audience that all the ideas to which he gave vent that night had been previously exploited by him in prominent medical journals and that none of his articles had ever been rejected by the editors of the same—another proof of the liberality of the medical profession, and its willingness to give all sides a hearing—for his talk abounded in slurs at physicians and medicine, while the truths to which he gave utterance were not new, and the new ideas which he advocated, in my judgment, were not true.

I might go on to speak of the anti-vaccinationists, the anti-vivisectionists, the anti-serum-therapist, the anti-medical law cranks, and the various other anti's, who, not content with waiting for something to turn up, must perforce have a fling and a kick at every one who, grown tired of waiting in vain, goes to work to turn something up—but time is too precious.

I cannot forbear, however, a brief allusion to the extra-scientific Micawber, who has taken seven degrees, who has exhausted America and Europe in his researches, and is chiefly interested in those rare and singular cases which come but once in a lifetime to any physician, and to most, not even once. Abstruse disquisitions on the nature of technical points, whose application to the practice of medicine is remote, records of progress in new lines of study, the technique of bacteriology and microscopy, photographic delineations of rare cases, X-ray



diagnosis, with now and then an unusual surgical operation, are the things which claim his attention and interest. If, perchance, he can find a case so unique that no one ever heard of a similar one, and it is hardly probable that another will ever occur, then indeed he is happy. As a pure scientist, he is a valuable acquisition to the world, worth a hundred common doctors; but as a physician, so far as the medical treatment of everyday disease is concerned, he is waiting—simply waiting, for any old thing to turn up.

When I was a student in Dartmouth Medical College, I heard a very commonplace little story, told by one of the professors in his lecture, to enliven an otherwise dull hour, which made a deep impression on my mind and which may, perhaps, serve to fix the same impression on your minds to-day.

A number of physicians had met in consultation over a difficult case, that of a young man afflicted with some obscure disease, and whose condition was going on from bad to worse. And first they engaged in examining the patient. This they did with great care, questioning him as to the history and progress of the case, studying all the symptoms with care, and making use of such instruments and methods as were then known for ascertaining the physical signs involved.

When this part of their work had been completed to the satisfaction of all, they retired to an inner chamber to discuss the case and decide upon the diagnosis, prognosis and treatment.

Meanwhile the anxious father, suspecting that the final verdict might be "cooked" in the interest of the attending physician, and determined to get at the real facts in the case, at least as they existed in the minds of the individual doctors whom he had hired, and whose opinions he was about to pay for, had secreted himself in an adjoining closet, where he could listen unobserved to the conversation.

One by one, beginning with the eldest, as by the code of ethics is duly provided, these wise and scientific men delivered themselves each of his own opinion as to the nature and origin

of the obscure and unusual symptoms from which the patient was suffering.

The man in the closet listened intently, but got no word of encouragement—probably, indeed, few words of any kind whose meaning he understood—until six out of the seven had spoken, and at length was reached the turn of the youngest and last. He began his remarks by saying: “Gentlemen, we have spent all our time thus far in discussing the nature of the disease. The question which interests me most is, *what will cure the patient?*”

To the heart of the listening parent there came a great throb of relief, of hope, of courage—and with it the swift formed resolve: *This is the doctor who shall treat my son.*

Gentlemen of the Thurber Medical Association, I would not deery nor belittle any branch of medical science. Anatomy and physiology constitute the only rational basis for the theory and practice of medicine. Diagnosis must precede successful treatment. Etiology, prophylaxis and hygiene are more important to the patient than either—but as yet, we cannot get our living by these alone.

Let us not forget that ours is *the healing art*. Although this may be, as some will claim, the lowest conception of the physician's work, yet it is the one by virtue of which he earns his bread and bntter, and the only one for which the public is willing to pay. The relief of suffering, and the cure of disease—these are the objects for which people employ a physician.

Says Dr. George M. Gould, in a recent editorial in the *Philadelphia Medical Journal*: “It has become the fashion, this therapeutic nihilism. The rise of surgery, the reaction from quackery and over-drugging, have generated a false contempt for drugs, that is as dangerous and pernicious as the former extreme. It plays straight into the hands of the nostrum folk. While we are physicians, *curers and not preventers of disease, we must dispense, and not dispense with, drugs.*”

Yet it has become greatly the fashion in high places to deery therapeutics—worse still, to neglect it. There is no science

of therapeutics, we are told, but only gross empiricism. There has been progress in surgery, but not in medicine proper. Skeptics quote Oliver Wendell Holmes as saying to a class of medical students, that if all the drugs in the world were emptied into the depths of the sea, it would be the better for mankind, and the worse for the fishes. These fools need to read Henry D. Thoreau, where he says: "People sometimes ask me such questions as, whether I advocate a vegetable diet, and whether I can live on beans. I am accustomed to answer all such questions, that *I can live on board nails. If they cannot understand that,*" he concludes, "*they cannot understand much that I have to say.*"

I have heard physicians say that their faith in drugs grew less with each year of their practice. My brothers, this thing ought not so to be. We ought the rather to have more, and more intelligent faith in drugs, as we become better acquainted with their properties, know better what they will do and what they will not do, understand better how to handle them, as a workman handles his tools.

I believe that the one reason which, more than any other, accounts for our lack of confidence in our remedies, is our ignorance of their effects. We do not know them as we ought, we cannot handle them as we should. And we do not know them, because we have not studied them as we should, definitely, critically, repeatedly. We cannot handle them with skill, because we lack that kind of practice which makes perfect. It is not the number of cases which a doctor treats that gives him experience, but rather the study, the observation, the reflection, which he gives to each case. One man will get more experience out of a dozen cases than another out of a hundred. We have a general idea, for example, that podophyllin is "good for" the liver; that alcohol is a stimulant, arsenic an alterative, and that opium will relieve pain. But how much do we know definitely of the action of these drugs on the different organs and functions of

the human system? How much time have we ever given to studying them, with the intention of knowing these things?

So many drugs are crowded together in one prescription—very likely in one tablet—that it would be remarkable indeed if its effect could be foreseen or its action understood. When we have learned to depend mainly upon the single remedy, and avoid shot-gun prescriptions, it will be one long step in advance.

Then again, the same drug often contains different and sometimes opposing active principles, which exist in varying proportions in different specimens. Thus jaborandi contains two alkaloids, one of which is the most potent diaphoretic known to medical science, while the effect of the other is to close the sweat glands and check perspiration. What wonder, then, that the action of the crude drug cannot be foreseen, and that its effects are opposite in different cases?

So too, digitalis contains at least five different active principles, including three heart-tonics, one heart-depressant and gastric irritant, and one diuretic. These exist in different proportions in the plant as grown under different circumstances, and are soluble in different menstrua. Hence the tincture is the better heart- tonic, the infusion the better diuretic and both irritate the stomach. How much more satisfactory, how much more reasonable, how much more profitable to all concerned, is the use of the alkaloids, either singly or with synergists combined in definite proportions, and given in minimum dose frequently repeated until the desired effect is obtained? Then, verily, may we begin to feel that our remedies are arms of precision.

“It is not in our stars, but in ourselves, that we are underlings,” said the great dramatist. We use too many drugs, and study their effects too little. Better a few remedies in a vest-pocket case, well in hand, than a whole drug store full of favorite prescriptions.

It is not in our drugs, but in ourselves, and in our ignorance of the things we ought to know, that we are failures as physicians. To be sure, we cannot cure the incurable. Where there

is no vitality, there can be no reaction. At the last, all men must die. But the doctor's business is to postpone the dread day to the latest possible moment, and to make life endurable while it lasts; to relieve the suffering, to heal the sick, and to lengthen life. If we believe that nature can do these things as well without our aid, then let us give up the practice of medicine and devote ourselves, like Page, to the teachings of hygiene, or like Thoreau, to the raising of beans. If we continue to follow the healing art, we have other duties to perform, besides waiting, Micawber-like, for nature to cure our patients, while we take the credit.



**The Inflammatory Condition in Peritonitis, Etc.**—An interesting reference to an extensively prescribed remedy is found in that valuable text-book "Materia Medica and Therapeutics," by Finley Ellingwood, A. M., M. D., Chicago. The substance of the article is to the effect that the influence as a pain reliever of the popular analgesic—Antikaumia—is certainly next to morphine, and no untoward results have obtained from its use, even when given in repeated doses of ten grains (two five-grain tablets). It is especially valuable during the progress of inflammation, and given in pleuritis or peritonitis it certainly abates the inflammatory condition, relieves the pain at once and the diffused soreness shortly, as satisfactorily as opium. It does not derange the stomach or lock up the secretions. It is also of value in pain of a non-inflammatory character, and is a convenient and satisfactory remedy in headaches without regard to cause, if the cerebral circulation be full.

## Two Cases of Pistol-Shot Wounds.\*

*By C. E. Chandler, M. D., Montpelier, Vt.*

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About eight o'clock the morning of the 29th of May, 1897, Miss B. wounded Miss W. with a 32 calibre pistol, the bullet entering the brain upon the right side of the head. Miss B. then attempted suicide by shooting herself in the right ear.

Miss W., 17 years of age, immediately after receiving the injury became unconscious. She was pale and pulseless; the skin was cold; the lips were cyanotic; the respiration was slow and irregular; the left pupil was dilated. About two drachms of brain substance escaped from the wound. She was placed in bed and surrounded by warm blankets. Hot water bottles were placed about her. Hypodermic injections of whiskey and strychnia were administered. A temporary dressing was applied, and about an hour after the injury she was removed to a suitable place for operation. She remained in a state of coma but with a pulse of about 80.

The entrance wound was two inches above and one and one-half inches posterior to the right auditory meatus. The skin was slightly smoke-stained and a few grains of powder were imbedded in it. The wound was circular in shape, but was not burned. After shaving the scalp and making the skin as aseptic as possible an incision was made above the wound, the flap dissected downward, and a circular piece of the skull, which included the small fragments of bone, was removed.

A probe was passed into the canal nearly across the brain but failed to strike the bullet. No other attempt was made to locate it on account of the alarming condition of the patient.

Aseptic dressings were applied after inserting a gauze drain and closing the anterior half of the incision with sutures, allow-

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\*Read at the 85th Annual Meeting of the Vermont State Medical Society.

ing the posterior half to remain open for drainage and packing. Consciousness never returned, and death occurred about two o'clock in the afternoon, six hours after the injury.

An autopsy was made about forty-eight hours after death. The body was that of a well developed female. Hair was light brown; eyes brown; both pupils dilated, the left more widely. The cornea of both eyes was slightly cloudy. Length of body was five feet and six inches; weight 120 pounds.

Under the scalp about the wound was a small amount of clotted blood. One inch above the right eye was another small clot. Two inches above and one and one-half inches posterior to the right auditory meatus was an opening in the skull, one inch by three-fourths. The whole convexity of the brain was covered by a thin coating of clotted blood and the space between the convolution was filled with it.

The lateral ventricles, the canal made by the bullet, and the brain substance along the canal contained clotted blood. Branches of the right middle meningeal artery were ruptured.

The bullet passed from the opening in the skull upward, forward, and across the brain, rupturing it upon the left side about the middle of the superior frontal convolution.

From this point it was deflected downward, forward and inward about one and one-half inches and lodged in the frontal lobe, opposite the middle of the inferior frontal convolution.

The canal across the brain was very large, readily admitting the finger. The weight of brain was forty-two ounces.

Six ounces of urine were drawn with a catheter. It was of a pale yellow color, acid in reaction, cloudy from excess of earthy phosphates, and contained about 1 per cent. of sugar and 1-20 per cent. of albumen. No casts were found.

The other organs of the body were normal with the exception of the right ovary, which contained a cyst, holding about one drachm of clear yellow fluid.

Although such extensive injuries of the brain are expected to prove fatal, possibly it might have been better in this case to

ligate the branches of the middle meningeal artery from which the hemorrhage occurred and if the condition of the patient permitted, pass a large probe across the brain and trephine the skull at the point where the bullet was deflected. By this means it might be possible to reach and remove the bullet.

The second or suicidal case was Miss B., 20 years of age. She became unconscious after the injury. Pulse was 120 per minute, respiration about normal. There was internal strabismus of right eye, pupils normal. The bullet entered the auditory canal staining the skin with smoke and burning it black.

The wound was linear-shaped and about one inch in length. It was also lacerated at right-angles and a piece of the integument about one-half inch in length was turned into the canal. The skin was prepared for operation: a vertical incision was made through the auditory canal and the inverted integument, three small fragments of bone and two small pieces of the ball were removed. The hemorrhage was very profuse, making it impossible to examine the interior of the canal. A small probe was carefully passed about two inches and appeared to enter the brain. During the operation the pulse became very feeble, reaching 140 to 150 per minute. The canal was firmly packed with iodoform gauze to drain the wound and control the hemorrhage. At eight o'clock, the evening of the injury, the temperature was 100° F., pulse 120. Several attacks of vomiting occurred during the day. Consciousness returned about five o'clock in the afternoon. The strabismus disappeared. She was very restless and nervous and complained of severe pain in head and ear.

May 30th, temperature was 100° F., pulse 115. Vomited several times. Dressings were dry. Appeared rational but despondent. May 31st, temperature was 99° F., pulse 92. Dressings were saturated with cerebro-spinal fluid. Wound was less painful. On June 1st, paralysis of the right obicularis palpebrum appeared and she was unable to close the lid. A large quantity of cerebro-spinal fluid escaped and saturated a towel,



placed over the dressings every half hour. Hypodermic injections of morphia were required to relieve her of pain. Temperature was normal, pulse 95. June 2d, the fifth day after the injury, the paralysis extended and involved the right side of the face. About the same quantity of cerebro-spinal fluid escaped. June 4th the dressings were removed, and there was no hemorrhage. The cerebro-spinal fluid dropped rapidly from the wound. June 6th, she suffered from severe headache, insomnia and indigestion. A smaller quantity of fluid escaped but saturated a towel every hour.

Her condition remained about the same until June 16th. She then had an attack of nausea and vomiting; was pulseless; the extremities were cold; lips and fingers were cyanotic; respiration was sighing; temperature was subnormal. The mental condition was unaffected. She complained of severe pain in the head. This condition continued about one hour. June 17th and 18th. similar attacks occurred, varying in number from one to three, during the twenty-four hours. A very small quantity of fluid escaped from the ear. The 24th of June pus appeared in the wound. From this time she improved rapidly and was able to sit up in bed on the 28th of the month. There was no escape of cerebro-spinal fluid after the 30th of June. The wound filled rapidly with granulations, so that it was impossible to obtain a view of the canal. She was able to walk about the building, but had slight incoordination of the muscles and easily fell to the floor. There was total deafness in the right ear and right facial paralysis. At times she had attacks of vertigo. The wound required dressing about every three days, on account of a slight purulent discharge. As soon as the granulations disappeared from the ear a portion of the bullet could be seen by the aid of a head-mirror and speculum. The ball was deflected slightly downward, after passing into the canal about one and one-half inches, so that the probe which was used at the operation probably passed above the bullet, entered some crack or fissure of the bone and reached the brain. An attempt was made to extract

the bullet by means of forceps, but it was so firmly embedded in the bone that only small pieces of lead were removed. The local symptoms continued to increase in severity, and it was believed that cerebral disease in some form would be induced if the bullet was allowed to remain. The operation which is known as the radical mastoid or Stacke's operation was delayed until the 3d of January, 1898. It consists in making an incision from the tip of the mastoid process to a point above the auricle and carrying the incision forward to a line with the auditory meatus. The integument and tissues down to the bone are dissected off to the auditory meatus. The integument and periosteum of the auditory canal are separated to the membrana tympani, turned out of the canal and with the auricle are drawn forward and held with a retractor. The posterior canal wall is chiselled away, but in this case it became necessary to remove a portion of the inferior and superior wall.

A number of anatomical points should be remembered in this operation. The temporal artery ought to be avoided in making the latter part of the incision through the skin. In a medium sized temporal bone the facial nerve passes downward about one-half inch from the external opening. The internal carotid artery is located anterior to the tympanum at about three-fourths of an inch from the auditory meatus. The internal jugular vein is about one-fourth of an inch below the floor of the bony canal at a depth of about one-half an inch.

The position of the lateral sinus is variable. In some cases a vertical line with the apex of the mastoid process strikes opposite the anterior border of the canal, in others the canal is one-eighth of an inch posterior to this line, in others it is slightly anterior. At the external auditory meatus the inferior wall of the canal is about one-fourth of an inch in thickness, and the anterior wall is about one-eighth of an inch. The depth of the petrous portion of the temporal bone in the direction of the auditory canal is about one and three-fourths inches. In the tympanum, the superior wall is very thin, at some points measuring

about one twenty-fifth of an inch, at others less than this. A large cavity can be made by removing the bone posterior to the canal and opening into the mastoid cells. In case of injury to the internal carotid artery it is necessary to ligate the common carotid. In injury of the internal jugular vein or lateral sinus, firmly packing the cavity with sterilized gauze is sufficient to check the hemorrhage.

After extracting the bullet a small amount of carious bone was removed. The cavity was made as aseptic as possible, the auricle returned to its natural position, a strip of iodoform gauze was inserted to the bottom of the mastoid cavity and another strip was passed into the auditory canal. The upper part of the wound was closed with sutures. The day after the operation there was a rise of temperature of one degree, pulse was 100. No unfavorable symptoms followed. The mastoid opening closed in about ten days, and drainage was effected through the auditory canal. She gained seventeen pounds in weight during the five weeks following the operation. Three months after the removal of the bullet she appeared to be in good health, although there was a slight discharge from the ear, right facial paralysis and total deafness in the right ear.

These cases bring out several interesting subjects, such as the mental condition of a person committing suicide, the appearance of wounds inflicted with a 32 calibre pistol, and the mortality of pistol-shot wounds of the head. At the trial which occurred ten months after the murder and attempt at suicide, two experts, specialists in mental diseases, testified that in their opinion she was insane, and was insane at the time of the murder. Two other experts, also specialists in mental diseases, testified that in their opinion she was not insane, and was not insane at the time of the murder. The question was decided by the jury, who rendered a verdict of not guilty by reason of insanity. It is stated by an authority that only 25 per cent. of the suicidal cases are insane. Ten cases of suicide have fallen under my observation. In two cases the mental condition previous to the suicide could

not be learned. In two cases there might be a question as to insanity. In six cases there was insanity previous to the suicide.

To determine the effect or appearance of wounds of the head inflicted by a 32 calibre pistol, fired at different ranges, Dr. Charles Phelps of New York city made 82 observations upon bodies recently dead, before rigor mortis developed. The wound of entrance is smaller than the ball except at contact, or occasional instances in which it is lacerated by impact of ball upon a cranial nerve. At contact, the wound is usually linear shaped, rarely exceeding one inch. Brain matter is extruded in two out of three cases. Smoke stain is constant at a range of eight inches or less, and may occur within two feet, but never exceeds that distance. Burns of the hair or skin may occur within range of six inches. Unburned grains of powder either imbedded in the skin or free upon its surface occurs from contact to a range of three and one-half feet. Fragments of bone may be carried into the brain at all distances. From these observations of Dr. Phelps it can be stated that in the first case reported the pistol was probably held within two feet of the head. In the second or suicidal case, the pistol was probably in contact with the skin.

The mortality of pistol-shot wounds of the head is much greater than is usually given. Dr. Charles Phelps states that in 137 cases, including accidental, homicidal and suicidal cases which occurred in New York city and vicinity during the year 1896, 99 were found dead or death occurred at once, 21 others were known to have died later from a few hours to two days, 11 others the probable results were not indicated; in six cases only was recovery assured. He also states, that in a group of 22 cases brought to the Boston city hospital, only five recovered. In Dennis Surgery the mortality is stated in 91 cases collected by Dr. Bradford at 56 per cent. In 25 cases in which the wound was in the temporal region, the mortality was 64 per cent. In 5 cases, in which the ball entered the ear, all died. In 59 cases, in which the ball entered anterior to the ear, the mortality was 57 per cent. In 32 cases, in which the ball entered posterior to

the ear, the mortality was 59 per cent. When the ball was removed the mortality was  $33\frac{1}{2}$  per cent. When not removed, the mortality was 54 per cent. In 25 cases in which the expectant plan of treatment was followed the mortality was 52 per cent.

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### Thurber Medical Association.

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A regular meeting was held on August 3.

Dr. D. J. Sullivan read a paper on "A Case of Specific Disease," and Dr. J. M. French one on "Mr. Wilkins' Micawber as a Physician."

Only routine business was transacted.

J. M. FRENCH, Secretary.

Milford, Mass., Aug. 10, 1899.

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## EDITORIALS.

### Standardization of Drugs.

A recent notice of the revision of the United States Pharmacopoeia which is to be undertaken next year, suggests the need of standardizing the strength of many of the drugs which we are using in our every day work. It is a deplorable fact that a large majority of our most powerful drugs like aconite, ergot, hyoseyamus, cannabis indica, digitalis, strophanthus and the like are so variable in the percentage of active principles which they contain, that their use is physiologically uncertain and the

results obtained many times unsatisfactory. Accurate dosage and proper methods of administration are of course impossible because of the variation in strength of the above drugs. Medication then in too many instances becomes a "hit or miss" affair and when personal idiosyncrasies are added to this, it is little wonder that our therapeutic efforts are frequently unsuccessful and discredited.

Therefore, we feel that the profession has every right to ask that the revisors of our Pharmacopea, in the interests of scientific accuracy, to say nothing of humanity, should attend to the standardization of every important drug by either chemical or physiologic tests.

At least one of the great American drug firms, Parke Davis & Co., are physiologically standardizing their preparations of the more important drugs and physicians throughout the country justly appreciate their efforts in the interests of scientific medication. Medicine is constantly approaching the point of an exact science and it is only by steps as above that the highest degree of exactness can be attained. Parke Davis & Co. are doing a grand work, destined to bear rich fruit during the next few years.



## The Dreyfus Case---A Study in Psychology and Criminology.

The drama now being enacted at Rennes, France, with the whole civilized world for an audience, is one of the strangest cases history has ever known. The crime of which Dreyfus has been accused is not a new one. Treason is as old as government. But it is a unique sight to witness the life struggle of a man whom the world believes innocent, against the prosecutions of men who are themselves fearful examples of moral perversity.

Self-confession could not stamp certain of the leading actors on the prosecution as criminals more surely than the dramatic developments of the last few weeks. A ferocious animosity almost animal in its expression has characterized the prosecution of Dreyfus, and in view of the testimony introduced during the last trial (in the main a mass of forgery and what has been proven false evidence), such animosity is incomprehensible.

The animus prompting the persecution of Dreyfus is not apparent. Many attribute it to hatred of the Jews, but a cause far more intricate and hidden than racial prejudice unquestionably lies at the bottom of the whole affair. At present the secret is locked in the breasts of a few men, and until the real facts are known the world can only conjecture on the enormity of the crime which the so-called general staff are trying to hide.

Psychologically, Dreyfus is innocent. This statement is indisputable, for no man could maintain his innocence so unswervingly in the face of the terrible experience he has been through, without betraying himself in some way. The nervous system of a guilty person, particularly if that person was a native of France, could never stand the strain that Dreyfus has withstood and not break down. All history cannot show a single case where a guilty person with all hope of escape taken from him, as Dreyfus had, could still maintain his innocence without one lapse of incriminating behavior or semblance of submitting to the inevitable. But Dreyfus has withstood tests that no guilty man possibly could and is carrying himself in a way that is the very exemplification of innocence. His manner and remarks are not defiant; they are positive. The strain he is undergoing is well calculated to accentuate and exaggerate his every emotion, but not once has his manner given a suspicion of guilt. Such steadfastness under this fearful nerve-trying period only admits of one conclusion—that he is innocent.

But how different do his accusers appear! Baffled again and again in their machinations and intrigues, they are the very personification of men who are at the last trench fighting for a lost



cause. Malice, hatred and anger characterize their demeanor. Deceit, injustice and prevarication is evident again and again in their testimony. And consideration of their flowery testimony only gives rise to one question, what is their motive? Time alone will tell, but it is an assured fact to the whole civilized world that every day is bringing their crime—whatever it may be—closer home to them.

In the meantime it is an intensely interesting scene—a wronged man fighting to win back his honor and habilitation, while his enemies, defeated in their cruel plot, are being driven to bay in their efforts to hide the motive which prompted his persecution. And the lights and shadows falling, serve well to bring out the contrasts between the characters of the principal actors—but over all is the breathless suspense which seems to suggest that a nation's fate is hanging in the balance.

And the student of men's passions, their souls and their acts can find much for study in the Dreyfus drama e'er the curtain is drawn.

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## Drugs and Their Value.

It is a great mistake many of the self-styled "foremost members of the profession" are making in their frequent tirades against the use of drugs. Their ideas are remarkable only for the false premises on which they are founded and the folly of the promulgators, yet sad to say, they certainly work to the detriment of medical progress. The article by Dr. J. M. French in this issue on "Mr. Wilkins Micawber in Medicine," is a timely one and we commend it to our readers.

Drugs have a place in the science of healing just as surely as it is a fact that the need of healing exists. No intelligent observant physician can deny the influence which numerous drugs have on conditions deviated from the normal. We all, from the

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youngest to the oldest, have seen the effect of drug administration in countless instances, have seen the fearful agony of a pain-stricken body converted into a quiet, peaceful sleep by that giant of drugs—morphine, or witnessed the change wrought in a little child with high fever by the intelligent use of aconite. A few hours suffice to change the hot, dry skin, the flushed face and active delirium into grateful moisture of the whole surface of the body and restful slumber. Many other illustrations might be given, but their portrayal is not necessary. Such scenes are every-day occurrences in the life of every busy physician. And we who, toiling in the day and night, watch and observe our cases, well know that our drugs are aiding Nature to restore many *disease-ridden* bodies to conditions of health and strength. Could Nature accomplish as much without our aid? The answer dictated by the highest intelligence and experience of men who have devoted lives to the study of medicine, is no!

Then let us do all in our power to advance the usefulness of drugs. Not by hunting and striving for new untried remedies, but by achieving a better, clearer and more accurate knowledge of those we are already familiar with. A few drugs used intelligently, with real knowledge of their definite results, are worth a thousand used because some man says he has "tried them in three or four cases."



MEDICAL ABSTRACTS.

The Doctor—By a Dyspeptic G. P.

(With apologies to R. K.)

I entered the profession, like other men, to live ;  
 I've found how very few and rare the prizes it can give.  
 I've striven long from ill and death my fellow men to guard,  
 And many kicks, but ha'pence scant, received as my reward.

For it's Doctor this, and Doctor that, and Doctor's gross mistakes,"  
 But it's "Run and fetch the doctor," when the little finger aches—  
 When your little finger aches, my friends, your little finger aches ;  
 Oh, it's "Run and fetch the doctor" when your little finger aches.

We bolt our meals, we scamp our sleep, we little know of rest ;  
 Through four and twenty hours we wait the club patient's behest.  
 You ring us up at midnight, you rush us all the day,  
 You wear our souls and bodies out, and then refuse to pay.

For it's Doctor this, and Doctor that, and "What a monstrous bill !"  
 But it's "Doctor, won't you save her ?" when the only child is ill—  
 When your only child is ill, my friends, when your only child is ill ;  
 Oh, it's "Save her, never mind the cost !" when the only child is ill.

We face the plague and pestilence, greet danger with a laugh ;  
 We win our V. C's. day by day, and get repaid in chaff.  
 The very depths of human life, the foul and mean we scan ;  
 But bitterest of all we find the ingratitude of man.

Oh, it's Doctor this, and Doctor that, and "lazy, careless brute !"  
 But it's "Noblest of professions" when the pains begin to shoot—  
 When your pains begin to shoot, my friends, your pains begin to shoot ;  
 It's "Noblest of professions" when your pains begin to shoot.

You spend your time in idle talk, and pass the careless lie—  
 How that d—d doctor messed your case, and made you nearly die.  
 And everywhere you seek to do him all the harm you can.  
 And vile traducer though you be, pose as an honest man.

For it's Doctor this, and Doctor that, it's charlatan and quack ;  
 But it's "Skillfullest physician" when you're laid upon your back—  
 When you're laid upon your back, my friends, you're laid upon your  
 back ;  
 Oh, it's "Skillfullest physician" when you're laid upon your back.

The papers rave about our mission, which they call divine.  
 Or deprecate our selfishness because we dare combine.  
 The manna drops from heaven, they think, to feed us and our wives ;  
 Our business not to save our own, but only other lives.  
 For it's "Sawbones this," and "Butcher that," and any other taunt ;  
 But in the Valley of the Shadow it's the doctor that you want—  
 It's the doctor that you want, my friends, it's the doctor that you want ;  
 In the Valley of the Shadow it's the doctor that you want.

—*The Australasian Med. Gazette.*—*New York Med. Journal.*

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**Neuroses of the Menopause.**—The cessation of the menstrual function is attended with quite a variety of symptoms referable almost entirely to the nervous system and oftentimes the ability of the physician is taxed to the uttermost for the successful treatment of such cases.

Dr. Haslett, in *Treatment*, divides these affections into four groups as follows :

- I. Purely functional disorders.
- II. Purely organic disorders.
- III. Purely mental disorders.
- IV. A combination of any of these.

He found that mental and nervous trouble was more likely to occur when the menopause came on late in life. Two-thirds of the cases are married or widows. Bad family history and previous attacks of nervous trouble are prominent agents in the cause. The various symptoms, as heat flushes, vertigo, headache and fainting, perversity, irritability, impatience, suspicion, enfeeblement of the memory and will, great depression, constant introspection, paralysis of energy and volition, came on with the decline of the functional activity of the generative organs.

Delusions and hallucinations may also appear later. As a complication look out for alcohol or drug habit. The purely mental type of climacteric disease known as "old maid's insanity," is very incurable and likely to get a lot of innocent people into trouble.

Pure hysteria is very uncommon at this time, although there may be ovarian disease.

Most of the cases recover in nine months.

Treatment. Change of scene and environment, open air, avoid hypnotics as long as possible, artificial feeding in some cases, ten eggs with two quarts of milk daily, massage, Weir-Mitchell treatment.

Care as to dress, first sign of returning health.—*Charlotte Med. Jour.*

\*\*\*\*\*

**Constipation from Oatmeal.**—Dr. George J. Monroe of Louisville, Ky., points out in the *Cincinnati Lancet-Clinic* the dangers from a too exclusive diet of oat meal. The irritation which at first stimulates peristalsis and induces loose stools, finally brings on the most stubborn form of constipation. Especially is this true in the case of sedentary workers and old people. Oat meal may be used as a food, but only as a part of a general dietary.—*Med. Council.*

\*\*\*\*\*

**The Use of Separate Beds for Married Couples.**—In an article on the Bedstead, one of the last published by Lawson Tait (*Birmingham Medical Review; Canadian Journal of Medicine and Surgery*, August), he says that “the additional comfort obtained by every English man and woman on a visit to the continent, when they found in their bed rooms two snug little single bedsteads placed side by side, made no impression till about ten years ago, when a few venturesome islanders began to dare the breath of scandal by having separate beds. There can be no doubt that this was the reason why the improvement was resented, for to this day the proof of the worst that can be circulated concerning a married couple is that ‘they occupy separate rooms.’ The use of separate beds was, and is to some extent still, regarded as almost as scandalous. Yet in all the best homes in our country each bedroom has attached to it a

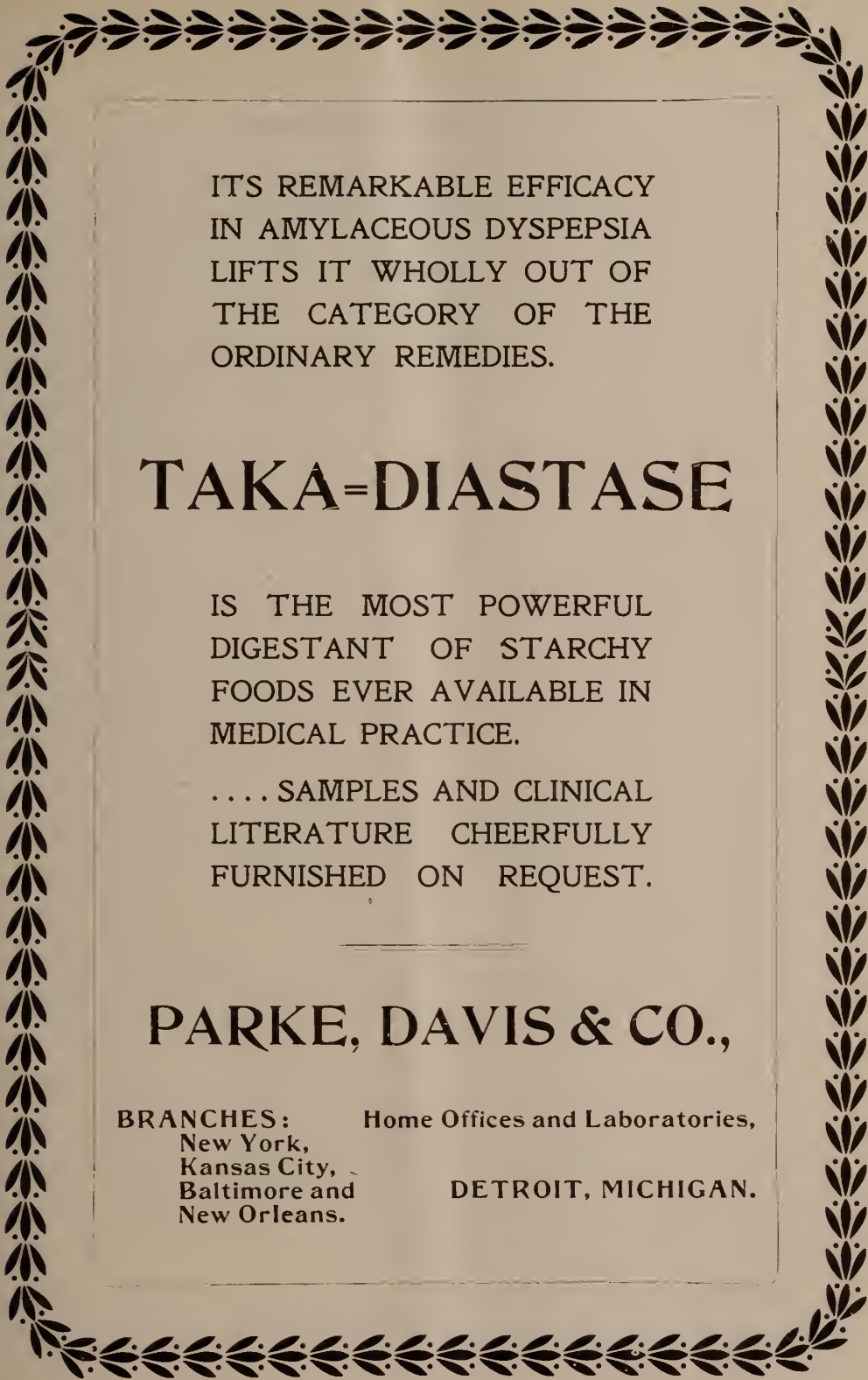
'dressing room,' with a single bed in it, and by this a great increase in comfort and health is attained. Now that we know that consumption is a disease communicated from one to another by contact and breathing the air already breathed by the consumptive, the hygienic precaution of separate beds ought to receive some public recognition. For centuries the Italian physicians have taught the possibility of the disease spreading from husband to wife, and from one person to another, when a tainted and a healthy person have occupied the same bed. There are doubtless many other diseases of which the same is true."—*New York Med. Jour.*



### BOOK REVIEWS.

**The Diseases of the Nervous System**, a text-book for physicians and students, by Dr. Ludwig Hirt, professor at the University of Breslau; translated, with permission of the author, by August Hock, M. D., formerly assistant physician to the Johns Hopkins Hospital, now the McLean Hospital, Waverly, Mass.; assisted by Frank R. Smith, A. M. (Cantab.), M. D., instructor in medicine in the Johns Hopkins University; with an introduction by Wm. Osler, M. D., F. R. C. P., F. R. S., professor of medicine in the Johns Hopkins University, etc. With 181 illustrations. New York: D. Appleton & Co., 1889. Price \$5.00 cloth; sheep, \$6.00.

The above work is added to the "Medical Library Series" of the publishers, and will be widely read in its translation into English. The author is well known as a teacher of neurology, and the introduction to the English translation by Dr. William Osler will warrant its favorable reception by American readers. The lucidity of the text is striking to those of us who are familiar with the older text-books, and we are glad to note that the book is so free from the scientific mesh work frequently encountered in works on nervous diseases.



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The author gives us the result of his extensive labors in the field of neurology and the originality of many of his views adds greatly to the value of the book. Particularly valuable is the chapter devoted to Lobes dorsalis and the complete handling of this dread disease by the author forms a very important article and contribution to the subject.

Throughout the book is exceptionally well written and the translator has performed his part in a satisfactory manner. We do not hesitate in saying that the work is one of the most valuable of the latter day additions to the literature of nervous diseases.

\*\*\*\*\*

**Over 1,000 Prescriptions,** or Favorite Formulæ of Various Teachers, Authors and Practicing Physicians. The whole being carefully indexed, and including most of the newer remedies. Cloth, 300 pages, postpaid \$1.00. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

This is the second edition of this handy manual, and is just from the press; it has nearly 100 pages of new matter added. As the practical worth of this kind of a book consists in its having a handy and complete index, this book has it, for some 16 pages of small type are devoted to this object, and some of the lines have as many as 20 different references to as many different formulæ; this would go to show that there are about 2,000 different prescriptions given in the volume. In other words, taking the price of the book into consideration [\$1.00], it would argue that there are furnished some 20 different prescriptions for one cent. We notice that many of the newer remedies are among the prescriptions, thus bringing the treatment of many of the diseases down to date. Both old and new writers of both home and foreign countries are represented among its formulæ. Blank pages are frequently introduced, so that a handy place is furnished for recording any new prescription that one might wish to preserve. The printed index will index all such pencilled additions, if care is taken to write them opposite a page with a formulæ for similar disease; this would then save the bother of indexing the pencilled additions.



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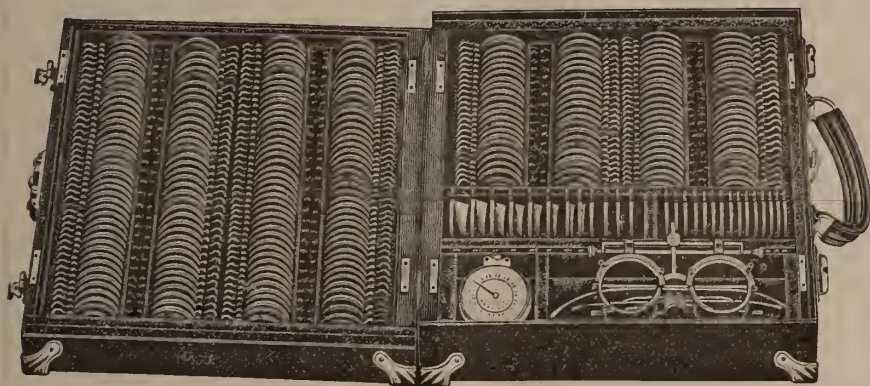
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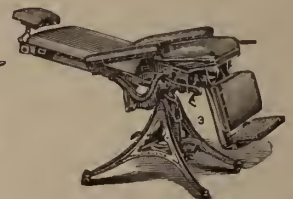
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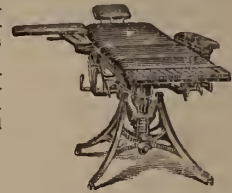


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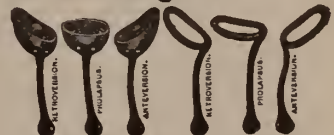
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# VERMONT

# MEDICAL MONTHLY.

Vol. V.

September, 1899.

No. 9.

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*“Thus it is a well known fact that the albuminoids of human milk differ in a number of ways from the corresponding bodies in cows’ milk. The difference is not merely due to difference in the proportion of albuminoid contained in the two milks, but rather to the nature of the substance itself. Simple dilution of cows’ milk with water is without avail in obviating this tendency of the milk to form tough and more or less indigestible curds. It is obvious, therefore, that any method of modifying cows’ milk that aims to produce a product analogous to mothers’ milk must take into account this radical difference in the nature of the two caseines.”—Chittenden.*

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Aye! Get Good Blood—but How? Not by the Alimentary Process. It has already failed to do its work (else the patient would not be sick); and in acute disease must not even be allowed to do the work it can. Stimulate as you will, the whole sum of the patient's alimentary power when fully forced into play, is unable to keep up the nourishing and supporting contents of the blood. There is absolutely but one thing to do; and, thank God, that can be done, usually with success, as ten-thousand-fold experience has proved. That one thing is this: where Nature fails to PRODUCE good and sufficient Blood, WE CAN INTRODUCE IT from the arteries of the sturdy bullock, by the medium of BOVININE.

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*Try it in Consumption*, with the same tests from week to week.

*Try it in Dyspepsia* or Malnutrition of young or old, and watch the recuperation of the paralysed alimentary powers.

*Try it in Intestinal* or gastric irritation, inflammation, or ulceration, that inhibits food itself, and witness the nourishing, supporting and healing work done entirely by absorption, without the slightest functional labor or irritation; even in the most delicate and critical conditions, such as Typhoid Fever and other dangerous gastro-intestinal diseases, Cholera Infantum, Marasmus, Diarrhœa, Dyseutery, etc.

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*Try it on Chronic Ulceration*, in connection with your antiseptic and stimulating treatment (which affords no nourishment) and prove the certainty and power of topical blood nutrition, abolishing pus, stench, and PAIN, and healing with magical rapidity and *finality*.

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*Try it on the Diphtheritic Membrane* itself, by the same process; so keeping the parts clean and unobstructed, washing away the poison, and meanwhile sustaining the strength independently of the impaired alimentary process and of exhaustive stimulants.

*Try it on anything*, except plethora or unreduced inflammation, but first take time to regulate the secretions and functions.

*Try it on the patient* tentatively at first, to see how much and how often, and in what medium, it will prove most acceptable—in water, milk, coffee, wine, grape, lemon or lime juice, broth, etc. A few cases may even have to begin by drops in crushed ice.

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# The Vermont Medical Monthly

*A Journal of Review, Reform and Progress in the  
Medical Sciences.*

*Official Organ of the Vermont State Medical Society and Thurber Medical  
Association.*

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Vol. V.

SEPTEMBER, 1899.

No. 9

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## The Vermont State Medical Society.

*By Dr. D. C. Hawley, Secretary.*

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The eighty-sixth annual meeting of the Vermont State Medical Society will be held in Burlington on Thursday and Friday, October 12 and 13.

It is expected that the meeting will be largely attended and of unusual interest. A large number of prominent members will contribute papers, while special interest will attach to the president's address, by S. E. Lawton, M. D., of Brattleboro, superintendent of the "Brattleboro Retreat," upon the subject of "Neurasthenia," and to papers by Maurice H. Richardson, M. D., of Boston, and F. A. L. Lockhart, M. D., of Montreal, upon the subjects, "The Surgery of Stomach Ulcer," and "The Operative Treatment of Uterine Fibroids," respectively.

It may be of interest at this time to review briefly the history of the society which was the ninth State Medical Society to be organized in this country.

The Vermont Medical Society was incorporated by act of Legislature passed November 6, 1813.

This act authorized all practitioners of medicine "who have heretofore belonged to any Medical Society under any legislative act or acts of the State, together with the following physicians

and surgeons (naming one hundred and sixty-nine) and their associates in twelve different counties in the State, to meet at their several county seats to choose three members each, who, on being notified to meet at a specified time and place, and being so met, not less than seven in number may proceed by ballot to the choice of a President, Vice-President, Secretary, Treasurer, three or more Censors, and a Corresponding Secretary, who shall hold their offices for one year and until others are chosen in their places, and the said society being so organized as aforesaid, shall be and is hereby declared to be a body corporate and politic by the name of the Vermont Medical Society and by that name shall be in law capable of suing and being sued with power to receive by gift or purchase and hold to and for the benefit of said Society, property both real and personal to an amount not exceeding ten thousand dollars, and to manage and improve and convey the same for the common good and interest of said Society and to enjoy all the benefits and privileges common to societies and bodies corporate," etc.

Pursuant to said act, the Vermont Medical Society was organized at Montpelier on July 7th, 1814, Ezekiel Porter of Rutland county being chosen as its first president and Calvin Deming of Jefferson (now Washington) county as the first secretary.

It will thus be seen that the Society as organized, was composed of delegates from the county societies.

Under its act of incorporation the Society was further authorized to grant diplomas to students who had studied for a specified time with a preceptor, and were able to pass a satisfactory examination before the censors.

From 1814 to 1828 the Society held regular annual meetings.

From 1828 to 1841 no meetings were held on account of a lack of interest among the members, and the profession in general.

This lack of interest in the Society was probably due to the fact that its leading members transferred their efforts to the estab-

lishing and maintaining of medical schools, among which may be mentioned the Academy of Medicine at Castleton, the Medical Department of the University of Vermont at Burlington and the "Clinical School of Medicine" at Woodstock.

In October, 1841, the Society was reorganized at Montpelier and has held annual meetings regularly since that date.

From 1843 to 1890 semi-annual meetings were held in June in various towns throughout the State. In 1890 the Society voted to hold no more semi-annual meetings.

Until the year 1889 the annual meetings were held in Montpelier, but since that time they have been held in various parts of the State at such place as was agreed upon by vote at the previous annual meeting.

In 1820 through the efforts of the society an act of Legislature, was passed to regulate the practice of medicine and surgery. Under this act, fees for professional services could not be collected by practitioners who did not belong to a medical society or who had not passed a satisfactory examination before a Judge of the Supreme Court and a board of three regular practitioners. This act was shortly afterwards repealed.

In 1876 through the efforts of this society an act of Legislature was again passed, regulating the practice of medicine and surgery.

Under this act all physicians, who had not been in practice for five years, immediately preceding its passage, were required to secure a license from a board of censors of the three State Medical societies, Regular, Homeopathic or Eclectic, or of a county Medical Society.

This law would have proved a fairly good one had it been properly enforced.

In 1898, again through the continuous efforts of this society, a Legislative act was passed, requiring all physicians intending to practice in the State to pass an examination before the Board of License Censors of one of the three State Medical Societies before mentioned.

This law is, I believe, proving very satisfactory and has already stopped the stream of medical incompetents which was rapidly drifting into Vermont on account of the more rigid and wholesome laws of nearly every other State in the Union.

From 1865 to 1886 this society sought to procure the establishment of a State Board of Health, sending special committees to nearly every session of the Legislature, to urge upon that body the necessity of more efficient laws for the preservation of health, and the prevention of the cause and the spread of disease.

And again, in 1886 its efforts were rewarded by the Legislative establishment of the State Board of Health.

This Society has always included in its membership the most brilliant and prominent of the regular practitioners of the State. A list of these would include the names of Middleton Goldsmith, S. G. Allen, S. W. Thayer, Walter Carpenter, Joseph Draper, Sumner Putnam, and many more.

The regular profession in Vermont to-day numbers between five and six hundred.

The membership of the Vermont State Medical Society, i.e. in good standing, is a little less than two hundred and fifty. A large number of those counted as not belonging to the Society have at one time or another been members, but have through carelessness, or lack of interest, or otherwise, allowed their membership to lapse.

This is a very easy matter with those who do not regularly attend the Society's meetings, and is very readily accounted for when we remember that Vermont is a rural state with few railroads, and infrequent trains, and therefore attendance upon the meetings by men who live at extreme points in the State or away from the railroads, really involves a good deal of trouble, time and expense.

However in spite of all these apparent hindrances I wish to urge the fact that membership in the State Society would be profitable for every physician in Vermont.

---

The Society needs your help and we will give good returns for any loss of time or outlay of money incident to membership and regular attendance upon the meetings.

Every physician may well afford to set aside two days to attend the medical meeting, to make new acquaintances and renew old ones, to brush off the cobwebs, so to speak, to get and impart new ideas, and to lend the influence of his presence towards an enthusiastic and profitable gathering.

This society ought to have at least four hundred members.

If the reader of this article is a member of the Vermont State Medical Society, he is urged to attend this and all future meetings, so far as possible, and if he is not a member and is a regular physician he is invited to come to Burlington on October 12 and 13, and to join the society and take an active part in its deliberations.

Burlington, September 30, 1899.

## The History of the Medical Department of the University of Vermont.

*By Dr. H. Edwin Lewis, Burlington, Vt.*

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The history of medical education in Vermont goes back to the early years of the present century. A familiarity with the facts connected with the course of medical teaching in our Green Mountain State impresses one with the liberal mixture of successes and failures which those engaged in teaching medicine have encountered. It is certainly a wonder that their courage enabled them to go on with their arduous work when their progress was so continually being obstructed by annoyances and disappointments. But the physicians whose labors made the past of Vermont medical affairs and incidentally medical education, matters of pride to us who are identified with Vermont medical affairs of the present, were men whom failure could not dismay. In fact, their vocabulary knew no such word as fail, and in the face of every trial and disappointment their efforts would seem to redouble and their courage increase twofold. Such adherence to the duty that they nobly felt was theirs was bound to win a measure of success and they certainly accomplished far more in placing the practice of medicine in Vermont on a scientific basis than they ever realized in their day. But we who are enjoying the fruits of their labors, from our retrospective point of view know well that though their task was a mighty one, and many times they had to fight against greater odds than we can ever appreciate—they built far better than they knew.

Dr. John Pomeroy of Burlington was the pioneer medical teacher in Vermont. By this is meant that he was the first one of whom we have any record who undertook to give systematic medical instruction. Nearly if not all of the physicians scattered throughout Vermont usually had one or two young men asso-



ciated with them as students of medicine, this being the general custom and method of training medical men. But the credit of first providing accommodation for a class of students and delivering to them regular lectures must be accorded to Dr. Pomeroy. He was a man of unusual attainments, well grounded in the attributes of both gentleman and physician. His enthusiasm and marked ability in the practice of medicine for a long time attracted many young men to Burlington who were desirous of availing themselves of his knowledge. For several years his office was their rendezvous until at last in 1814 their number became such as to demand greater accommodations. Accordingly Dr. Pomeroy fitted up a lecture room in a building on Water street previously occupied as a store and during the winter of 1814 the first systematic lectures ever given in Vermont on anatomy and surgery before a medical class were delivered by him. The undertaking was very successful, over a dozen young men being in attendance. It was his custom to call on his medical friends for lectures on special subjects from time to time, but the principal portion of the lecturing was done by himself.

While he was thus engaged in instructing students, his son, John N. Pomeroy, was pursuing the study of chemistry and in 1816, to fill in vacant time occasioned by his father's illness, he was persuaded to deliver a course of lectures on chemistry. This he did in a most satisfactory manner, giving a course of sixteen lectures. It is a fact worthy of note that this was the first regular course of lectures on chemistry ever given in the United States. Dr. Pomeroy's school continued for several years with varying success from year to year. The Castleton Medical College organized in 1818 at Castleton, Vt., by several prominent medical men, detracted considerably from the prestige and patronage which had been won by Dr. Pomeroy's school, and it was soon seen that if Burlington was to remain the medical center of the State, active steps would have to be taken to put medical teaching on a more substantial basis. After many conferences and disputes the Medical Department of the University

of Vermont was regularly organized and the following faculty chosen: Dr. John Pomeroy, Professor of Surgery; James K. Platt, Professor of Midwifery; Arthur L. Porter, Professor of Chemistry; Nathan R. Smith, Professor of Anatomy and William Paddock, Professor of Practice and Materia Medica. This was in 1822 and the first class graduated the next year.

“These gentlemen constituted the medical faculty for the first year, remaining together only one term, at the end of which changes occurred in most of the chairs. John Bell succeeded N. R. Smith as professor of Anatomy, remaining but one year; in turn, being followed by William Anderson, who occupied the chair for four years, when Benjamin Lincoln was appointed, and continued as professor of Anatomy and Surgery until 1835, when Edward E. Phelps accepted the position, remaining until the extinction of the school in 1836. The other chairs were subject to as many changes, and were even vacant a part of the time, being supplied as best they could by the professors, who still had an active interest in the institution.

In 1836 the degree of Doctor of Medicine was conferred on one person only, at which time the faculty resolved to abandon the enterprise, giving as a reason for suspension, “want of students.” Up to this time, during the thirteen years of its existence, there were graduated in all one hundred and fourteen students. The largest class receiving the degree of Doctor of Medicine numbered fifteen, in the year 1826. From 1831 to the close of its career, the college continued in a dormant state, being entirely dependent for its existence upon the efforts of three or four professors, and the high reputation which they bore in the community. The burden, however, finally became too great, and suspension was the result. No effort was made to reorganize the college until 1840, when Dr. S. W. Thayer, then a resident of Northfield, Vt., came to Burlington, called upon the president and several professors of the university, as well as some other prominent gentlemen, and strongly urged their co-operation in re-establishing the college. For some unknown reason no action

was taken. In the spring of 1842 Dr. Thayer again appeared before the president, several professors and members of the corporation of the university, and presented a formal petition, for aid on their part to reorganize the medical school, signed by Governor Payne, Samuel Drew, Professors Valentine and Mott,



DR. WALTER CARPENTER.

Martyn Payne, Granville Patterson and several other gentlemen. This also received no response, and the matter dropped, seemingly for all time.

But in 1852, Dr. Thayer received a letter, signed by President Smith, Rev. John Wheeler and Professor Benedict, inform-

ing him that Dr. Bliss had made proposals to the president and corporation of the U. V. M. to reorganize the medical department, and that he would guarantee, after the organization of the medical faculty, to furnish the building formerly used for that purpose. Coupled with this information was the request that Dr. Thayer should meet the members of the corporation who were to take the matter into consideration. This he did, and after several meetings the proposals of Dr. Bliss were accepted. Dr. Thayer was authorized to organize the medical faculty and present the names of the several gentlemen whom he might select to occupy the respective chairs, to the president and corporation for approval. This he proceeded to do, but met with untold opposition from most of the physicians approached. Still he persevered in the face of all difficulties, and on March 30, 1853, the corporation proceeded by ballot and elected a medical faculty of four professors. The prospects seemed fair now of completing the organization, when unforeseen obstacles presented themselves.

Professor Carr, who had accepted the chair of chemistry, within one week afterwards declined to discharge the obligations of the position, unless a fixed sum should be raised in compensation. This, of course, could not be effected, and therefore there remained but three persons to constitute the faculty.

Dr. Thayer knew no such word as fail, and with the same persistence and determination which had characterized him in the past, he immediately applied to Horace Mann, of Boston, for a competent person to lecture upon chemistry. He was referred to Professor Agassiz, the celebrated naturalist, who recommended one of his associates, Mr. Erno, as a gentleman well qualified to fill the place. Professor Erno consented to accept the position, but only upon receiving a guarantee from Dr. Thayer that \$200 would be paid for his services. A portion of this sum was contributed by the University in payment of services rendered by Professor Erno in the academical department, and the remainder was raised by the medical faculty.

As a last resort, to fill the chair of Theory and Practice, Dr. Horatio Nelson, of Plattsburgh, was appealed to and he immediately accepted, but before the commencement of the lectures informed Dr. Thayer that he would not come unless he had the chair of Surgery. This change was effected, and during the first term Dr. Thayer gave lectures on Theory and Practice.

A prospectus was issued, and in it the faculty was announced as follows: "Horatio Nelson, professor of Surgery; S. W. Thayer, professor of Anatomy and Practice; Orin Smith, professor of Obstetrics; and Henry Erno, professor of Chemistry." It was complete with the exception of one chair, *Materia Medica*; but before the opening of the course in February, 1854, the services of a gentleman, then residing in Randolph, were secured, and Professor Walter Carpenter was added to the list. Thus the organization of the Medical Department of the U. V. M. was completed. A measure of success had been attained, but it was not all plain sailing yet. The professor of Surgery failed to put in an appearance during the second term, and by special invitation of the class, Professor Thayer added to his own lectures those of Surgery, giving two lectures a day during the entire four months.

Various supplies and paraphernalia were required, and one of the faculty, bearing the greater portion of the funds in the treasury, was directed to visit New York and obtain such things as were needed. He went, but has never returned to report the success of his mission. Little things of annoyance were constantly arising, but the dignity of the institution was ably upheld by the faithful and unremitting labors of three or four members of the faculty. A room in the University building was first occupied, but active steps were soon taken to raise money to fit up the building on the south side of the University Park for the Medical College. These efforts proved successful, through the generosity of the many friends of the college and the liberal contributions of the individual members of the faculty.

The matter of raising money even went so far as to cause the ladies of the city interested in the matter to give a fair and bazaar. The funds realized from this undertaking were donated to the Medical College, and used in furnishing a building for occupancy. Henceforth the Medical College occupied a building by itself. A museum was now required to meet the wants of the rapidly-growing institution, and charts, plates and apparatus were needed to illustrate the lectures. As no funds had been provided for the special purpose of these requisites, and almost all the obtainable money had been used in fitting up the building, Dr. Thayer again came to the rescue and gratuitously bestowed upon the college his entire collection of specimens, which had required many years of preparation. This formed an excellent nucleus of museum material, and in addition to this he purchased the anatomical and pathological specimens belonging to Professor Perkins (who for many years lectured on Obstetrics in the Medical College), and this whole collection obtained through the efforts and generosity of Dr. Thayer, comprises a large portion of the present well equipped museum of the school."

To Dr. Thayer and Dr. Carpenter unquestionably belongs the credit for placing the Medical College on a successful plane and maintaining it during the days of its greatest adversity. Many and many a time it would have passed into oblivion but for their ceaseless efforts to establish permanently a reputable Medical College.

Dr. Thayer was a masterful man. His courage was unlimited and no amount of hard work could dismay him. As a practitioner he was eminently successful and combined with his medical knowledge that rare talent in a physician, business tact. His executive ability proved invaluable to the college and he served most acceptably as dean, secretary and professor until 1872, when he retired from active lecturing and was made emeritus professor of anatomy.

Dr. Carpenter was the other mainstay of the struggling institution and with Dr. Thayer stood many a time between the

success and failure of the Medical College. He also possessed marked business ability which was helpful time and time again to place the college on a proper business footing. His large experience in medicine was demonstrated in his lectures on



DR. S. W. THAYER.

practice and therapeutics and these lectures shaped the ideas of many a future medical man. For twenty-eight years he was connected with the college in an active capacity and only re-

signed a short time before his death. Through his efforts the clinical facilities of the Mary Fletcher Hospital were satisfactorily made available to the Medical College.

“The founding and erection of the Mary Fletcher Hospital in 1876 had an important influence on the progress of the college. The hospital was thoroughly modern and was sure to be a vast help to those who were endeavoring to acquire a complete knowledge of disease in every form. Increased efficiency of the college meant more students and soon the institution was seriously cramped for room to accommodate the many students attending the courses. But in 1884 its growth was met by the munificent gift of John P. Howard. This marked an important epoch in the history of the school, and through his generosity the large brick edifice on Pearl street overlooking the University park, became the future abode of the medical department of the university. Increased room meant greater facilities, and greater facilities meant more progress. This was amply verified, and each year has witnessed larger classes of students and a higher standard of efficiency. The course, at present, is six months long, beginning about the middle of January each year, and continuing up to July. Four of these courses are necessary for graduation. This puts the school in the front rank with other progressive medical colleges. The entrance examinations have been subjected to much change, in keeping with the advancement in other lines, and the requirements of the Regents of New York State now constitute the standard of entrance to the college course, a prominent layman being Regents’ examiner for the faculty. The matter of leaving the entrance examination in the hands of a disinterested party, not a member of the faculty, speaks highly for the desire on the part of that faculty to raise the standard, and provide better fitted medical students. This medical faculty, as now constituted, consists of twenty-five active lecturers—a notable increase over the four at the beginning.”

Within the last few years, however, rumors of internal discord in the medical faculty have been current, and the matter



finally culminated in June '98, when Dr. H. C. Tinkham was elected to succeed Dr. A. P. Grinnell as Dean. Dr. Grinnell had served the Medical College most faithfully for nearly a quarter of a century and no little part of the latter day success of the Medical Department of the University of Vermont is due to him. Personal animosity on the part of two or three members of the faculty was felt to be the cause and naturally Dr. Grinnell's friends resented his enforced withdrawal from the Deanship. Considerable indignation was felt and shown by the alumni, student body, and the general public but nothing was done, and matters went on, the last session drawing to a close without any serious occurrence. A sort of suspense, however, seemed to pervade the college atmosphere and considerable uneasiness as well as dissatisfaction was felt by the students. Something seemed just ready to happen all through the course, until one day the latter part of June '99 the news was made public that the medical faculty had asked for Dr. Grinnell's resignation. This was felt to be the crisis and much speculation was indulged in as to the result of the whole controversy. Knowing ones seemed to feel that the final disposition of the whole matter would be actual absorption by the University of Vermont, thus terminating the nominal relationship existing. After several days, according to the articles of agreement between the medical faculty and the University of Vermont, Dr. Grinnell not having resigned, the whole difficulty came regularly before the Board of Trustees. A committee of prominent members of the Board was appointed to consider the matter and the result of their two sittings has been the resignation of the whole medical faculty composed as follows: Dr. A. F. A. King, Professor of Obstetrics and Diseases of Women; Dr. A. P. Grinnell, Professor of the Theory and Practice of Medicine; Dr. R. A. Witthaus, Professor of Chemistry and Toxicology; Dr. J. Henry Jackson, Professor of Physiology; Dr. A. M. Phelps, Professor of Surgery; Dr. H. C. Tinkham, Professor of Anatomy; Dr. J. N. Jenne, Professor of Materia Medica and Therapeutics.



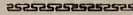
MEDICAL COLLEGE.

This then is the *status quo* and it remains for the Trustees of the University of Vermont to reorganize the Medical Department. To those of us who have gone out from the Medical Department within the last few years the present condition is one of grave moment. For three long years we listened to these men who are severing their connection with our Alma Mater, and every man has become so closely identified with our college life that thoughts of their leaving forever are accompanied by a most uncomfortable sensation in the throat. And somehow we feel that some of them must stay in order that the old college may not be too completely a thing of the past. It is perfectly natural that a man should love his Alma Mater. The memories of the years woven around the old college are the pleasantest, happiest of our lives. Our professional lives were moulded in the dear old amphitheatre, even though at times the seats were unmercifully hard, and no matter how successful we may be or how much knowledge we may acquire in the years to come, there, in the old familiar building—there was the beginning. Sentiment! Ah yes, but those who have completed the medical course of the University of Vermont and have become attached to the faculty as every graduate does, through the associations of three or more years, know well that there is far more sentiment connected with our college life than an outsider can appreciate. Each professor with his mannerisms, his idiosyncracies and his methods stamps an indelible print on our college course, and necessarily the college course shapes our lives and future careers to a large extent. And so it is not strange for one who feels the common interest in his Alma Mater and the men who were connected with it, to hope for the reinstatement of as many of the old faculty as are justified by the future needs of the College.

Nearly twenty-five hundred graduates have gone out from the Medical Department of the University of Vermont and they are spread all over the face of the earth. Each is working out his own destiny, playing the part of a man and a physician. Humanity in sickness and distress are the especial charges of the

medical graduate, and those who receive their diplomas from the Medical Department of the University of Vermont are well prepared to fulfil their duties in alleviating the pains and ills of unfortunate people.

Every alumnus is watching the outcome of the present trouble with interest, not unmixed with anxiety, but we have every reason to trust for the best, since the appointment of the new faculty rests in the hands of men who unquestionably appreciate the needs and requirements of the future Medical Department of the University of Vermont. May its future success sustain and add to the reputation it has won in the past.



### The Doctor's Wife.

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God bless the doctor's wife. Her trials are many and her pleasures are few, but she passes through life cheerful of mien and always ready to make the best of circumstances. If her lord and master is a martyr to science she is doubly so. He may have few pleasures but he has the excitement of occupation, while she—she all too often has the excitement of her own company. Neglect is her lot, however much she may crave the little attentions from the one she loves. She never grows hardened but goes down through life with the same old tenderness and sympathy. And when her life is done and she lies down for the last sleep she utters no complaint, she has no fault to find. All is well—and the Doctor never thinks.

Then drop a tear for the doctor's wife and her loneliness. Bless her for her patience and fortitude, and may she never want for attention and companionship in a better world.

## The Mary Fletcher Hospital.

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The most important medical institution in Vermont is the Mary Fletcher Hospital. This is situated between Burlington and Winooski on a high eminence of ground and is the result of the beneficence of Mrs. Mary Fletcher and her daughter Mary, who gave the original buildings, forty acres of land and \$100,000 as an endowment. To this was added by will, on the death of Miss Mary Fletcher, a large part of her estate, amounting to over \$300,000. It was erected in 1876, and opened in 1879 for the treatment of patients. Since that time many additions and improvements have been made, until now more than sixty patients can be accommodated at one time.

"In addition to the Fletcher gift, from time to time permanent endowments of beds in the Hospital have been made by Mr. Morton, Hon. George F. Edmunds, Henry Loomis and wife, Senator Proctor and the various churches of Burlington."

"The Hospital occupies an ideal location for such an institution. Situated on the summit of the hill east of the University, it has a superb outlook upon the Green Mountains, the Adirondacks and the valley of Champlain. It is perfectly situated for drainage and its sanitary appointments are unsurpassed. It gets sunlight on all sides and every health-giving breeze sweeps around its walls, dissipating all noxious vapors. The buildings stand high above their surroundings and are stately and imposing in appearance.

The main building is large, roomy and cheerful. It is finished in natural woods, and is kept scrupulously clean. The first floor is used for reception, physicians', directors' and patients' rooms; the second floor contains a dozen separate rooms for patients, six of which are endowed. The culinary department is in the basement. There are dining rooms in many places for convenience of patients, bath-rooms and closets, sitting rooms and dis-



MARY FLETCHER HOSPITAL.

pensary. On the south side of the main building, and connected with it by a corridor, are the wards for men and women, on the east and west respectively; the surgical operating room between—all in separate structures and lighted on three sides. The wards are bright, cheerful, sunny apartments, thoroughly ventilated, the foul air being removed from beneath each bed. The surgical operating room is as perfect in its appointments as that of any hospital—a room in which no speck of dirt finds lodgment and which can be thoroughly flushed with water from a hose.

The amphitheatre where the clinics of the Medical College are held, is in a separate building, connected by a corridor. It is complete in its arrangements for surgical demonstrations and has a seating capacity for two hundred persons. The clinics held here in the interests of medical science are of great advantage to the students in the Medical College, and of course to humanity.

The total capacity of the hospital in ordinary circumstances is fifty beds, which, in emergencies, by crowding the wards and placing cots in the halls and amphitheatre, can be increased to sixty-five beds. The demands upon it are constantly growing. It is now receiving nearly six hundred patients yearly. Of these, seventy-five per cent are surgical. Two-thirds of the total number pay nothing; others pay small sums as their means will permit; a very small percentage pay full rates.

The doors of the Mary Fletcher Hospital are freely opened to the suffering. In accordance with the founder's design, preference is given to residents in Vermont. No one is too poor or friendless to be denied, if there is room and the case is a proper and a deserving one. The regular charge is ten dollars per week, but those who cannot pay this amount, pay what they can."

The superintendent is Dr. B. J. Andrews who is also the secretary of the Medical Faculty of the University of Vermont. He is assisted by three house surgeons who are appointed every six months for a term of eighteen months from each year's medical class. The present resident staff are Dr. John Dodds,

house surgeon ; Dr. George E. Anderson, 1st assistant, and Dr. Clifford A. Pease, 2d assistant.

The attending medical and surgical staff is composed of the following well-known physicians: Attending surgeons, Dr. L. M. Bingham ; Dr. D. C. Hawley ; Dr. J. B. Wheeler ; Dr. H. C. Tinkham ; attending physicians—Dr. P. E. McSweeney ; Dr. S. E. Maynard ; Dr. H. R. Watkins ; Dr. W. R. Prime.

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### A Few Facts—Medical and Otherwise.

|                                                      |          |
|------------------------------------------------------|----------|
| Population of Vermont, 1890.....                     | 332,422  |
| Number of physicians.....                            | 693      |
| Ratio of physicians to population.....               | 1 to 480 |
| Population of Burlington.....                        | 20,000   |
| Number of physicians in Burlington.....              | 50       |
| Ratio of physicians to population in Burlington..... | 1 to 400 |
| Death rate per 1000 (1890).....                      | 16.33    |
| Death rate of consumption per 1000 (1890).....       | 1.99     |

#### STATE BOARD OF HEALTH.

Dr. C. S. Caverly, Rutland, President ; Dr. J. H. Hamilton, Richford, Secretary ; Dr. O. W. Sherwin, Woodstock ; Dr. H. D. Holton, Brattleboro.

#### STATE BOARD OF LICENSE CENSORS.

|                         |            |
|-------------------------|------------|
| Dr. H. C. Tinkham.....  | Burlington |
| Dr. C. W. Strobell..... | Rutland    |
| Dr. Wm. N. Platt.....   | Shoreham   |



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## Hotel Dieu of St. Joseph, Fanny Allen Hospital.

*By Dr. T. J. Strong, Resident Physician.*

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In the exceedingly healthy State of Vermont about three miles from the city of Burlington in a suburb called Winooski Park, is located the Fanny Allen hospital.

The building is situated upon the brow of a highland overlooking the Winooski River; to the east one has a grand view of the Green Mountains, Mansfield the highest peak rising majestically into the clouds. A little to the south Camel's Hump rises like a mighty sentinel to guard the verdant valleys below.

The land upon which the Hospital stands is well drained, making the building dry at all seasons. There is always, even in the hottest weather, a cool and refreshing breeze, which in itself is enough to claim a marked advantage in the treatment of disease.

The Fanny Allen Hospital was established and incorporated under the laws of Vermont, October 15, 1894, the present construction being generously given by Mr. and Mrs. Michael Kelly of Colchester for the establishment of a Hospital, the western wing being added for this purpose. Many of the rooms have been remodeled and hard wood floors have been laid and finished in oil. Hot water, heat and stationary basins have been put in. The walls have received a hard finish, and electric bells, speaking tubes and telephone service (long distance) have also been added. The house and all wards and private rooms have the best of ventilation. Sanitary arrangements are perfect.

The Hospital is under the direction of the Sisters of Charity of the order known as the Religious Hospitallers of St. Joseph. Rev. Sister Renaud, superioress, Rev. Sister Campbell, assistant superioress.

The Hospital being yet in its infancy, unfortunately has no fund, endowment or otherwise to exercise charity, except that which comes from true care and devotion to the sick.

The medical and surgical staff are appointed by the board of directors of the Hospital and are fully equipped to handle any operation.



THE FANNY ALLEN HOSPITAL.

A physician and chaplain reside in the house.

All classes irrespective of religion are admitted.

The Hospital has one of the largest, best equipped and well ventilated female wards of any hospital of its size in the State. Ample room for each patient, cool and delightful in the summer months, warm and cheerful in winter. This ward occupies the entire western wing of the hospital and is made the more convenient for the convalescent by the broad piazza which looks out upon the street beyond.

From this ward passing out eastward one enters the new addition, erected at a cost of \$20,000, and is at once struck by the clean, neat appearance of the long corridor. On the right is a private room, cool and airy, looking out upon the Green Mountains and Winooski Valley. Next to this room is also another private room and across the hall, one enters the male surgical ward, connected on the opposite side by the hall leading to the male medical ward.

Leaving the surgical ward and passing across the hall, the visitor again enters a well-lighted, spacious room, the sun room. This room is so built that the morning rays of old Sol penetrate the windows on the side and ends, cheering and invigorating the convalescent who cares not to go outside.

Farther down the corridor one enters on the left the reception room, it also being accessible from a veranda in front, a step to the electric car and driveway.

Beyond this room on the left are the eye and ear room for the dispensary service, and a dressing room where emergency cases can be quickly cared for and removed to appropriate wards.

On the right passing out, one enters the female surgical ward, every convenience being at hand, and neat, clean and well ventilated in every particular.

A little below this ward on the left, (passing out,) is the surgeons' room and parlor, which is necessary for the convenience of attending and visiting surgeons.

Next is the instrument room where every kind of modern instrument used in modern surgery is carefully kept; clean and antiseptic glass shelves holding them.

Opening from this room is the operating room, one of the best of its kind and size in the State, if not in the whole country. At the left are the marble sinks and basins, the faucets working by foot or hand. To the right of these are the instrument stands and glass receiving pans, wholly aseptic. In the center of the room is the latest modern operating table, and at the foot of this an immense plate glass window 10 feet by 14 feet. Above are

also many windows composing a splendid skylight, which with three 32 candle power incandescent lamps afford the necessary (and more too) amount of light, whether at night or day.

Near the operator stands a table containing the necessary antiseptic solutions for the operator's hands.

At the head of the table is the anaesthetizer's table of glass, on which are the required articles for every operation.

The floors, which slope to the center, are made of a combination of cement and other substances, and in the center is a pipe which leads off to the sewers.

Upon the right of the operating room is the etherizing room convenient as it leads directly into the operating room.

From the operating room passing out of the main entrance, one enters the laparotomy room, where patients are conveyed immediately after such operations to remain until taken to their ward or room.

At the end of the new addition a door opens out on a broad veranda where the sun and cool breezes make it both pleasant and recuperative.

The Hospital has its own farm and dairy; vegetables and delicacies in season. Forty acres are available for the needs of the Hospital.

The Hospital easily accommodates forty patients, including private rooms of which there are eight.

The surgical staff contains the names of the following well-known surgeons:

W. G. E. Flanders, M. D., Burlington, Vt., Chief Surgeon; O. W. Peck, M. D., Winooski, Vt., Surgeon-General State of Vermont; H. Edwin Lewis, M. D., Burlington, Vt., Surgeon and Specialist in Diseases of Eye, Ear, Nose and Throat.

The attending staff besides the above contains the names of the following well-known men of the profession:

H. R. Wilder, M. D., Burlington, Vt.; O. H. Allard, M. D., Burlington, Vt.; C. M. Ferrin, M. D., Essex Junction, Vt.;

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J. W. Sheehan, M. D., Winooski, Vt.; Dr. Jo H. Linsley, State Bacteriologist, is the Pathologist to the Hospital.

Considering the few years that the Hospital has been in existence, the increasing rate of patients yearly, both operative and non-operative, the splendid condition of all departments, faithfulness and sincerity of the never tiring energy of the Sisters in their duties and the efficient staff, surgical and medical, there is no reason to doubt that in a short time, at the most, the Fanny Allen Hospital will rank with favor among the best of its kind in the country.

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### **Our Souvenir Edition.**

This particular number of the VERMONT MEDICAL MONTHLY is issued complimentary to the Vermont State Medical Society. May it prove an interesting one, and serve to influence some doubtful physician to attend the annual meeting in Burlington October 13 and 14.

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## Vermont's Laboratory of Hygiene.

*By B. H. Stone, A. B., M. D., Assis't. Bacteriologist.*

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The Laboratory of Hygiene is a modern growth made permanent by its own fruits; for in the laboratory originated the germ theory of disease, beginning a new era in medicine. Before this the medical man had been groping in the dark with an unseen, unknown foe—aiming at effect with no real idea of the cause. This theory of the cause of disease once established, humanity demanded for its protection all the knowledge of the subject possible. This in turn called for the laboratory.

European governments early recognized the necessity of making these institutions public, and well equipped laboratories were opened by the Imperial Board of Health of Germany, the Local Government Board of England, the Cantons of Switzerland and most of the principal foreign cities.

In this country they were at first operated as a private enterprise, but this made their beneficent results a luxury, and laboratories operated under the direction of State Boards of Health have now been established in Maine, Massachusetts, Rhode Island, Connecticut, New York, Delaware, Indiana, Minnesota, Ohio and in November last in our own State. It is with the latter that this article has to do.

During the last months of 1897, as the result of a conference between the State Board of Health and Dr. Linsley, it was decided to open a laboratory to do a limited amount of work on an experimental basis with a view to making it a permanent institution at the next meeting of the Legislature. The work was to be limited to the examination of cultures from suspected diphtheria cases, and blood by the Widal reaction for typhoid fever.



HAYWARD BLOCK—THE STATE LABORATORY IS LOCATED ON THE SECOND FLOOR OF THIS BUILDING.

To carry on this work the State Board of Health turned over a small amount at its disposal, and Dr. Linsley furnished the rest, including nearly all the apparatus necessary and his own time. Outfits were furnished, modelled after those of other State institutions of the same sort, for making the diphtheria and typhoid examinations; and these were distributed over the State by being kept in stock at twenty fixed stations. This work met with such a hearty response from the physicians that not only was Dr. Linsley kept busy but two assistants also were needed to make examinations of the material received.

From February 1st, 1898, to January 1st, 1899, 738 cultures from suspected diphtheria cases and 347 specimens of blood from suspected typhoid cases were examined. This made it very evident that the people of the State appreciated the value of such an institution.

In order to still further become conversant with public sentiment on the matter, Dr. Linsley made a thorough personal canvass of the State during the summer. As a result of this trial the General Assembly of the State passed the following law:

#### No. 115. AN ACT RELATING TO PUBLIC HEALTH.

SECTION 1. The State Board of Health is authorized to establish and equip with the proper and necessary apparatus, utensils and instruments a State bacteriological laboratory for the chemical and bacteriological examination of water supplies, milk and all food products, and the examination of cases and suspected cases of diphtheria, typhoid fever, tuberculosis, malaria, and other infectious and contagious diseases.

SEC. 2. The State Board of Health shall appoint a director of such laboratory who shall hold his office for two years from the first day of December 1898; and biennially thereafter said Board of Health shall appoint a director of such laboratory for a similar term. He shall keep a record of all specimens sent to him for examination by residents of the State, and examine



these specimens without unnecessary delay. He shall, biennially before the first day of January make a full report to the State Board of Health of all matters pertaining to the laboratory, and shall make such other and special reports as the State Board of Health may ask for. His salary and that of his assistant shall be fixed by the State Board of Health.

SEC. 3. The use of the laboratory and all investigations therein shall be free to the people of this State.

SEC. 4. The sum of five thousand dollars is hereby appropriated for the purpose of procuring the proper and necessary apparatus, utensils and instruments for the equipment of such laboratory; and the sum of eight thousand dollars per year is hereby appropriated to pay the salaries, procure the necessary supplies, and to meet the other necessary expenses of said laboratory, which sums shall be expended under the supervision of the State Board of Health. The total annual expense of maintaining said laboratory shall not exceed the sum of eight thousand dollars.

SEC. 5. This act shall take effect from its passage.

Approved October 26, 1898.

The money appropriated for equipping the laboratory has been so well expended that Vermont to-day has a laboratory as substantially built and conveniently fitted as any in the country, with a working capacity limited only by its appropriation for running expenses.

The work has been so widened that beside the director, a chemist, bacteriologist, stenographer and janitor are employed.

Since the opening of the permanent laboratory the work has embraced the examination of:

- 401 cultures from suspected diphtheria patients.
- 636 specimens of sputum for tubercle bacilli.
- 277 specimens of blood for typhoid fever.
- 63 specimens of blood for malaria.
- 371 complete sanitary water analyses.

- 34 analyses of beer.  
 10 analyses of whiskey.  
 38 miscellaneous examinations, including pus for gonococci, urine and ascitic fluid for tubercle bacilli, etc.

Making a computation with the following list of prices for Hygienic work published by Fraser & Co., New York, as a standard :

|                                           |           |         |
|-------------------------------------------|-----------|---------|
| Blood examination,                        | - - - - - | \$ 5 00 |
| Diphtheria culture,                       | - - - - - | 5 00    |
| Milk, chemical analysis,                  | - - - - - | 5 00    |
| Sputum, examination for tubercle bacilli, | - - - - - | 5 00    |
| Water, complete sanitary analyses,        | - - - - - | 25 00   |
| Beer and whiskey,                         | - - - - - | 5 00    |

we see that our Laboratory of Hygiene at a running expense of \$8000 per annum has actually in nine months done \$16,380 worth of work for the state. (This ignores the thirty-eight miscellaneous examinations.) And this profit comes where it is most needed—it benefits the poor man. It gives him the results of the technical and scientific skill which he could not afford otherwise. And aside from this money value which is so evident, there is a benefit in lessening disease which though not so tangible and easily estimated is just as real and of far greater importance.

It is difficult for the ordinary citizen, who is not especially interested in such work, to appreciate the benefit which he and his household receive, but when one realizes what a large proportion of sickness comes from contagious and infectious diseases, bad water or food supplies, it is not so hard to comprehend after all.

Of the 137 wells, from which water has been examined, eighty-three have been condemned as unfit for use. People were using water from a large proportion of these wells and though they might not all have been injured by so doing they were all exposing themselves to that peril. One case of typhoid in the community might expose every person drinking from that sewage

contaminated well. Doesn't it pay to know the danger and thereby be in a position to avoid it?

To quote from Dr. Abbott of the Massachusetts State Board of Health, "The laboratory is as essential to the welfare of the community as is the forge to the work of the blacksmith, the axe to the woodman, or the saw and plane to the carpenter and builder."

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### Arrival and Departure of Trains.

Trains arrive over Central Vermont Railway as follows: From South and East, via Montpelier and White River Junction, at 4.40 a. m., 12 m., 5.10 and 7.30 p. m.

From East via Cambridge Junction, 9 a. m., 12.05 and 7.30 p. m.

From North and West, via St. Albans, 12.10, 8.20 a. m., 12.05, 5.20 and 10.06 p. m.

Over Rutland Railroad, 4.21 and 11 a. m., 4.20 and 6.40 p. m.

Trains leave over Central Vermont Railway for South and East, via Montpelier at 7.30, 11.20 a. m., 4.20 and 11.10 p. m.

East, via Cambridge Junction, 8.40 a. m., 12.05 and 4.20 p. m.

North and West, via St. Albans, 3.40, 4.25 and 11.20 a. m., 4.20 and 6.40 p. m.

Over Rutland Railroad, 8.30 a. m., 12.05, 1.30, 5.30 and 10.06 p. m.

## Burlington--the Beautiful.

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It is the universal verdict of all who visit Burlington, Vt., that the city is indeed beautiful. Few cities are so fortunately situated and few indeed can boast of possessing a greater number of natural charms. Built on a hillside, gently sloping to the lake, Burlington has every advantage of location and drainage. We who are accustomed to the beauties so lavishly showered on Burlington by kind and beneficent Nature are scarcely appreciative of our lovely surroundings. But strangers, who figuratively speaking, enter our gates, are at once charmed and impressed with Burlington and her suburbs. They unanimously proclaim the city a veritable Garden of Eden and heartily agree to its being termed the "Queen City." The grandeur of the scenery surrounding Burlington has added much to the fame of the city as an ideal summer resort. Lake Champlain, inspiring alike to the artist and the poet, is a marvelously beautiful sheet of water. Burlington overlooks it at its widest point and the view from almost any point in the city according to many travelers rivals any scenery in Europe or the Old World. The radius of vision extends north or south over thirty miles, giving a most magnificent view of the noble Adirondacks on the western shore of Lake Champlain. Back of the city, to the east, the majestic Green Mountains rise like a mighty rear guard, monumental but magnificent in their rugged beauty. Add to the actual landscape the beautiful coloring of the myriad lights and shadows varying with every hour of the day, and the lover of Nature and her moods has spread before him a constantly shifting panorama of pictures always surpassing the mere description of words.

"The superb view from Burlington has been seen and admired by thousands who have not had opportunity to learn the charms of the city itself—its moral and intellectual atmosphere,

its humanity, its material comforts and elegancies, its many attractions as a place of residence. On a recent occasion the Rev. Edward Everett Hale visited the city to deliver one of his interesting lectures. While in Burlington he embraced the opportunity to drive through its streets, to visit its homes and institutions, to observe the people and to touch the pulse of their daily life. Shortly afterward he took occasion to put his impressions into words, and he was speaking to a college society in the city of New York when he said: 'I am told that our American life, for an educated man, is all very uninteresting and commonplace. Commonplace, as I said just now, thank God, it is; for, as a consequence of certain events which occurred eighteen hundred and more years ago, the three eternal elements of life,—faith and hope and love,—are no secret now, but are open for everybody's experiment, and everybody's instruction. Now, I find that the exhibitions which America makes of faith and hope and love are curious, are interesting, are suggestive, and, permit me to say, are 'distinguished,' as the word has been used in the recent discussions of this matter. May I go into a little personal experience? When I was told, the other day, that there was nothing 'distinguished' in our cities, I asked myself what was the last city I had visited, away from my own home. As it happened, it was one of the smallest of American cities—it was the city of Burlington in Vermont. I remember the moment when I arrived there, when the magnificent range of the Green Mountains, white with snow as it had been through the day, was tinged with the crimson of the setting sun; and, as I turned west to look upon the clouds of sunset, the sun himself was sinking behind the broken range of the Adirondack Mountains. Between was the white ice of the frozen lake; and so far as Nature has anything to offer to the eye, I had certainly never seen, in forty years of travel, any position chosen for a city, more likely to impress a traveller as remarkable, and to linger always in his memory. Those of you who have been in Burlington will know that I was in a city of palaces. I mean by that there are private homes there, which, while they



BURLINGTON FROM RED ROCKS.

have the comforts of a log cabin, display the elegancies of a palace. But I shall be told that this is not distinguished now,—that this may be seen everywhere in a country as rich as America. Let it be so. Then they took me to visit a new hospital, arranged with everything which modern science knows for the treatment of disease, with a staff of surgeons and physicians who might stand unawed before the great leaders in their profession; and they told me that here any person in Vermont who was in need could be treated by the best science of the Nineteenth Century, and with the tenderest care that the Christian religion inspires. They told me that this institution was maintained by a fund of nearly half a million dollars, given by one lady, for this purpose of blessing her brothers and sisters of mankind. If this be a commonplace monument, let us thank God that we live in a commonplace land; They took me then to their public library. They showed me the Canadian emigrants from the other side of the border, thronging the passages that each might have his French book to read, the German emigrant pressing for his book,—they showed a perfect administration for the supply of these needs. And they showed me that they had not only provided for the rank and file in this way—providing, observe, thousands of books in French,—but they showed the ‘last sweet thing’ in the criticism of Dante, the last publications of the archæological societies of Italy—books and prints which had been issued—well, let us say it among ourselves, for as dainty people as you and I are,—for the elegant students of Browning or of mediæval times. They had taken as good care of us in our daintiness, as they had taken of the Canadian wood-chopper, or of the German mechanic. This seemed to me rather a distinguished bit of administration. And so I might go on to tell you about other arrangements for charities, of their forelook in regard to sanitary arrangements; and when I asked them on the particular matter which I was sent for to give counsel, how many people they had in their Blackwell’s Island establishments, in their public institutions for the poor, I found there was a momentary question whether there

were *three* of these people that moment, or possibly *four*! That is so distinguished a condition of affairs, that I should not dare tell that story in any Social Science Congress in Europe. It would be set down as a Yankee exaggeration. People would say it was impossible. It is not impossible, because the men and women of Burlington have known how to give themselves to the administration of the wealth in common. Among other things, I may say in passing, they have known how to suppress an open bar. I have no need to discuss the details. I only attempt, in



CHURCH STREET—LOOKING NORTH.

one such incident, to show to you that, as a friend said to me to-day, while we travel in Europe to see external things, like statues and cathedrals and other physical monuments, we travel in America to see what man does for man, what is the training of the human being, and we find some interest in the advance which, from one generation to another, man makes in arresting sickness, in abolishing pauperism, and, in a word, in the improvement of mankind."

In 1763 the town of Burlington was chartered by the Province of New Hampshire, Benning Wentworth being the governor.



“ The charter bore date of June 7, 1763, and the town originally contained thirty-six square miles, its western line being the shore of Lake Champlain, its northern the ‘ French or Onion river,’ its eastern a straight line running from the river at a point ten miles east of the mouth of the river, for six miles to the south, and its southern a straight line parallel to the general line of the river and six miles south of it. The eastern boundary was soon after changed to the line of Muddy Brook (all east of that being added to Williston) leaving about twenty-six square miles.

“ The name of the town no doubt came from the Burling family of Westchester, New York, members of which were engaged with the Allen brothers and others in extensive land speculations hereabouts.”

“ Ethan Allen was the most famous of the early settlers of the town. He came to Burlington in 1787 and settled on the Van Ness farm near the Winooski river where he died suddenly two years later. The first settler in the town was Felix Powell, who built his cabin on Appletree Point in 1773. From this beginning the settlement spread southward along the shore and soon a cluster of buildings was formed on the bay at the foot of King street. The lumbermen gradually forced their way up the hill, and a road was made to the Falls on the route now occupied by Pearl street and Colchester avenue. Logging camps were located on City Hall Square. Ship-building was an early and important industry of Burlington. The first vessel, the schooner Liberty, was built on the Winooski river by Ira Allen in 1772. The ship-yards gradually moved southward along the lake shore as the timber was cut away, some of the later vessels being built as far south as Marks’ Bay. The Vermont, one of the earliest steam-boats in the world, was built in 1808, under an oak tree at the foot of King street.

The township was originally surveyed by Ira Allen in 1773. The town was organized in 1786, and the first town meeting on record was held in March, 1787. The beginning of the village of Burlington was made about that time, on the bay near the foot of

King street, where a few logs fastened to the shore of the lake were the beginning of the old wharf. Lumbermen had temporary huts in the vicinity of the square, which was covered with bushes and shrubbery, with now and then a pine tree.



ETHAN ALLEN MONUMENT.

In 1791 there were only three houses at the village or 'bay,' as it was then called; some small houses were scattered along at the head of Pearl street, and from thence to the falls, where Ira Allen lived, across the river in Colchester, in a large two story house. The 332 inhabitants were quite evenly distributed through the town, and the ratable property was valued at 1258 pounds."

February 21, 1865, the city of Burlington came into existence. The old town was divided and all but the part set off as the town of South Burlington, was duly incorporated with a population of 8000. From a country village to a full fledged city was a great leap, but it was surprising with what celerity the change was made. The whole community seemed imbued with the desire to make Burlington a city in far more than name and their united efforts bore excellent fruit. Countless enterprises sprung up, many new and elegant residences were erected and though at no time in its career has Burlington been the victim of a "boom," there has been a thoroughly substantial growth, constantly increasing in its proportions and extent.

"Its growth in public spirit and in the architecture of its public and private buildings, in street and other improvements, has been rapid and notable during the last decade. The business part of the city, around the square and on Church and College streets, contains many large and substantial buildings, with commodious and well equipped stores and offices; the residential portion of the city is even more conspicuous in its handsome dwellings, both on the old streets and the new ones opened within a few years. The majority of these modern structures have been built within the past ten years, and they show a high average of beauty and a refined architectural taste not often exhibited in so small a town.

After this brief glance at the general aspects of the Queen City of Vermont, let us look at the management of its public works and the conduct of city affairs. The city government is made up of a mayor, elected annually; a board of aldermen of ten members, elected one member from each of five wards, yearly, for a term of two years; and a city council composed of the mayor and the board of aldermen. The city clerk, who is ex-officio clerk of the city council and board of aldermen, and the city treasurer are chosen by the board. The other minor officials are chosen in the same way. The police department con-

sists of the chief of police and ten men, with headquarters at the city hall.

In its streets as well as in other public improvements and conveniences, Burlington is an example of public spirit, liberality and foresight beyond the usual town of its size. Its fifty-four miles of streets are laid out in regular order, and as a rule they are kept in good condition. A large portion (ten miles) is well macadamized, a small section covered with concrete, the remainder



MAIN STREET—EAST FROM WILLARD.

being well gravelled and substantially built clay roads. There is a movement now on foot—advocated and supported by leading citizens—to make a systematic effort to macadamize all the principal streets, and thus put them in permanently good condition. Nearly all the principal streets are curbed and guttered, with broad and well made sidewalks, covered mostly with slabs of blue stone. No city of its population shows a greater proportion of good sidewalks and well curbed streets to its street mileage. The street expenditure in 1892 was \$45,000.

The streets of the city are well lighted by 131 arc electric lights—thirty of which burn all night, at a cost of \$11,000 yearly. The Consolidated Electric Company and the Burlington Gas

Company, with offices in the Y. M. C. A. block on Church street, have a large and completely equipped electric and gas plant. The streets are laid with gas mains and strung with electric wires, and light and power can be procured in small or large quantities from both systems. The source of electric supply is the great power station of the Vermont Electric Co. at the "gorge" on the Winooski river, three miles away. Here is an unlimited supply of power, and opportunity for individuals and factories to secure motive power for manufacturing purposes.

The parks of the city include the City Hall Park, Battery Park and College Park, aggregating about twenty acres. In a city of 15,000 people so widely spread as Burlington and so well shaded, the necessity of public parks is not felt. Nevertheless the three parks named are highly appreciated by a large class of people who find attractive shade and pure air within their precincts. City Hall Park, in the center of the business district, contains two and a half acres. It was reserved by the original proprietors of the town for a public square, and is a pleasant spot, finely shaded with great elms, planted by residents now living. It contains a handsome fountain, and a band stand on which are given the summer evening concerts of the Sherman Military Band. The principal hotels of the city front on this park. Battery Park, in the north part of the city, on the bluff overlooking the lake, is a charming place laid out with walks and drives and affording a fine water view. Its name comes from the battery erected here during the war of 1812, which did good service in driving the British fleet down the lake in 1813. A group of barracks was also built about the present park which contained about four thousand soldiers during those perilous times. College Green, on Prospect street fronting the University, is a finely shaded and attractive park, containing a handsome fountain and a bronze statute of Lafayette by J. Q. A. Ward.

The source of Burlington's water supply is Lake Champlain, a body of water so vast and so active as to be in no danger of contamination. The source of supply is there-

fore of undoubted purity and potableness. The water works were constructed in 1867. The pumping station is on the lake shore, and the water is pumped into a magnificent double reservoir on the hill, nearly 300 feet above the lake. The reservoir holds seven million gallons, and it is so far above the business part of the city as to furnish ample pressure for fire service without the use of an engine. The residences and buildings on the hill above receive their water from a higher service, the supply of which is furnished from the main reservoir by an ingenious



PROVIDENCE ORPHAN ASYLUM.

motor invented by W. H. Lang, which works automatically and keeps the higher service supplied at absolutely no cost for power. The higher service tank holds a hundred and seventy thousand gallons. The water is well distributed about the city in thirty-three miles of mains. The pumping is done with two Worthington pumps, having a daily capacity of 1,500,000 gallons; the daily average consumption of water in 1892 was 789,289 gallons. The fire service is supplied by 175 hydrants. The cost of the water works was \$374,000; the annual expense is about \$20,000, exclusive of interest on bonds, about \$10,000; the receipts from water rents are about \$40,000, leaving a large net profit to the city each year.

From the organization of the city until 1892 its sanitary affairs were in charge of a health officer, chosen by the city council. This officer was always a physician, and had power to enforce proper sanitary regulations and to summarily abate nuisances. He was constantly on the alert and made a large number of inspections in the course of the year. In 1892 the Legislature of the State passed a general sanitary law applying to all municipalities in order to make the methods of guarding against contagious diseases uniform throughout the State. This law places the appointment of the health officers in the power of the State Board of Health, and constitutes the officer thus appointed, and the board of aldermen of the city the local board of health. Dr. H. R. Watkins is the present efficient health officer.

The city has thorough and strictly enforced plumbing regulations and all the sanitary arrangements are as complete as possible. Taking these municipal regulations with the naturally healthy location of the city, a combination of favorable conditions appears. The slope on which the city is built permits thorough sewerage and drainage, and Burlington is always dry and well drained. Stagnant water is not seen. Nearly all the streets are sewered—more than fifteen miles are laid—with one or more basins at the intersections of streets to collect surface water. The gutters are curbed, sagged and paved.

In 1890 there were 288 deaths in the city, out of which number fifty were seventy years of age and over, and one reached the great age of ninety-seven.

In 1891 there were 255 deaths. Of these twenty-nine were over seventy years of age and nineteen over eighty years of age.

In 1892 the number of deaths was 306. Of these forty were seventy years old and over, twenty-three eighty and over, two ninety and over.

Burlington is one of the healthiest cities on the continent. The death rate averages less than eighteen in every 1000. The best criterion of the sanitary condition of a community is found in the prevalence and fatality of the zymotic class of diseases.

The class comprises those diseases which are either epidemic, endemic or contagious, and which are in a measure preventable by proper sanitary regulations. With the exception of an occasional run of diphtheria to which every place is subject, the



BATTERY PARK OVERLOOKING LAKE CHAMPLAIN.

deaths occurring in this class of diseases are comparatively few. The country about Burlington—the whole Champlain valley—is a great health resort and thousands of people are attracted hither every season.

In regard to public buildings Burlington is particularly fortunate. With very few exceptions they are all substantial edifices. The notable ones are the City Hall, the Fletcher Free Library, the Postoffice and Custom House and the County Court House. The University of Vermont, which is located on the College Hill, furnishes a large number of prominent buildings,



one particularly being renowned as one of the finest of Richardson's architectural gems, the Billings Library, the munificent gift of Hon. Frederick Billings of Woodstock, an alumnus of the University.

Burlington is a city of homes; its private residences include a goodly number of stately size, with broad grounds and ample lawns, others with attractive exteriors and artistic interiors, though less imposing and not so costly. The residential part of the city has had a remarkable growth in handsome houses, with modern and tasteful architectural features, within the past few years; although it was already conspicuous for its fine old mansions and the general elegance of its dwellings of the old style. Some of the streets which contain the principal residences, such as Main, South Willard, Pearl, Prospect, William, College, Summit and South Union, would be conspicuous in a much larger city. The streets are broad, finely shaded and well cared for; curbed and graded, with substantial sidewalks and broad grass plats on the side of the stone or concrete walk, they present an exceedingly attractive appearance.

The public means of transportation about the city include a large number of hacks and public carriages and a well equipped electric railroad. The public hacks are regulated as to charges by city ordinances. The legal charges are as follows: For day services up to 11 p. m. from the depots and wharves to the hotels and as far east as the college buildings, north to North street and south to Howard street, 25 cents; other hours and distances, 50 cents; one trunk and one valise included in each case.

The electric railroad extends from the Central Vermont railroad station to City Hall Square, and from thence radiates to the neighboring villages of Winooski and Essex Junction on the northeast, passing the college park and Green Mount cemetery; to Lake View cemetery on the northwest and Howard Park on the south, running through several of the principal business and residential streets. The entire length of the road is about eighteen miles.

The Burlington Postoffice occupies the lower story of the United States building on the corner of Church and Main streets. It does by far the largest business of any postoffice in Vermont, and its percentage of increase in 1892 was larger than that of any postoffice in the United States. The receipts of the office for the



HOME FOR FRIENDLESS WOMEN.

year ending March 31, 1891, were \$40,610.38; for the year ending March 31, 1893, \$85,830.53. The money orders paid and issued in the latter year amounted to \$108,299.62. There are ten letter-carriers in the free delivery, seven clerks in the office, and forty-eight letter boxes in the city. Two full and four business deliveries and collections of mail matter are made daily.

Other means of communication within and without the city are the two district messenger services, with call boxes, connected with the telegraph offices.

The Western Union Telegraph Company has an office in the American Hotel block on Main street; the Postal Telegraph Company has an office at 106 Church street.

The telephone system of the city affords remarkably complete advantages for local communication, having nearly 500 instruments, and reaching as well many towns in Northern Vermont, and communicating with many miles of other exchanges.

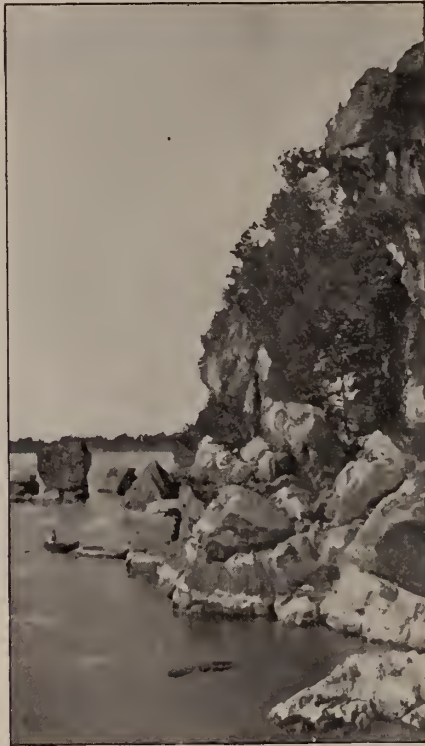
Railroad and steamboat communication with the outside world is exceedingly convenient. The "Green Mountain Flyer" is the vestibuled day express to Boston and New York over the Rutland railroad. The Central Vermont line has an equally good train for Boston and to New York by way of Springfield. Both lines have a night express to both cities, with through Wagner sleeping cars. One gets aboard these finely equipped cars at Burlington about 9 o'clock in the evening, and after a full night's rest reaches New York at 8 in the morning. The service to Montreal, Canada, and the west, and the local service are equally as efficient.

The Champlain Transportation Company gives the city excellent service by water. Its steamboats, the "Vermont" and the "Chateaugay" keep up communication as long as ice will permit, usually about eight months in the year. They carry a large number of travellers and are very popular with the public and the citizens of Burlington. The boats are kept in fine condition, and the dock, depot and offices are modern and attractive.

In addition to favorable geographical position and intimate connections with the great transportation companies of the State, Burlington has the inherent elements of a live and busy metropolis. It exhibits a commercial activity and business prosperity such as are to be found in no other inland city of its size in the country.

The charities for which Burlington is noted are manifold and visitors to the city are always impressed with their number and scope. The principal charitable institutions are the Mary Fletcher Hospital, the Fanny Allen Hospital, the Providence

Orphan Asylum and Hospital, the Home for Destitute Children, the Home for Friendless Women, the Home for Aged Women, the Howard Relief, the Cancer Relief Association, the Adams Mission Home, and the City Poor Department. In addition to these, each church has its own means of dispensing charity to deserving cases.



ROCK POINT.

The Young Men's Christian Association occupies a large, magnificent building on the corner of Church and College streets, and is doing a grand work among the young men of the city. It has a large and growing membership and with its fine reading room, pleasant parlors and well equipped gymnasium, to say nothing of its lecture course and many entertainments, it fills a

very important place in the religious and social life of the young people of Burlington.

In regard to clubs, Burlington has an ample supply. The principal ones are the Lake Champlain Yacht Club, the Algonquin and the Ethan Allen. Like usual city clubs, social in their inception, they fill an important place in the complete life of the community.

“The educational institutions of the Queen City are among the proudest possessions of its people. They have made Burlington known far and wide as a home of culture, a city possessing the highest educational advantages. These institutions include the University of Vermont, educating both sexes; the Medical College; the Vermont Episcopal Institute, a high-class school for boys; Bishop Hopkins Hall, a finishing school for girls; St. Joseph's College and Mount St. Mary's Convent, Roman Catholic; an excellent high school, the crown of a well arranged and comprehensive graded school system, with a fine record of efficiency.

That the public schools of Burlington are unsurpassed by those of any city of its size is not too much to say. Our own citizens and those from abroad who desire for their children thorough practical training find in our system of instruction what they seek. The schools, free to all, attract the children of our wealthy and cultivated citizens, as well as of the poorer and less favored; and instances of families being influenced to take up their residence in Burlington by the advantages offered in the public schools are numerous.”

The public school buildings are twelve in number, not including the new high school in process of erection on the donated Edmunds property, corner of Main and South Union streets. This new building is to be one of the most complete as well as imposing, of any of the high school buildings in the country.

All in all, Burlington is an ideal city. It is pre-eminently a city for the people. With its fine educational institutions, including the far-famed University of Vermont, its many places

for religious worship, its numerous sound business enterprises, its splendid water front, its facilities for transportation, internal and external, and its wise and efficient city government, Burlington can well claim a prominent place in the progressive class of growing American cities. The next ten years will witness even greater changes than have taken place during the last decade and it is no prophecy when the prediction is made that Burlington will soon be recognized as one of the foremost New England cities.



### Some Facts and Figures.

We hope that every medical man who reads Dr. Stone's article on "Vermont's Laboratory of Hygiene" in this issue will carefully note the amount which the State Laboratory has actually earned, \$16,380. This is no chimerical juggulation of figures, but simply a plain representation of the actual earnings at established rates which have been earned for the State at a cost of only \$8,000.

Outsiders little know the large amount of work which the Laboratory has been doing, but these figures demonstrate pretty thoroughly the need of such an institution and the capable, business-like way in which it has been managed. Let us who believe in the Laboratory and its mission try to educate our patients to a knowledge of the great value and influence for good it has on the community's health.

## A New Preparation of Iron in the Treatment of Anæmia.\*

By *H. P. Loomis, M. D.*,

Professor of Pathological Anatomy, Director of the Pathological Laboratory, Physician and Curator to Bellevue Hospital, New York.

Dr. H. P. Loomis related a series of experiments to determine the value of Pepto-Mangan (Gude's) in the treatment of anæmia. It is a well-known fact, he said, that in the hæmoglobin of the red blood-corpuscles manganese is always found. Opinions differ as to its significance. At the present time the majority of observers attribute to it an oxygenating function, some claiming that quantitatively it is more active than iron. It certainly gives off oxygen more readily than iron. Hence it has long been held that its introduction into the body would increase assimilation.

As early as 1838 Knigler recommended the manganese salts in scrofula, for he had noticed in chlorine bleaching establishments that those who handled the manganese salts enjoyed an immunity from diseases of the skin, bones, or glands. For a long time, and by a number of observers, manganese has been recommended in anæmia and chlorosis, as it has been found by analyses of blood in these conditions that the manganese is diminished in some cases proportionately more than the iron. In spite of the high recommendation from various sources of the theoretical indication for manganese in anæmia it has not been extensively used on account of the difficulty which attended its absorption. The various combinations of iron and manganese which I have employed have yielded far from satisfactory results; almost invariably they have produced digestive disturbances after a short time.

\*Read before the New York Academy of Medicine, Section on General Medicine, April 18th, 1893.

About a year ago my attention was called to a new combination of iron and manganese, which was being extensively used in Germany. Extraordinary results were claimed for the preparation in chlorosis and anæmia by Professor Ruehle, of Bonn, and Dr. Ascher, of Hamburg. I gave the preparation a careful trial, and the results obtained were exceedingly satisfactory. Believing, however, that the only accurate test of improvement in such conditions as anæmia is an increase in the amount of hæmoglobin and the number of red blood corpuscles, I made a series of examinations in regard to this point. In most of the cases in which the preparation was given the blood was examined before, during, and after its use had been stopped. The Thoma-Zeiss apparatus for counting blood-corpuscles was used. At least three fields of sixteen squares each were counted from each specimen of blood, and the average number of corpuscles in each square obtained. In this way the number of corpuscles in each cubic millimetre of blood was estimated. This is the most accurate method of determining the number of corpuscles in a given quantity of blood with which I am acquainted. The normal number of corpuscles to each cubic millimetre of blood is estimated at 4,200,000.

The amount of hæmoglobin was estimated by Henocque's hæmatoscope, and also by the spectroscope. In normal blood there is about fourteen per cent. or fourteen grains of oxyhæmoglobin in each one hundred grains of blood.

To thoroughly estimate the advantages of the preparation eight persons with marked anæmia were selected, and careful notes of the cases taken while under treatment. No other medicine was given. In some of the cases the results obtained were much better than had previously been obtained with other preparations of iron.

The preparation of iron and manganese referred to is what is known as the "Liquor Mangano ferri Peptonatus Gudes"—or, as is written on a prescription, Pepto-mangan "Gude"—a clear, dark-sherry-colored neutral fluid, non-astringent and of



mild aromatic taste, prepared by Dr. Gude, a chemist of Leipzig. The dose prescribed was a tablespoonful after meals in milk or in sherry wine. It is claimed that the combination of the iron and manganese with a peptone has decided advantages over the albuminate of iron in its permanency and ease of assimilation. Each tablespoonful of the mixture contained three grains of iron and one grain of manganese.

The following are the histories of the cases, with the results obtained :

CASE I.—D. G——, female, aged seventy-eight, entered Bellevue Hospital suffering with pelvic cellulitis, the symptoms of which disappeared at the end of a week. The patient was fairly well nourished, but with an excessively pale, waxy color. Examination of blood showed eight per cent. of hæmoglobin and 3,900,000 corpuscles to a cubic millimetre. After thirty-four days taking the preparation the amount of hæmoglobin had increased to eleven per cent. and the corpuscles to 4,800,000.

CASE II.—E. W——, aged seventeen, had the most profound anæmia after recovering from a severe attack of scarlet fever. Examination of blood showed six and one-half per cent. hæmoglobin, and 2,533,000 corpuscles to a cubic millimetre. After taking the preparation forty days, the amount of hæmoglobin had increased to ten per cent. and the corpuscles to 4,500,000.

CASE III.—A. W——, female, aged twenty-two, had been excessively anæmic for over a year; complained of headaches, ringing in ears, dizziness, neuralgic pains, no organic lesion. Blood showed seven per cent. hæmoglobin and 3,520,000 corpuscles to a cubic millimetre; the corpuscles themselves were changed, some being microcytes and poikilocytes. After twenty-three days the treatment was stopped as the hæmoglobin was normal in amount and the corpuscles had increased to 5,000,000 to each cubic millimetre. The result in this case was the most pronounced of any.

CASE IV.—Charles M—, aged twenty-one, sub-acute pleurisy lasting six weeks, very anæmic; no fever, some loss in flesh. Had taken syr. ferri iodidi for a month, with but slight improvement in general appearance. Hæmoglobin eight and one-half per cent.; corpuscles 3,800,000 to each cubic millimetre. At the end of twenty days, when the treatment was stopped, the hæmoglobin had increased one and one-half per cent. and the corpuscles to 4,600,000; the fluid in the chest had disappeared.

CASE V.—F. B—, female, aged twenty-two, was admitted to the hospital suffering from insufficiency of the mitral valve. Presented the pale and anæmic appearance seen in cardiac disease. After the patient had improved so that she was up and about the ward, she was put on the pepto-mangan (Gude). The examination of the blood at that time showed eight and one-half per cent. of hæmoglobin, and 2,600,000 corpuscles to the cubic millimetre. After taking the preparation twenty-five days the hæmoglobin was eleven per cent. and the corpuscles 4,000,000 per cubic millimetre.

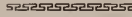
CASE VI.—B. M—, aged twenty-four, suffering from primary anæmia and menstrual disturbances. No organic lesion. Hæmoglobin ten per cent., corpuscles 3,000,000 per cubic millimetre. After taking the preparation forty-three days the amount of hæmoglobin remained at ten per cent., but the corpuscles had increased 1,200,000 per cubic millimetre.

CASE VII.—C. V—, aged fifteen, presented the ordinary appearances of the anæmic girl at the age of puberty. No organic lesion. Hæmoglobin eight per cent., corpuscles 2,800,000. The examination of the blood after taking the pepto-mangan (Gude) forty days showed that the hæmoglobin was normal in amount, and that there were 4,000,000 corpuscles to each cubic millimetre of blood.

CASE VIII.—M. M—, female, aged twenty-four; six weeks after ovariectomy; presented a markedly anæmic appearance. Had shown a slight improvement in color after taking Bland's pills for three weeks. These were stopped, and the iron

and manganese preparation given. Examination of blood showed eight per cent hæmoglobin, and 3,200,000 corpuscles per cubic millimetre. After forty-eight days the hæmoglobin had increased two and a half per cent., and the corpuscles 1,300,000.

In most cases the pepto-mangan (Gude) had no constipating effect. Of the eight cases in which accurate notes were kept, all showed a marked improvement both in the increase in the amount of hæmoglobin as well as increase in the number of red blood-corpuscles. The average increase of the hæmoglobin was 2.2 per cent., and of the red blood-corpuscles 1,258,000.



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FOR THE YEAR 1898-1899.

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 Vice-President—W. S. Nay.....Underhill  
 Secretary—D. C. Hawley.....Burlington  
 Treasurer—E. S. Allbee.....Bellows Falls  
 Auditor—M. R. Crain.....Rutland

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 On Publication—D. C. Hawley, J. B. Wheeler, H. R. Watkins.  
 On Necrology—C. W. Peck, W. F. Hazelton, E. M. Brown.  
 On Legislation—Wm. N. Platt, H. D. Holton, A. B. Bisbee.  
 Of Arrangements—J. B. Wheeler, H. R. Watkins, P. E. McSweeney.

## Some Remarks on Catarrh.

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*By Geo. Howard Thompson, M. D., St. Louis, Mo.*

Professor of Materia Medica and Therapeutics in the St. Louis College of Physicians and Surgeons.

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In the past year I have been weaned away from the many varieties of tablets and powders which have been foisted upon a patient and indulgent profession for their use in treating the various forms of nasal catarrh. The tablets were generally soluble only in warm water and had nothing to recommend them as superior to Dobell's solution. The powder used for insufflation generally caused irritation and sneezing a thing to be avoided in acute forms of rhinitis. I have always been partial to the alkaline mixtures, in which respect the profession at large are probably with me. The best representative of this class in my opinion, is Glyco-Thymoline (Kress), an antiseptic of claret color, pleasant taste, alkaline reaction and non-irritating to raw or mucous surfaces. I have found it a pleasant mouth wash, an effective gargle in pharyngitis and an ideal preparation for the cure of acute and chronic rhinitis. In these conditions Glyco-Thymoline (Kress), will be found to produce the desired result. It seldom fails to cure acute pharyngitis in two days when gargled in full strength or diluted not weaker than 25 per cent. In acute rhinitis it has produced best results when in solution not stronger than 20 per cent. In chronic rhinitis I have used as strong as 50 per cent. solution, gradually increasing the strength from 25 per cent. The following cases are fair representatives of the results produced by this agent in catarrhal conditions of the nose:

Case I.—J. T. D., aged 21 years, of medium stature and build, well nourished and of good family history, asked to be

relieved of a cold in the head from which he had suffered for two days. On going out into the air he would have to hold his breath until his nasal passages could accommodate themselves to the cold atmosphere. Examination showed his nasal mucous membrane to be swollen and congested with an abundance of secretion of sero-purulent mucus, which rapidly accumulated, stopping the nasal passages. Temperature, 99.6 degrees. The eyes were suffused and the lips and alæ excoriated from the acrid discharges. The case being one of simple coryza symptomatic internal treatment was followed, in addition to which the local use of Glyco-Thymoline (Kress) in 20 per cent. strength was adopted, the medicament being applied to the nasal air passages by means of the Bermingham douche. The solution was first warmed to the temperature of the body or a trifle higher and the instrument filled to about three-fourths its capacity, from which it was allowed to flow into the nostrils while the patient tilted back his head and breathed through his mouth. This simple operation was repeated during the day at intervals of two hours with some relief, but the remarkable effects were not noticed until the next morning when, on awaking, patient's nasal passages felt as though entirely well. During the second day, however, patient continued the douches at longer intervals, though regarding himself cured of his acute catarrh.

Acute cases of nasal catarrh are usually cut short in just this manner by the consistent use of Glyco-Thymoline (Kress), and such prompt results may usually be expected in the early stages.

Case II.—N. F., lawyer. Family history good with the exception of chronic catarrh with which both parents were afflicted. One week previous to coming under my care patient contracted a cold in the head, the symptoms of which were similar to those of the preceding case. The more acute symptoms, however, had subsided, and patient complained that his nose filled with thick muco-purulent matter which interfered with breathing and required the constant use of the handkerchief. Examination

revealed a mucous membrane congested throughout even involving the pharynx and secreting the characteristic mucus, which would accumulate and drop into the pharynx or occlude the air passages. As in the preceding case a 20 per cent. solution of Glyco-Thymoline (Kress), was prescribed to be used in conjunction with the Birmingham douche at intervals of two hours. Prompt relief was effected, the patient being able to sleep with comfort for the first time in a week, although the air passages filled up during the night. The next day the relief was even more apparent, and in three days the discharge had completely stopped, together with all the symptoms, and the mucous membrane bore a normal line.

Case III.—H. H. B., male, aged 38, broker, short and well proportioned, and aside from a chronic form of rhinitis, in good health. He complained of a fullness about the nose with a chronic watery discharge, and was subject to frequently recurring attacks of coryza. Examination revealed a slightly swollen and congested mucous membrane involving the upper parts of the nose, especially the region of the middle turbinated bodies. Diagnosis of chronic rhinitis was made and constitutional as well as local treatment at once established. Agents were chosen which have a tendency to prevent the hyperplasia of connective tissue and hypertrophy, as this is the condition to be antagonized in such a case.

|   |                          |            |
|---|--------------------------|------------|
| R | Hydrarg, Chloridi Corr., | gr. ss.    |
|   | Anrii et Sodii Chloridi, | gr. i.     |
|   | Acidi Arsenosi,          | gr. ss.    |
|   | Ferri Pyrophosphatis,    | gr. xv.    |
|   | Quininae Sulphatis,      | gr. xxx M. |

Ft. pil., No. xxx.                      Sig. :—One after each meal.

In conjunction with this pill, Glyco-Thymoline (Kress) in 25 per cent. solution was prescribed to be used by means of the Birmingham douche every three hours if possible, but at least three times a day. The discharge, it is needless to say, rapidly subsided so that in two weeks his "fullness about the nose" had dis-

appeared and he was, as far as examination could reveal, cured. This, of course, is an exceptional case and I would hardly hold out the hope of a cure of chronic rhinitis, even of a mild form, in two weeks, although this outline of treatment will give results satisfactory to the patient in much less time. These cases usually require at least three weeks for a cure, but I report this case to show the possibilities in a favorable case of chronic catarrh.

Some few patients cannot acquire the "knack" of flushing the nasal air passages and breathing through the mouth at the same time; but usually this is acquired after a few efforts. Should, however, a small quantity be swallowed, no harm will result, as it is non-poisonous and is not an irritant to the stomach. I keep it constantly where I can use it in my toilet, for I have had several acute nasal catarrhs aborted with a single douching with a 25 per cent solution taken just prior to the development of the rhinitis. In conclusion, I wish to emphasize the necessity of using the solution warmed to at least the temperature of the inflamed membrane. Cold solutions cause pain in acute cases and may have a tendency to retard the cure.

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### Acknowledgement.

The editor of the VERMONT MEDICAL MONTHLY wishes to acknowledge valuable aid from an article in Hurd's "History of New England" entitled "History of Medical and Surgical Practice in Vermont," by Dr. A. P. Grinnell and Dr. H. E. Lewis, and from a small volume entitled "Picturesque Burlington," by Joseph Auld.

## The Treatment of the Diseases of the Uterus and Vagina.\*

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*By Robt. A. Gunn, M. D., Surgeon St. Elizabeth Hospital,  
New York.*

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The treatment of diseases of the uterus and vagina has received more attention than any other department of medicine or surgery during the last two decades. Heroic treatment seems to have come to stay, if we consider the frequency with which surgical operations are resorted to, and powerful caustics are applied in uterine enlargements and ulcerations. Some years ago I followed the tendency of the times and eagerly recommended operations on every possible occasion. Finding, however, that caustic applications, amputation of the cervix, hysterectomy and even the removal of the uterus and all its appendages failed to give the desired relief, I concluded that the wisest course was to endeavor to restore the normal function of the uterine organs, and thus avoid operations except in extreme cases.

A number of years ago my attention was called to Micajal's Medicated Uterine Wafers, and I decided to give them a trial. Since then I have used them in many cases of endometritis, subinvolution, uterine engorgement and vaginitis, with the most satisfactory results.

Reference to a few clinical cases will show the results obtained from their use:

Case I.—Mrs. A. E. C., 28 years of age, married, gave birth to a child Dec. 20, 1892, and afterwards suffered from subinvolution of uterus and prolapsus. She consulted me July 8, 1893, and said she had never been well since the birth of her child. I found the womb very large and dragged down to within an inch

\*Reprinted from the Medical Examiner, January, 1899.



of the vulva. The cervix was very much congested and she had a profuse leucorrhœal discharge from the womb.

Immediately placed her on the use of gelsemium and *Cimicifuga Racemosa*, internally, and used Micajah's Medicated Uterine Wafers locally. I used the Wafers every fourth day, and in about two weeks she showed a marked improvement in her condition. The womb gradually reduced in size and resumed its normal position and the leucorrhœa ceased. In six months' time the patient was entirely well.

CASE II.—Mrs. W. R., aged 34, had suffered from an irritation of the vagina, with profuse leucorrhœa for a number of years. The vaginal irritation was so great that coitus was so painful that it had to be discontinued entirely. She consulted me Nov. 12, 1893. I found the vagina so inflamed and sensitive that I could not introduce a small speculum without causing intense suffering. There was also an acrid discharge from the womb which poisoned the mucous surfaces of the vagina.

I used Micajah's Medicated Uterine Wafers, locally, twice a week for two months, and gave her Elixir Calisaya, Iron and Strychnine as a tonic, with the result that a radical cure was effected.

CASE III.—Mrs. C. A. T., aged 41, married, and the mother of six children, the youngest being six years of age, consulted me Nov. 20, 1893, complaining of a profuse leucorrhœal discharge.

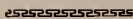
An examination revealed an indurated condition of the cervix with a large ulcer on the anterior lip, which extended into the cervical canal.

Remembering how unsatisfactory the caustic treatment had proved in such cases, I resolved to try the Micajah Wafers. I used the wafers twice a week for six weeks, when I found the ulcer healed and the cervix reduced to a normal condition. She said she never felt better in her life, and though she has been my patient ever since she never has had any trouble with the womb from that time.

I might report many more cases, but these will suffice to show the value of Micajah's Medicated Uterine Wafers.

In chronic uterine disorders I think these wafers act just as a poultice acts on an old ulcer. They draw the inflammation to the surface, increase the circulation of the part, and thus aid in throwing off the indurated condition and promote healthy action.

I would not be without these wafers in the treatment of uterine and vaginal diseases, for I have had much better results from their use than I ever had from caustic applications and astringent injections.



## Programme of the 36th Annual Meeting of the Vermont State Medical Society.

FIRST DAY—THURSDAY, OCTOBER TWELFTH—MORNING SESSION, 10 O'CLOCK.

- 1 Call to order by the President.
- 2 Prayer.
- 3 Reading of Records by the Secretary.
- 4 Appointment of Committees.
- 5 Reports of :
 

|                                                                                                               |                        |
|---------------------------------------------------------------------------------------------------------------|------------------------|
| Secretary.....                                                                                                | D. C. Hawley           |
| Treasurer.....                                                                                                | E. S. Allbee           |
| Board of License Censors.....                                                                                 | Chairman H. C. Tinkham |
| Committee on Necrology.....                                                                                   | Chairman C. W. Peck    |
| Committee on Legislation.....                                                                                 | Chairman Wm. N. Platt  |
| Delegates to the Medical Department University of Vermont, Dartmouth Medical College, and to other Societies. |                        |
- 6 Consideration of Reports of the various Officers and Delegates.
- 7 Aconitine, F. R. Stoddard,.....Shelburne  
Discussion, John Gibson.....Vergennes
- 8 Voluntary Papers or Reports of cases.
- 9 Unfinished Business.
- 10 Adjournment.

ORDER OF EXERCISES—AFTERNOON SESSION, 2 O'CLOCK.

- 1 Call to Order.
- 2 Report of Committee on Membership and Election of new members.
- 3 Introduction of Delegates from other Medical Societies.

- 
- 4 Vice-President's Annual Address—The Country Physician and Modern Methods, W. S. Nay,.....Underhill  
Discussion, C. E. Allen,.....Swanton
  - 5 Ligatures, L. M. Bingham,.....Burlington  
Discussion, M. D. Warren.....Cabot
  - 6 The Surgery of Stomach Ulcer, Maurice H. Richardson,.....Boston  
Discussion, E. M. Pond,.....Rutland
  - 7 Adenoid Growths of the Post Pharynx, G. H. Gorham.....Bellows Falls  
Discussion, M. C. Twitchell.....Burlington
  - 8 Operative Treatment of the Nose and Throat, and its importance, C. A. Cramton,.....St. Johnsbury  
Discussion, E. W. Shipman.....Vergennes
  - 9 Adjournment at 5 o'clock.

The State Board of Health will give an informal reception to the members of the State Medical Society, at the Laboratory of Hygiene, 196 Main Street, at five o'clock.

EVENING SESSION, 8 O'CLOCK.

- President's Annual Address;—Subject, Neurasthenia, S. E. Lawton, .....Brattleboro
- Discussion, { R. T. Johnson.....West Concord  
                  { C. M. Ferrin.....Essex Junction

BANQUET.

At the close of the evening session the annual banquet will be held at the Hotel Burlington.

Anniversary Chairman, D. C. Hawley.....Burlington

SECOND DAY—FRIDAY, OCTOBER THIRTEENTH—MORNING SESSION, 9 O'CLOCK.

- 1 Call to Order.
- 2 Report of Nominating Committee and Election of Officers.
- 3 The Operative Treatment of Uterine Fibroids, F. A. L. Lockhart, .....Montreal  
Discussion, E. H. Ross.....St. Johnsbury
- 4 Pneumonia, its Etiology and Treatment, D. L. Burnett,.....South Royalton  
Discussion, A. S. M. Chisholm,.....Bennington
- 5 Eclampsia, F. L. Brigham,.....Pittsfield  
Discussion, C. F. Camp.....Barre
- 6 Voluntary Papers or Reports of Cases.
- 7 Adjournment.

AFTERNOON SESSION, 2 O'CLOCK.

- 1 Call to Order.
- 2 Alkaloidal Therapeutics, F. C. Gay.....Windsor  
Discussion, P. H. McMahon.....Burlington

- 3 Surgery, its Relation to the Female Pelvic Organs, John B. Wheeler,  
.....Burlington  
Discussion, C. E. Chandler,.....Montpelier
- 4 Peritonitis, Operative and Non-operative, E. H. Bushnell,....Jeffersonville  
Discussion, E. S. Weston.....New Haven
- 5 Puerile Indigestion, F. C. Morgan.....Felchville  
Discussion, George B. Hulburd,..... Jericho
- 6 Unfinished Business.
- 7 Report of Executive Committee on Program for next meeting.
- 8 Adjournment.

## ANNOUNCEMENTS.

PLACE OF MEETING.—The sessions will be held in the small hall in the Y. M. C. A. building, up one flight, entrance on Church Street.

EXHIBITS.—Space will be provided for exhibits, under the auspices of the Society, of Drugs, Pharmaceutical Preparations, Instruments, Medical Books, &c., in the room adjoining the hall of the meeting.

STATE LABORATORY.—The Laboratory will be open for inspection at all times during the sessions of the Society, and members will be welcome at any time.

RAIL ROADS.—Round trip tickets at Convention rates will be on sale at all principal stations on the Central Vermont, Rutland, and Rutland & Bennington Rail Roads. The Boston & Maine Rail Road declined to extend the same courtesy unless a certain number of sales of tickets were guaranteed. Such a guarantee obviously could not be given. Therefore in order to secure lowest rates members will be obliged to use mileage on this road, and purchase round trip tickets at the nearest point on connecting roads.

REGISTRATION.—All members and visiting physicians are requested to register their names and residence, on entering the hall, in a book which will be provided for the purpose.

BANQUET.—Attention is directed to the fact that hereafter the expense of the banquet will not be borne by the Society but by the individuals participating in it. Tickets may be secured of the Treasurer. Price \$1.00.

TALLY HO RIDE.—The visiting ladies will be tendered a Tally Ho Ride to Shelburne Farms, on Thursday afternoon, at 1.30 o'clock, sharp, weather permitting, otherwise on Friday morning.

IMPORTANT.—All papers read before the Society are its property and should be left with the Secretary at the time of the meeting.

ANY MEMBER of the Society who has changed his residence or post-office address should notify the Secretary at once.

D. C. HAWLEY, M. D., Secretary.

Burlington, Vt., Sept. 30, 1899.

# *The Vermont Medical Monthly.*

*A Journal of Review, Reform and Progress in the  
Medical Sciences.*

H. EDWIN LEWIS, M. D., EDITOR.

H. H. WALKER, Business Manager.

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## **EDITORIALS.**

### **Proper Feeding of Infants and Invalids.**

It is a fact to be most seriously deplored, and yet one that demands the careful attention of the physician, that so many modern mothers are unable to properly nourish their infants from the breast, and are obliged to depend entirely or in part upon an artificial food. In many instances infants fed on substitutes thrive and suffer little disturbance of nutrition. But there are sufficient others who show marked derangement and accompanying emaciation to warrant the most careful discrimination in choosing the substitute for nature's food.

In the consideration of the quality and the character of the food which should be given mother's milk must be the model which we follow. The analysis of mother's milk shows that it contains proteids, fat, carbo-hydrates, mineral salts and water. To appreciate the importance of these elements we must first understand their role in the human economy.

The proteids rank first and are used in the structure and repair of the tissues, brain, muscle, nerves and glands. They furnish the life of every cell and are essential to every vital process.

The fat forms a necessary part of every cell and enters largely into the structure of the brain, the nerves and the marrow of the bones. Such portions as are not used in the structure of these tissues are stored up in the system to furnish warmth and energy. In children whose food contains too little fat the bone structures are imperfect and slow of development. Holt in his work on "Diseases of Children" calls attention to the fact that infantile constipation is usually due to a lack of fat.

The only carbohydrate found in mother's milk is milk sugar, while the three principal carbohydrates which are found in infant and invalid foods are starch, cane sugar and occasionally milk sugar. Cane sugar, which is so universally used to sweeten artificial foods, has a strong tendency to produce fermentation in the stomach and break up into carbon dioxid and alcohol, thus aggravating instead of allaying irritation. Cane sugar should never be used in an infant's food until after the teeth appear. Starch, according to Cheadle, gives rise to acidity and flatulence and is most difficult of assimilation. The young infant has little or no diastasic powers, the parotid gland alone containing the diastasic ferment, ptyalin. The saliva is not secreted to any extent until the second month and the diastasic powers of the child are not fully developed for a year. Milk sugar is the only carbohydrate which can be assimilated by the young infant, and it is therefore the only carbohydrate which can be safely given.

For many years the best medical authorities have recommended the use of milk sugar in food for infants in the place of cane

sugar, and many physicians testify to its value as a medical and dietetic agent. It is the constituent which is in the largest proportion in woman's milk. Many eminent practitioners have been in the habit of adding sugar of milk to the food of the hand-fed infant and with the happiest results.

Prof. Kruss, in his "Physiology," (p. 301), makes the broad statement, that sugar of milk is "the principal element in woman's milk;" while it has been found by Dr. Ruschenberger to have excellent effect in extreme irritability of the stomach.

Dr. C. H. Rotch in his work, "Infant Feeding and its Influence on Life," says: "The advantage of sugar of milk is due not merely to its sweetness, and because it is the sugar which sweetens milk to its normal state, but I have found on trial that it allays morbid irritation and will often check diarrhœa."

T. C. Duncan in "The Feeding and Management of Children," says: "Sugar of milk is to be preferred to the loaf or any form of cane sugar, for the reason that it is an animal product and undergoes no change in its assimilation. It also contains phosphates and other salts that the food often lacks."

The principal mineral salts are calcium phosphate and magnesium phosphate. They exist in small quantities only and are used in the formation of the healthy, strong bones.

A perfect infant's food must supply a sufficient amount of these five elements found in mother's milk to completely repair the waste that is continually taking place.

Cow's milk furnishes all of the constituents found in mother's milk, though not in the right proportions. It contains more fat and proteids and less milk sugar. All authorities agree, however, that cow's milk should be used as the basis of a perfect infant's food.

It has been demonstrated that in the production of the body heat,  $\frac{3}{4}$  of a gram of milk sugar is equivalent to one gram of fat when taken into the system as food. The percentage of milk sugar in cow's milk falls far below that in mother's milk. Milk sugar should therefore be added to increase the proportion of

this element. This gives the child its life and heat. It also has a very soothing and healing effect upon the intestinal tract.

Pure wheat is one of the most perfect food principles and contains in itself nearly all of the elements necessary for complete nutrition of the system. By the gluten process almost all of the objectionable starch can be removed. This pure glutinous wheat is the best material that can be used to increase the proteids, the builders of tissues and muscle.

Undiluted cows milk can not be properly digested in the infant's stomach when coagulated by the digestive fluids, the casein tends to form tough curds which the stomach can not digest. In order to use a food which has cow's milk for its basis, some element must be added to break up this curd. Barley malt acts as a digestive ferment on the casein of the milk preventing the formation of these hard indigestible curds in the child's stomach, and as a babe can not digest starch for months after its birth, sufficient barley malt must be added to transform all remaining traces of starch in the wheat to maltose and dextrin.

For a long time there has been great need for an artificial food which would combine in its composition all of the elements for the perfect nutrition of the young child and at the same time would be applicable to a large majority of those adult cases where defective assimilation renders the question of diet a serious and perplexing problem to the physician and his patient. Such a food must be so compounded that age, climate and variations of temperature will not change or affect its chemical properties. It must be absolutely pure and palatable. It must not contain cane sugar or free starch, but in order to supply the essential carbohydrates it must contain a sufficient quantity of milk sugar. And finally its cost must be regulated to the economy of the household.

Conforming to these requirements, Wells & Richardson Co. have, after years of experimental research and investigation, placed on the market such a food in the form of **CEREAL MILK**. This food is so made up that it contains all of the elements found



in mother's milk, and these elements in proper proportions. It is absolutely pure, palatable, and contains all of the nutritive elements necessary for the complete nourishment of the whole body.

Following are the constituents and proportions of Cereal Milk :

|                                 |       |
|---------------------------------|-------|
| Pure, rich cow's milk . . . . . | 40.00 |
| Glutinous Wheat . . . . .       | 29.00 |
| Malted Barley . . . . .         | 10.00 |
| Milk Sugar . . . . .            | 20.00 |
| Calcium Hydroxid . . . . .      | .50   |
| Sodium Chlorid . . . . .        | .50   |

The manufacture of Cereal Milk is under the direct control and supervision of Dr. C. Smith Boynton, formerly Adjunct Professor of Chemistry of the University of Vermont, Medical Department. All materials used are carefully tested and watchfulness used at every stage of the manufacture to insure absolute cleanliness and uniformity in the product.

The basis of the food is a large percentage of full rich cow's milk. All the milk used is from cows that have been inspected and guaranteed free from disease by a Vermont state official.

The wheat is treated by the gluten process removing most of the starch present.

Sufficient barley malt is added to transform the remaining traces of starch to maltose and dextrin. This barley malt also acts upon the casein of the milk rendering it capable of breaking up into light flocculent masses rather than the hard indigestible curds which undiluted cow's milk tends to form in the child's stomach.

The only sugar used to sweeten the food is milk sugar, the only carbohydrate which can be assimilated by the infant. Milk sugar not only increases the fat efficiency of the food but it has a soothing and healing effect upon the intestines.

Cereal Milk has been proved a most valuable and complete food, not only for infants, but also an excellent food in adult

cases for invalids, convalescent from fevers, surgical operations and other causes of acute prostration, for those who are critically ill, for nursing mothers, and for the aged and weak with delicate stomachs.

Case reported by Dr. H. E. Lewis, Burlington, Vt. :

Case No. 1.—Infantile Constipation. This was quite a serious case in a breast fed infant eight weeks old. The bowels were very constipated, and the condition was attended with flatulence and all the symptoms of intestinal derangement. Small doses of olive oil were given to loosen the bowels and the child put on Cereal Milk for food. The bowels became regular within a few days and have kept so ever since, (seven months), without the use of oil or any other laxative.

Case No. 2.—Enterocolitis occurring in a child nine months old, bottle fed. Cereal Milk was substituted for cow's milk with happiest results, character of movements changed within twenty-four hours and child made a good recovery. It has suffered no further attacks of diarrhoea during the summer.

Case reported by Dr. P. S. O'Brien, of the Troy Hospital, Troy, N. Y.

Case following operation for gastrectomy for carcinoma of the stomach. Cereal Milk was tried and patient preferred it to all other foods and seemed to obtain better results. We have also found it thoroughly satisfactory in a number of cases of irritable stomach following operations.

Case reported by Dr. Charles P. McCabe, Greenville, N. Y.

Case of an infant suffering from cholera infantum. I prescribed Cereal Milk with excellent results, and actually believe that the case would have been fatal but for the use of this food.

Case reported by Dr. T. Robens, 11 Warren St., Saratoga Springs, N. Y.

Case of premature delivery, which had reduced patient's strength greatly, she being a frail woman and suffering from want of care and nourishment. She had a high temperature and could not retain anything on her stomach. I put her on Cereal

Milk and did not allow any other food to be given. She recovered after three weeks' illness. I find that Cereal Milk quiets an inflamed stomach and nourishes and sustains the system perfectly.

Case reported by Dr. O. H. Rohde, 113 Reid Ave., New York City.

Case of patient suffering from typhoid fever. Temperature from 102 to 103 daily from 10 A. M. to 10 P. M., falling to 99-2.5 in the morning or after a cold pack, only to rise when the effects had passed off. I used Cereal Milk with perfect satisfaction. It provides food that is nourishing and can be given with safety. I discharged the case as convalescent yesterday, temperature of 99 and 98 being maintained for three days.

Cases reported by Dr. H. H. Colvin, Burlington, Vt.

Case No. 1.—Case of cholera infantum in an infant six months old. Infant was unable to retain food. I tried Cereal Milk and it retained it and received complete nourishment from it. Child began to gain rapidly and is now in perfect health and living on Cereal Milk entirely.

Case No. 2.—Case of severe vomiting in pregnancy at the seventh month. I tried every form of nourishment until I gave her Cereal Milk with perfect success.

H. E. L.

25252525252525

## The Forthcoming Meeting of the Vermont State Medical Society.

The 86th Annual Meeting of the Vermont State Medical Society will occur at Burlington October 12 and 13. As will be seen in another part of the MONTHLY an excellent program has been provided. It is shorter than usual but the papers promised are of more than ordinary value and bid fair to prove very interesting. A large number of exhibitors have signified their intention of being present.

It is sincerely hoped that every member of the Society will make a special effort to attend this meeting at Burlington. Everything possible is being done by the committee of arrangements to make this gathering a memorable one and it is a foregone conclusion that every physician who comes to the "Queen City" will be royally entertained.

Doctor, consider that you owe it to yourself, this getting away from the monotony of every day life to meet your brother practitioners in the Green Mountain State. Meeting your old friends and classmates will give you new courage to go back to your work and you are sure to take back many new thoughts and ideas from the common interchange of opinions which characterizes the State Medical Society Meetings. Don't be an outsider or a "ringer." Just come round to the meeting and metaphorically put your shoulder to the wheel of medical progress and help push it a little farther. If you have any opinions on any of the topics to be discussed, or have become impressed with any particular fact in your practice, which of course you have, come to the meeting and give your fellow-practitioners the benefit of it.

Don't be a clam. Get up a live interest in your Medical Society and try to add some little fact to the store of medical knowledge, however insignificant it may seem. At least corroborate some other man's fact if your experience warrants it and give him the encouragement of your support. Bring your wife and give her a little vacation. She probably needs a change as much as you.

Come and go through the hospitals, and the magnificent State Laboratory. You may in this way learn some little fact that will make your work much more efficient and effective. Learn what the leading medical institutions of your State are doing.

And remember this may be the last opportunity you will ever have to grasp some old medical friend by the hand and get a little more in touch with him in this life. To-morrow either you or he may be ushered over the "Great Divide" and the pleasures of one more meeting may be lost forever.

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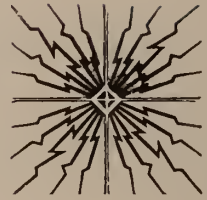
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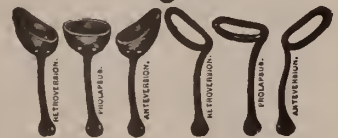
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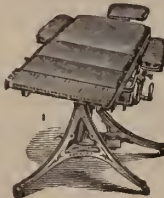
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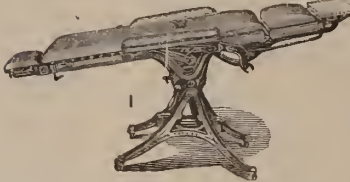
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Vol. V.

October, 1899.

No. 10.

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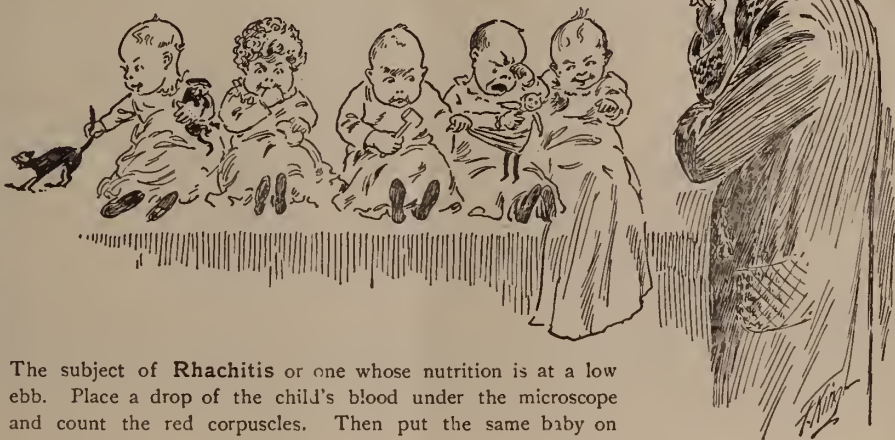
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## **Aortic Pressure for Control of Post-Partum Hemorrhage.**

*By Martin W. Curran, M. D., of New York City.*

In my experience there are few situations more startling or requiring such promptness of action on the part of the obstetrician as that of post-partum hemorrhage, and, while all authorities whom I have consulted agree on this point, unfortunately they are harmonious in little else. Considering the gravity of the subject, there is a painful uncertainty in the advice imparted and a grotesque tendency towards multiplying resources, forgetting the fable of the fox and the cat, and also that those methods display an infallible sign of weakness and of doubt as to their entire trustworthiness.

What is this condition which creates such terrible alarm? In the interior of a muscular bag at the end of an open passage is a space from which blood is pouring through a multitude of small mouths, this space being similar to the broad nozzle of a garden hose. Around and between all these little mouths are muscular fibres, which, should they contract, would act as so many ligatures, tying each and every vessel which had been opened by the peeling off of the placenta; if the muscular fibres do not contract, the vessels remain open, and every pulsation of the

heart drives more and more blood out through them, until the general circulation contains too little for the nourishment of the important nerve centers which govern the acts of respiration, and the patient dies. These fibers have not contracted for the simple reason that the muscular walls of the uterine have been doing a good day's work in expelling their contents, and their contractile force is temporarily exhausted. Various uteri exert diverse amounts of force. Some are firm and strong and not easily exhausted. Others are weak and flabby, and by the time they have reached the end of the second stage they are tired, used up for the time, and require rest before they can do more; but the blood which should reanimate is pouring away and as it courses out of the body they, in common with all the other muscles of the frame, become progressively weaker and weaker, less and less likely to recover. Now if we have treasured in our minds the teachings of our authorities we shall be alive to our responsibilities, but shall have only a wretched collection of impracticable and entirely worthless ideas regarding the treatment of this condition in place of the absolute certainty which should exist that we are doing the one and only thing which will succeed if the case is not entirely hopeless. Lusk says: "Unlike other grave complications of childbirth, post partum hemorrhage is not an uncommon event, it may follow the simplest of labors, and, in case of an unprepared physician, it may carry his patient in a few moments to the brink of death. It is impossible to conceive a tragedy more terrible than this, occurring, as the accident does, suddenly, without warning, in the period of joy that follows the birth of a living child, the sudden shifting of the scene becomes appalling. If the mother dies at such a time, the luckless attendant who stands at her bedside a nervous spectator need never expect forgiveness," and that is no fanciful sketch. Our patient is tossing about the bed, gasping for breath, deaf, crying for help—to be let alone—to be allowed to die. Which is the most to be pitied—the unfortunate patient or the perplexed practitioner, who is driven to try first

one thing and then another, to be immediately replaced by something else, which as likely as not is the absolute opposite of the last measure in its method of action. "Do not waste precious time" is the one driving thought. If a response is not obtained in a minute or so from ergot, <sup>3</sup>give it up; try <sup>4</sup>strychnine; at the same time pass the hand into the uterus, clean out clots and placental remains<sup>5</sup>; put in a lump of ice<sup>6</sup>; inject hot water<sup>7</sup>; inject cold water<sup>8</sup>; inject perchloride of iron<sup>9</sup>; pour cold water from a height on to the abdomen, careless of the soused bed and pneumonia which may follow;<sup>10</sup> fleck the abdomen with a wet towel<sup>11</sup>; irritate the interior of the uterus with the hand<sup>12</sup>; <sup>13</sup>knead the outside of the uterus; <sup>14</sup>throw the uterus into a position of strong auteflexion; <sup>15</sup>auto-transfusion—forcing blood out of the extremity into the head and brain by means of bandages; <sup>16</sup>a pocket handkerchief saturated with vinegar and crammed into the uterine cavity; <sup>17</sup>invert the uterus; <sup>18</sup>sulphuric ether hypodermically; <sup>19</sup>bimanual compression; <sup>20</sup>foradic current—a battery, always at hand on such occasions; <sup>21</sup>packing uteral cavity with gauze; <sup>22</sup>removal of uterus by super-vaginal amputation if hemorrhage continues after tamponing, will rarely be tried, though advised by one hysterical authority; <sup>23</sup>child to breast as a reflex excito-motor; <sup>24</sup>pyramidal bandages applied over fundus of uterus which has been pressed downwards towards symphysis; <sup>25</sup>Infusion digitalis, &c., &c., all the multitudinous suggestions of every author under the sun will have been put into practice, and the physician may console himself when all is over with the barren but unavailing consideration that he left nothing untried.

Of course the physician may, if on the scene early enough, be sufficiently fortunate to get such a titanic grip for a sufficient time as to allow clots to form in the numerous vessels. These may hold when the inevitable relaxation returns, and then the patient will recover; but consider the inherent improbability of this and the chances of such a result decrease rapidly with each succeeding minute in which it does not occur. Most of the measures advised depend on the slender hope that there exists

some latent contractility in the muscular uterine wall, and that this can be called out in sufficient force by some form of stimulation, and maintained for a sufficient time to admit of the reliable formation and adhesion of plugs in the open arterial and venous mouths; but we must not forget that when stimulated the muscular fibres may at first respond by a spasmodic effort, which becomes weaker and weaker as time goes on---the more they are stimulated, the greater is the eventual collapse.

Two methods are usually particularly commended, viz: tamponing the uterus and the injection of a solution of perchloride of iron.

Tamponing at first sight seems very reasonable and likely to succeed, and no doubt it might but for two important reasons against its value as a *primary* and *certain* remedy. The uterus in these cases is not a rigid bag, always of the same size. (<sup>26</sup>Playfair has said that the puerperal uterus will hold two ball dresses! this being true, one need not be astonished at the quantity of gauze required.) The irritation of the packing will stimulate the uterus to contract for a few seconds, and when the packing is completed it will appear to fill the uterine cavity absolutely and to exert some pressure on the uterine walls; but soon the walls relax; they have the entire abdomen to dilate in; the pressure is gone, blood accumulates between the tampon and them, and the mischief is now the more dangerous in that it gives no sign of its continuance without. The second reason is that the plug or packing will be soaked with blood and become practically a huge clot in the uterine cavity prolonging and exciting while otherwise masking the actual loss.

<sup>27</sup>Jewett considers "the uterine tamponade the most effective measure for the control of severe post-partum hemorrhage, reserving it however, for desperate cases.

<sup>28</sup>In support of the assertion that the treatment is neither certain nor safe, Fritsch has recorded that it is unphysiological for the uterus cannot be completely contracted while the gauze is in it.

<sup>29</sup>Dr. Polk has tried the method, and has been favorably impressed with its efficacy.

<sup>30</sup>Wallace says: "Never tampon after delivery; you might as well hang the woman by the neck.

<sup>31</sup>Verrier says: "I shall mention tamponing after delivery only to advise its rejection. Among its dangers we may name that of transforming external into internal hemorrhage."

*Autant de tetes autant d' opinions.*

Next comes the injection of the perchloride of iron solution. The *rationale* of its action is the formation of clots in the bleeding vessels, and by its semicaustic action the stimulation of the vessels themselves to retract and contract. The solution is thrown against the ends of the vessels. It is met by all the force—what there is of it—of the escaping blood, tending to wash it away from them. Unless the force used—most of which will be wasted on the yielding uterine walls—is sufficient to overcome this, it is difficult to see how any, at all events sufficient, can enter; and it is to be remembered that many if not most of the vessels open obliquely on the uterine wall, so that at best it is but a haphazard method of proceeding.

Compare the obvious duty in this case with the parallel self-evident service in ordinary surgery. A man's leg is rapidly cut off by a circular saw. From a multitude of small mouths spurts the arterial blood. In a few moments, unless prevented, the amount of available blood in the body will sink below that necessary to keep going the most important nerve centres. What is to be done? Should the surgeon douche the wound with hot or ice cold water, or pour styptics over its spouting surface, or set to work and methodically tie all these vessels from the raw surface? He would laugh at the question, because here the procedure has been settled once for all on scientific grounds, and he knows for certain the one thing he must do first. The success of all depends on this primary duty, which is to *compress the main vessels at once*, and not until all the oozing or spouting was secured in detail would he relax this pressure.

Let us consider the condition of the patient at this time. The abdominal wall has been stretched to its utmost for many months over the enlarging uterus. Now the uterus is emptied of all resisting contents, and the walls fall limp and placid over the abdominal cavity. The muscles which normally might prevent by their firm contraction, are now powerless, and many weeks must elapse before they are again capable of resisting the pressure of a hand placed upon them. In this condition it is the easiest thing in the world for the obstetrician's hand to find and compress any stricture in the abdomen. The aorta is placed in front of the one, firm, resisting material left, the lumbar spine.

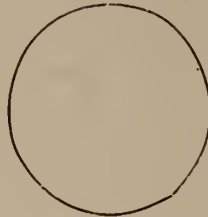
PLAN OF THE RELATION OF THE ABDOMINAL AORTA.<sup>32</sup>

*Front.*

Lesser omentum and stomach.  
 Branches of coeliac axis and solar plexus.  
 Splenic vein.  
 Pancreas.  
 Left renal vein.  
 Transverse duodenum.  
 Mesentery.  
 Aortic plexus.

*Right Side.*

Right crus of dia-  
 phragm.  
 Inferior vena cava.  
 Vena azygos major.  
 Thoracic duct.  
 Right semilunar  
 ganglion.



*Left Side.*

Sympathetic nerve.  
 Left semilunar  
 ganglion.

*Behind.*

Left lumbar veins.  
 Receptaculum chyli.  
 Thoracic duct.  
 Vertebral column.

The arteries of the uterus are the uterine, from the internal iliac, and the ovarian from the aorta. The termination of the ovarian artery meets the termination of the uterine artery, and forms an anastomotic trunk from which branches are given off to supply the uterus, their disposition being circular.



Between the obstetrician's hand in front and the vertebræ behind the aorta can be absolutely shut; no more blood can pass and no more blood will be lost. What remains in the vessels below the occluding hand when the driving power of the heart is shut off tends to clot, especially at their open extremities; what blood remains in the circulation above is kept for the use of the all important nerve centres, and as more and more blood comes in from the veins especially of the lower extremities, for the venæ cavæ is carefully avoided, this reserve increases and respiration and circulation in the most important parts are increasingly provided for, while all the time the tissues which require rest, the ultimate ligatures, the uterine muscular fibres, are obtaining and profiting by that rest and becoming more and more fit to do the work of which they are perfectly capable when once they have recovered their condition, when necessary time has elapsed and their contractility has returned, then and then only is the time for their stimulation. What would be thought of the surgeon who held the femoral artery for a minute and then let it go before the vessels were closed on the wound front, and what shall we think of the advice given by some of our *literati*?

<sup>33</sup>Barnes. "I have occasionally derived advantage from it, and look upon it as a momentary resource."

<sup>34</sup>Playfair thinks that "as a temporary expedient it should be borne in mind and adopted when necessary."

<sup>35</sup>Jewett considers it "very effectual as a temporary expedient."

<sup>36</sup>Lusk thinks that "compression of the aorta through the abdominal wall is capable of rendering temporary service."

<sup>37</sup>"..... should all these measures fail, try to compress the abdominal aorta." (Verrier).

It is precisely this half hearted advice, which has a dozen resources in stock and trusts none of them, which is to blame for the general muddleheadedness of mind that is bound to result from a perusal of authorities. If one thing does not succeed try something else, then <sup>38</sup>"when death is so near at hand that res-

piration seems about to cease, fleck the face, neck, and breast with a wet, cold napkin ; it invokes additional respiration, and is usually grateful to the patient" King. *Flebile remedium* but the patient should no longer be considered doomed, for whom the physician is bound to do everything in order to cover his reputation at the inevitable gossiping inquiry.

" Macruder has "effectively controlled the abdominal aorta by throwing the weight of the body on the aorta through the closed right hand, placed a little to the left of the middle line, the knuckles of the index finger just touching the upper border of the umbilicus. With the left hand the arrest of the blood current is ascertained by feeling the femoral at the brim of the pelvis. Only enough weight to arrest the femoral pulse is required. If the patient vomits or coughs, the pressure must be increased, lest the hand be lifted from the aorta by the abdominal muscles."

In order to compress the abdominal aorta it is not necessary and rather injurious to move the patient from the ordinary dorsal position. With the patient lying, as she usually does, flat on the back, the physician's hand is easily placed under the bed clothing over her abdomen without even disturbing the coverings of the bed, thus avoiding exposure, which is the *sine qua non* of all remedial measures. The ulnar surface of the closed left hand—the physician standing on the right hand side of the patient—should be laid gently but firmly across the aorta, which should then be compressed against the spine, while the right hand should feel for and compress the uterus. The hands may be changed from time to time, but the compressing hand should never be lifted until the other is in position above or below it and has taken up control of the vessel. The time during which compression is needed will vary with every case and must depend wholly upon the cessation of the hemorrhage and on no other factor. It is convenient and always necessary to have an assistant at hand, who may relieve the tired muscles of the original attendant. Two points are of great importance.

1st. Inasmuch as the solar, epigastric, and mesenteric plexuses lie over and around the aorta, pressure must be shifted upward or downwards from time to time, the constraint on the aorta does not matter, but too long continued compression on any one point of the sympathetic does.

2nd. When pressure is taken off ultimately, it must be very gradually done, the uterus should be felt to be firmly contracted; the aortic pulse should be firm, strong and fairly slow; and the effect of releasing the current should be most carefully watched. If there is the least return of flow, the uterine ligatures are not yet to be trusted and compression must be resumed.

This then is the primary duty. Once done and persisted in from the earliest possible moment until the desired firm contraction has been obtained and can be manifestly relied upon, the patient is safe as far as any earthly means can make her; and, with the entire self-possession which perfect security gives, the obstetrician can quietly and without needless hurry put into force the secondary measures which are to bring about the secondary results—namely, the firm and lasting uterine contraction. All these secondary measures require an appreciable amount of time for their satisfactory action; moreover, they all act best on muscular fibre which is recovering or has recovered its contractility. In this alone is seen the fatal mistake of considering them of leading importance, and of wildly flying from one to the other, vainly seeking for a result which the inherent conditions present render impossible or at best extremely improbable. The secondary measures are hypodermic injections of ergotin, brandy by mouth or rectum, raising the foot of bed, hot bottles around the trunk, wrapping the head in hot flannel, kneading gently the uterus with the disengaged hand, removal of any clots or placental debris—which, now that the main source of blood supply is shut off can be done with far more safety, because with calmness and deliberation; and examination of the os, cervix, and perineum for lacerations, and their repair.

But it may be said that this advice is only theoretical, and that no cases are on record to prove it. Well, I have found this method effectual in two cases, and I suspect that the mode is more in use among practical men than one would suppose from a perusal of the literature on the subject. A careful inspection of the various works on obstetrics is a revelation as to the sameness of observation, arrangement and presentation of facts, the patent similarity of origin is noticeable and must be due to the multiplication of medical institutions which has called into being an army of Professors who, assured of a large annual sale of their books amongst their students, profit thereby, publish their book and become an authority; the majority of those manuals are but compilations or digests differing from each other only in the arrangement and presentation of known scientific facts.

Practising auto-transfusion for cerebral anæmia, when aortic pressure is an easier, quicker and safer method; or using Monsell's solution as a styptic with its danger of producing gangrenous endometritis and secondary infections, in preference to applying the hand to the aorta, may be in favor with the *savants* of our profession, but hardly with another human being endowed with a healthy perception of the fitness of things, and who by experience realizes that in every case, whether complicated by retained placental fragment, torn cervix, or any other condition, the one and only measure of primary importance in the treatment of post partum hemorrhage is compression of the aorta.

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- <sup>37</sup> Verrier. 4th ed., 261.
- <sup>38</sup> King. *Manual Obstetrics*, 6th ed., 391.
- <sup>39</sup> *Am. text-book Surgery*, 2nd ed., 1193.

## Ligatures.

*By L. M. Bingham, M. D. of Burlington.*

In speaking of ligatures I do so with reference to my experience during the past few years. As an introduction to this short paper, I wish to state my opinion on certain lines of sepsis, and the power of the system to destroying the septic germs of different varieties. Theoretically we make one grand assertion, that asepsis must be complete in all its different aspects; the slightest deficiency or neglect on the part of surgeon or his assistants and nurses, in regard to previous preparation of patient, care of instruments, or personal cleanliness brings to naught all the care and skill that have been exercised. This is not true. But it is true however, that when all details are carried out, to prevent sepsis, the results will bring the highest per cent. of successful recoveries, other things being equal. Observations from clinical resources are in abundance to-day, showing that the different tissues of the body, some more than others, are able to cope successfully with germs of disease and micro-organisms representing various forms of sepsis.

Dangers from the infective process in most instances depend on four conditions: 1. The individual ability to resist infections. 2. Nature of the operation. 3. Perfection of the technique. 4. Character of micro-organisms. The first three: Individual resistance, severity of operation and technique we have under observation, but the character of micro-organisms previous to and during operation we are in most instances unable to determine. Speedy work with the microscope during the operation, where abscesses or abnormal fluids are found, is the only method by which we can more fully determine the dangers of infections.

It has been often demonstrated by the surgeon who operates within the abdominal cavity, that septic material is freely liber-

ated within the cavity, and no process of elimination so far as the surgeon is concerned is sufficient to eliminate it. Yet the patient makes a good and complete recovery, with no rise in temperature or other symptoms to make us suspect any degree of the process of infection.

This must depend largely upon : 1st. The micro-organisms being least virulent. 2d. The technique reducing the organisms to least possible number. 3d. Amount of raw surface for infection, and last but not least—the ability of the peritoneum to take care of these germs by absorption.

Foreign substances left in contact with tissues must have some influence to promote sepsis, provided they are of a texture to absorb and retain secretions thus producing a culture medium, and preventing rather than favoring absorption. For the past few years I have used sterile cat-gut ligatures under all circumstances. During my term of service at the Mary Fletcher Hospital from April 1st to July 1st, 1899, there came under my service about 80 operative cases, several abdominal sections including, hysterectomy, ovariectomy, etc., and all pedicles, arteries and tissues needing ligatures, sterile cat-gut was used and in no instance was there cause to regret its use, as all cases made good and speedy recovery from the operation without symptoms of sepsis. The cat-gut used was of German make and in no instance was there even a suspicion that it did not meet all the indications required. Cat-gut should be secured of reliable firms who are known to make special efforts in its antiseptic quality, but it is much better to prepare the gut at home or at some near by institution. The material used at the Mary Fletcher Hospital is prepared by immersion in oil of juniper twelve to fourteen days, then in ether for the same period, and finally boiled in absolute alcohol from twenty to thirty minutes repeated the following day. Never prepare large amounts; small ground glass stoppers, salt mouth vials are most convenient for sterilizing and preserving these ligatures. The vial should contain sufficient absolute alcohol to keep the gut covered. As a matter of convenience

glass spools may be used, each spool containing a few feet of ligature, thus avoiding the handling of more than is required at one time. The boiling is done by setting the vial into a water bath. It boils at a temperature of 172° F. This must be borne in mind as it is not necessary to have the water bath at a boiling point; the stopper of the vial should be loosened, a small piece of gut being slipped in by its side, or a piece of glass laid over the mouth of the vial. Thirty minutes is sufficient for first and second boiling. Should these ligatures be kept for any length of time they should again be boiled before using. All ligatures should be tested before using as a weak spot often exists which makes it useless and annoying. A second ligature should be placed about pedicles and important vessels. It is also better to double the gut for a strong ligature, rather than use a large single strand in which the knot is less secure; it is also preferable to tie each vessel alone rather than tie en masse. After ligatures are placed care should be exercised in pulling tissues on their proximal side or rubbing them with sponges or pads. No. 2 cat-gut single or double is the largest size I have found it necessary to use. Silk is evidently the most convenient ligation; it can be boiled in water for sterilization, being prepared at time of operation. It also may be kept in alcohol as is cat-gut, but should be washed in sterile water before using as the amount of alcohol held in its meshes is injurious to tissues. The large braided strands are objectionable, being least liable to absorption and retaining the fluids which may act as collecting media for bacteria. If then we put reliance upon tissues to render innocuous the pathogenic organisms, we certainly should do as little as possible to hinder that process.



## Thurber Medical Association.

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The Forty-sixth Annual meeting of the Thurber Medical Association was held at Hotel William, Milford, on Thursday afternoon, October 12, 1899.

The following officers were elected for the ensuing year :

President—Herbert McIntosh, of Medway.

Vice-President—William L. Johnson of Uxbridge.

Secretary—J. M. French of Milford.

Treasurer—LeGrand Blake of Milford.

Librarian—George F. Curley of Milford.

Library Committee—Drs. Curley, L. D. White of Uxbridge, A. J. Gallison of Franklin.

Orator for 1900—W. W. Browne of Blackstone.

Alternate—N. C. B. Haviland of Hallestan.

Dr. Charles B. Hussey of Franklin, a graduate of the Medical Department of the University of Vermont 1895, was elected to membership.

The Committee on Necrology made a report on the death of Dr. William B. Nolan of Franklin, the oldest of the Association, as follows :

“In the recent death of Dr. William B. Nolan, the Thurber Medical Association has met with a not unexpected but irreparable loss.

“For half a century he has been a noted man in all the medical matters of this region. His sturdy figure with its broad outlines, and rugged face surmounted by a wealth of white hair reaching to his shoulders, instinctively reminded one of some grand old lion. His hatred of pretense and sham, as practiced by quackery, was proverbial. Any unusual proceeding on the part of pretenders was sure to provoke a most bitter explosion from ‘the grand old medical man.’ With wonderful success he kept pace with the trend of modern medical thought.

The methods of the 'book men' he regarded with incredulity until their deductions were established, when he became their champion. Ever ready for controversy and maintaining his opinions with great tenacity, he was always a courteous opponent.

"The Thurber Medical Association will probably never again own amongst its members the equal of Dr. Nolan. For nearly half a century, he has held the welfare of the society among his most cherished objects in life. Unsparingly he gave of his time and strength, never failing in attendance upon our meetings, until the weight of years enfeebled his step, and the kindly ministering angels had veiled his sight. He counted our meetings as the sunshine of his last earthly days. He went out into the eternal silence with prayers for our welfare on his lips.

*Resolved*, That in the lamented death of Dr. William B. Nolan, the Thurber Medical Association has sustained a loss never to be repaired.

*Resolved*, That a copy of these remarks be spread upon the records of our society and sent to our deceased brother's relatives."

The memorial and resolutions were adopted, and an appropriate response in behalf of the Association was made by Dr. L. D. White of Uxbridge.

The annual address was then delivered by Dr. Herbert McIntosh, the incoming president. His subject was "The Ideal Physician," and his treatment showed the touch of a master hand. It is hoped that the full text of the address may be secured for publication in a future number.

At 3.15 a goodly number of the members with their wives and invited guests, sat down to a bountiful dinner, which was enjoyed by all. For many years the annual dinner has been a state occasion for both the doctors and their wives—for this was the first medical association in the vicinity to invite the ladies to its annual gatherings.

At the close of the dinner the anniversary chairman, Dr. Wm. L. Johnson, of Uxbridge, took charge of the exercises and

with well chosen words proposed the following toasts, and introduced the gentlemen who were to respond to them.

“The Law and Medicine.”

Judge F. N. Thayer, of Blackstone.

“The Doctor’s Wife.”

C. B. Hussey, M. D., of Franklin.

“The Gospel and the Doctor.”

Rev. Andrew Campbell, of Medway.

“The Medical Society.”

F. T. Rogers, M. D., of Providence.

The remarks of the anniversary chairman were especially happy, and the responses were apt and pithy. Dr. Rogers especially, in his remarks relating to the medical society, made some suggestions which were worthy the attention of every member, and which we hope to secure for publication in the next number of the Monthly.

The meeting, though not as largely attended as those of the past two years, was in every other respect a greater than usual success. What was lacking in numbers was made up in enthusiasm, and the outlook for good work and a successful year was seldom brighter.

The Society consists of 37 members, physicians of Milford and vicinity towns. It is a noticeable fact that eight of these members received their medical degree at the University of Vermont. The regular meetings are held on the first Thursday of each month, and the October meeting is the Annual.

J. M. FRENCH, Secretary.

## Vermont State Medical Society.

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The 86th annual meeting of the Vermont State Medical society was called to order by the president, Dr. E. E. Lawton of Brattleboro, Friday morning, Oct. 13, 1899. Prayer was offered by Rev. J. H. Metcalf, after which the secretary, Dr. D. C. Hawley of Burlington read the report of the last meeting. This was approved and the following reports were then made and accepted: Secretary's report by D. C. Hawley; Treasurer's by E. S. Allbee of Bellows Falls. The following committees were then appointed: Neurology, C. W. Peek, Brandon; on membership, G. A. Davenport, West Randolph; J. M. Clarke, Burlington; L. H. Gillette, Wilmington; on Legislation, W. N. Platt, Shoreham; on arrangements, P. E. McSweeney, Burlington; delegate to U. V. M., H. M. Vincent, Orwell; to Dartmouth Medical college, Hall Staples, Grafton.

The first business of the afternoon session was the reading of the report of the membership committee by the chairman, Dr. George Davenport of West Randolph. There was a brief discussion on their work. The committee retired after the discussion was finished. On their return they proposed twelve new names, which they had found eligible. All of those presented had graduated from regular medical schools previous to 1899. Dr. William Platt moved to accept this report and add the proposed new members to the roll. This motion was promptly seconded and upon putting the vote, was carried unanimously. While the membership committee was out the president presented Dr. O. B. Douglass, who represented the New York State Medical society. Dr. Douglass made a few remarks. Dr. Charles A. Morse, the delegate from New Hampshire Medical society, was then introduced and spoke briefly.

The evening session which preceded the banquet, was devoted to an address by Dr. S. E. Lawton of Brattleboro on the subject of "Neurasthenia." This was followed by a general

discussion on the same subject. Dr. F. A. Lockhart of Montreal read a paper on "The Operative Treatment of Uterine Fibroids." The audience showed evident signs of their appreciation, a lengthy discussion following the reading. Dr. Hawley moved that Dr. Lockhart be made an honorary member of the society. The motion was quickly seconded and unanimously carried. The next paper was on "Eclampsia" and was read by Dr. F. L. Brigham of Pittsfield. This paper was a fitting follower of the preceding ones and was equally practical and helpful. The discussion which followed was of considerable length and was taken part in by Dr. P. E. McSweeney and others. The society voted to appoint a committee on reorganization and Drs. Wilder, Nay and Watkins were chosen. At this point the rules were suspended in order to make it possible to elect two more honorary members. This distinction was conferred by a unanimous vote upon Dr. F. H. Richardson and Dr. H. P. Stearns of Hartford, Conn.

The banquet Friday evening was one of the most pleasant features of the convention. Sixty eminent physicians and twenty invited guests, including some of the brightest attorneys and other professional men, were present. Grace was said by Rev. J. H. Metcalf. Dr. D. C. Hawley acted as toastmaster. After dinner Dr. Hawley made a few remarks and called upon the guests for after dinner speeches. The first on the list was Dr. S. E. Lawton of Brattleboro, who spoke briefly on "The Vermont State Medical society." He was followed by C. E. Beach, president of the Burlington Common council, who welcomed the doctors to Burlington. Rev. J. H. Metcalf responded to the clergy. "The Medical Profession" was the subject of a short speech from Hon. Henry Ballard. Dr. C. W. Peck of Brandon threw a light upon "The Doctor's Horse." Rt. Rev. J. S. Michaud was the next to respond. Next on the list was Dr. F. A. L. Lockhart of Montreal. Dr. Lockhart's subject was "Surgery." Dr. A. P. Grinnell responded to a toast to "Woman." "The State Board of Health" was the subject of the last speech of the evening. It was made by Dr. C. S. Caverly of Rutland.

At the forenoon session, Saturday, the first business taken up was the election of the officers and committees for the ensuing year as follows: President, M. R. Crain, Rutland; Vice-president, George H. Gorham, Bellows Falls; Secretary, D. C. Hawley, Burlington; Treasurer, E. S. Allbee, Bellows Falls; Auditor, W. L. Hazen; Executive Committee, M. R. Crain, D. C. Hawley, W. D. Huntington; Publication Committee, D. C. Hawley, J. M. Clarke, Lyman Allen; Neurology Committee, F. L. Osgood, J. N. Jenne, L. W. Hubbard; Legislation Committee, William N. Platt, H. L. Holton, A. B. Allbee; Board of License Censors, H. C. Tinkham, C. W. Strobell, W. N. Platt; Delegates to Medical Department of U. V. M., W. D. Huntington, W. S. Nay; Delegates to Dartmouth Medical College, F. R. Stoddard, W. N. Bryant; Delegates to State Societies, Maine, Hall Staples, E. B. Watson; Massachusetts, George S. Foster, W. T. Slayton; Connecticut, L. M. Greene, E. H. Ross; Rhode Island, M. F. McGuire, W. W. Hutchinson; New York Medical Society, C. W. Peck, J. A. Howard; New York Medical Association, H. C. Tinkham, L. H. Gillette; Northern New York Medical Association, H. A. Crandall, S. C. Berkley; White River Junction Medical Association, C. P. Newton, F. C. Phelps; White Mountain Medical Society, F. L. Osgood, C. M. Ferrin; Connecticut River Valley Medical Association, W. L. Heath, R. J. Goss; Delegates to the American Medical Association, H. D. Holton, W. F. Hazelton, C. W. Strobell, D. C. Hawley, E. R. Campbell, J. M. Clarke, George Davenport, E. S. Allen, J. S. Hall; Anniversary Chairman, E. M. Pond. After the routine business Dr. G. H. Gorham of Bellows Falls read an able paper on "Adenoid Growths of the Post Pharynx." At its close there was a general discussion. The meeting was then adjourned to the next annual meeting which will be held at Rutland.

During the convention many interesting and instructive papers were read and discussed—which space prevents our publishing at this time.

# *The Vermont Medical Monthly.*

*A Journal of Review, Reform and Progress in the  
Medical Sciences.*

H. EDWIN LEWIS, M. D., EDITOR.

H. H. WALKER, Business Manager.

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## **EDITORIAL.**

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### **The 36th Annual Meeting of the Vermont State Medical Society.**

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The meeting which was to have been held October 12th and 13th was postponed to one day later owing to the Dewey celebration at Montpelier on the 12th. The session was a very interesting one, though the attendance was not as large as expected. A few over one hundred doctors were present and many took part in the deliberations of the society. Several valuable papers were read and discussed, but the program as a whole was not up to former years. Dr. M. H. Richardson's paper was rather dis-

appointing consisting as it did of somewhat disconnected portions from a long, and probably in itself complete article on "Stomach Ulcer." Dr. Lockhart's paper on "Uterine Fibroids" was really *the* paper of the meeting and the Doctor is to be congratulated on the scientific value of his contribution to the transactions of the society. Many of the other papers were earnestly discussed and much interest taken in them. A particular feature of the session was the exhibit of medical and surgical supplies in the small Y. M. C. A. hall. It was the most complete and finest exhibit ever seen at a State society meeting. Among our advertisers the following exhibited and presented samples. The Malt Diastase Co., represented by Dr. W. N. Knowlton, who made many friends for the Maltzyme preparations; The Kress & Owen Co., who presented every physician in attendance with a sample of their Peerless Glyco-Thymoline (Kress); and the Imperial Granum Co. The exhibitors were uniformly represented by gentlemen whom it was a pleasure to meet and their presence added much to the meeting.

The annual banquet held at the Hotel Burlington, Dr. D. C. Hawley, Anniversary Chairman, was enjoyed by over one hundred and twenty members and their guests. Dr. Hawley ably served as toastmaster and many toasts were responded to with wit and humor. A particularly happy response was that of Rt. Rev. J. S. Michaud, whose remarks were abounding with wit, eloquence and excellent advice from one who could claim a large number of friends among the medical profession.

All in all the meeting was very successful and will be pleasantly recollected by all attending as one of real value and pleasure.

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### Charity in Our Cities.

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The dispensation of charity in large cities is highly unsatisfactory from a humane or economic point of view and the great



bulk of those whom charitable institutions really reach are not proper objects of charity. Particularly is this so in regard to medical institutions. Of all Christian enterprises medical charity is the most abused and the most prostituted. Scarcely one-half of the cases treated at the average free medical dispensary in any large city can honestly be classed as rightfully deserving charity. And the hospitals are just the same. Cases after cases are admitted to the charitable wards when if made to they could easily pay for their medical attendance and care. To be sure these cases after recovery might be obliged to deny themselves some of the pleasures or luxuries they had been accustomed to before their illness, but this seems to the writer to be only the natural consequence of the present system of living. It is an economic rule homely but true that "one cannot have his cake and eat it," but on acquaintance with the facts of present day medical charity impresses one with its substitute, "eat your own cake and as much of somebody's else as you can."

The recipients of unnecessary charity are not wholly responsible for the abuses which exist. They are dishonest and criminal inasmuch as they are taking what does not belong to them. But the medical profession itself or at least certain members of it, can thank themselves for the dangers which threaten us and our individual professional success. Within the last few years an insane desire to treat many cases has attacked countless ambitious physicians. The clinic and dispensary offered the best opportunity for realizing this ambition. Hence their growth and seeming success. And so we have seen our patients who formerly faced us, slowly perhaps but none the less surely, flocking to our competitor's dispensary or hospital clinic. We cannot assail him for he received no fee, nor asked one. But there is no question but that his stampede for glory has robbed us of a patient, and on this score we have a moral right to object.

The whole subject is one of growing importance to the profession at large and we shall print a series of editorials on the general topic of "The Abuses of Charity." We invite our readers to send in their ideas.



## MEDICAL ABSTRACTS.

**Testing Stomach Contents.**—Dr. William H. De Witt gives in the *Journal* the the following novel device for securing a small quantity of the contents of the stomach for examination: “Take the long end of a largest-size empty capsule; into this crowd or condense as much as possible of fine sponge, to which is attached a fine silk thread of sufficient length. The capsule is then closed and the patient allowed to swallow the same. After sufficient time has elapsed for the capsule to dissolve, the sponge is removed by the string. The sponge will be found to have absorbed a sufficient amount of gastric contents for all practical purposes. In this way tests can be made for free hydrochloric acid, or, indeed, for anything else that may have been taken into the stomach. This method is original with me; I do not know whether others have used the same device or not. It will, I am quite sure, be found a very convenient and practical method. Several capsules prepared in the same manner and swallowed would furnish a sufficient quantity of gastric juice for any and every purpose.—*Maryland, Ind., Jour.*



**Hot Water Drinking.**—There are four classes of persons who should not drink large quantities of hot water. These are as follows:

1. People who have irritability of the heart. Hot water will cause palpitation of the heart in such cases.
2. Persons with dilated stomachs.
3. Persons afflicted with “sour stomach.”
4. Persons who have soreness of the stomach, or pain induced by light pressure.

These rules are not for those who take hot water simply to relieve thirst better than cold water, and for that purpose is not to be condemned. But hot water is an excitant, and in cases in which irritation of the stomach exists should be avoided.—*Indiana Lancet*.

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**Breathing.**—Enough cannot be said of full, deep breathing, (*The Chicago Clinic*). It is no hobby or wild notion, but if you would prove its benefits, practice it daily, and you will increase the circulation, purify the blood, and send it rich and hot to warm the feet, make ruby lips and plant roses on the cheeks. It will aid your digestion and give you a clean, sweet breath, promote sleep, quiet the nervous system, strengthen the throat and vocal organs and increase the chest capacity. It will also cure your asthma, catarrh and bronchitis and prevent lung trouble.

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## LA GRIPPE.

ITS MANIFESTATIONS, COMPLICATIONS AND TREATMENT.

(Abstract from the *Journal of the American Medical Association*, March 25, 1899.)

Professor Grube sees no reason why the intelligent observer need err in his diagnosis of la grippe; he believes that the intensity of the catarrhal symptoms, the great prostration, and tardy convalescence form a typical clinical picture. Though the catarrhal symptoms are usually limited to the respiratory mucous membrane, they are not always so, and in the writer's experience the invasion of the mucous membrane of the digestive tract has been quite frequent. Not alone mucous membrane, but a part or all of the cerebro spinal axis has been invaded.

In many cases the so called complications are simply an extension and aggravation of the catarrhal or inflammatory condition; thus an extension of the usual inflammatory condition of


the throat through the Eustachian tube produces middle-ear complications; the bronchitis, too, may extend and become capillary, or even a pneumonitis may result. So we believe that in the so-called abdominal form with severe gastro-enteric catarrh, it may extend by *contiguity* and inaugurate a general peritonitis. Upon this theory alone can we explain the supervention of a severe general peritonitis in a case under our care, now happily terminating in convalescence.

The patient was a girl of 11 years who had never been seriously ill before. Twenty-four hours after the illness began, she had, besides the usual alarming symptoms of la grippe, a high temperature, wild delirium, constant emesis, frequent and copious discharge of feces and urine. The appropriate remedies were prescribed, the vomiting ceased and she rested; but on the third or fourth day she developed symptoms of peritonitis, abdominal pain, hardness and some tympanites, etc. Calomel was prescribed, twenty grains divided into four powders, one every three hours; also the usual turpentine stupes, morphia to quiet pain, etc. The next day, finding no improvement, but rather aggravated symptoms, green vomit, bowels not moved—a very gloomy prognosis was given, and at the family's request a consulting physician was called, who concurred in diagnosis and prognosis, and had nothing more to suggest. On the writer's return in the evening, however, he decided in view of the great mortality of these cases by the routine treatment, to try the local application of a mustard poultice; also for their germicidal, antiseptic and healing qualities, he gave internally Hydrozone diluted, in frequent doses, alternating with doses of Glycozone. In twenty-four hours there was slight improvement. In forty-eight hours the patient was decidedly better. Improvement continued, and the girl was so well February 21st that she was dismissed as cured.

Perhaps the most common complication in children is the middle-ear inflammation caused by the extension of the pharyngeal catarrh up the Eustachian tube into the tympanum. In the case of a child six months old, recently under our care, we had

a middle-ear complication, in which the pain was controlled by the usual methods and by the instillation into the aural canal of a few drops of cocaine solution. After suppuration occurred, however, the canal was cleansed by Hydrozone solution (warm), and a piece of absorbent cotton saturated with Glycozone used as a dressing by inserting it into the canal. As the ear complications sometimes prove very serious, it is gratifying to know that in the above remedies we have a safe, speedy and effectual method of cure. We believe also that, if these cases were seen early, by proper treatment the extension and consequent complications might be prevented. In a little girl with severe tonsillitis and pharyngitis we are now spraying the throat with diluted Hydrozone and applying Glycozone with such marked benefit that on this, the third day of treatment, she is almost well.

In concluding Professor Grube states: "I cannot refrain from referring to the case of a prominent city official who had an unusually severe attack of la grippe. All the structures of the nasal cavities were involved in a severe acute catarrh, which progressed to the stage of suppuration. Enormous quantities of pus were secreted, and the location and intensity of the pain led us to fear the involvement of the antrum. However, the free use of Hydrozone solution by spraying, and the application of Glycozone soon cleared up the cavity, and in a few days complete cure resulted."



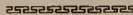
## Facts and Personals.

### Medical Faculty of the U. V. M. Med. Dept.

At a meeting of the Board of Trustees of the University of Vermont, held October 6, it was unanimously voted to accept the resignations of the medical professors. Owing to the short time remaining before the opening of the medical department the old faculty were all re-appointed to serve one year, at which time all chairs are to be declared vacant.



**A Post Office Medical Department.**—It is reported that the government has engaged a physician for the employees of the Chicago post office at a salary of \$1,700 per year. He will be at the main office to examine employees who report themselves sick. The government expects to more than make it up in salaries saved.



**Quinine in the United States Army.**—The *Medical News* says that more than one hundred and twenty-five million grains of quinine have been taken by United States soldiers during the past year. It is said that some of the military patients in the army hospitals in Cuba and Puerto Rico took as much as three hundred grains a week during several weeks. Hardly any of those who were in service in the West India islands failed to take some quinine during their stay. A military correspondent writing from Puerto Rico recently said that practically none of the soldiers had been entirely exempt from malarial disturbances on that island and that while the malaria was usually not severe it was very obstinate.—*Charlotte Med Journal.*

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**Some Young Doctors.**—Dr. J. M. Stevens, U. V. M. Med. Dept. '97, is located at Hartland, Vt.

Dr. V. N. Rogers, U. V. M. Med. Dept. '97, is practicing at Quechee, Vt.

Dr. W. R. Harkness, U. V. M. Med. Dept. '98, has opened an office at Montpelier.

Dr. H. L. Wilder, U. V. M. Med. Dept. '97, son of Dr. H. R. Wilder of Burlington, has completed his hospital course at the Mary Fletcher Hospital and located at Hinesbnrgh, Vt.

Dr. J. W. Avery, U. V. M. Med. Dept. '97, is enjoying a lucrative practise at Proctor, Vt. Dr. Avery recently underwent successfully an operation for chronic appendicitis.

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**A Medical Author's Earnings.**—The St. Louis *Republic* makes the statement that Dr. Nicholas Senn's "writings bring him yearly more money than William McKinley draws as President of the United States." The *Republic* does not state how its information was obtained.—*Jour. A. M. A.*

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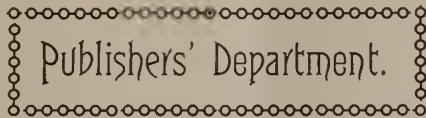
**Marriage of the Subjects of Venereal Diseases Forbidden.**—A law recently passed by the Michigan legislature forbids the marriage of any person suffering from gonorrhœa or syphilis, and provides that any one so diseased who may marry shall be guilty of a felony punishable by a fine of not less than \$500 or more than \$1000, or imprisonment in the penitentiary for a term not exceeding five years, or by both fine and imprisonment. A wife or husband may testify against her or his guilty spouse, and the privilege of medical secrecy is also abrogated in such cases.—*N. A. Med. Review.*

Dr. J. M. French, U. V. M. Med. Dept. '77, is the Secretary of the Thurber Med. Ass'n of Milford, Mass. Dr. French is one of our Associate Editors, who takes a live interest in the present and future efficiency of the VT. MEDICAL MONTHLY.

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Dr. Jo H. Linsley, U. V. M. Med. Dept. '80, who has won an enviable success as a pathologist and recently as director of the Vermont Laboratory of Hygiene, left October 10, for the south of France for a complete rest. The doctor was accompanied by Mrs. Linsley.





Publishers' Department.

**A Want Felt and Filled.**—If the doctor had never accomplished anything more definite in his life work than the relief of pain, than amelioration of human suffering, he would not have lived in vain. It is all very well to say that pain is physiological, that it is the cry of the nerve for more blood, yet its continuance cannot be borne by the patient, even by the most heroic Spartan. Long continued pain is dangerous, and while of course we never wish to obtund and remove it so completely as not to be able to ascertain its cause, and remove the same, yet the best interest of our patient requires from time to time the administration of that which is opposed to pain. Remedies like opium which relieve pain and at the same time are exhilarating and alluring in their effects are most oft-times dangerous in the remote demoralization which they produce upon our patient. A remedy for the relief of pain of which does not tie up the secretions, which carries with it no exaltation and no fascinations which tend in the direction of developing drug habits is a desideratum. Five grain Antikamnia Tablets certainly meet this necessity. Antikamnia is also more prompt and decided in its action in labor than opium, and has none of the unpleasant after-effects. It may be continued in smaller doses to control after-pains, and rather favors than interferes with the secretion of milk.

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Dr. J. K. Gailey, Clinical Professor of Surgery, Detroit College of Medicine, in giving his experience with "Maltine with Coca Wine," says it is unquestionably superior to anything he has ever tried as a galactagogue. In one case, particu-

larly, the mother was enabled to nurse her child, which she had not done with previous children. He considers it doubly efficacious in that it builds up the woman while stimulating the lacteal secretions.

§§§§§§§§§§§§§§§§§§

### The Relief of Chest Pains in Tuberculosis.

--Dr. A. W. Beketoff (*American Journal of Medical Science*, August '99), has made use of heroin in the treatment of twenty-five patients suffering from tuberculosis, in dose of one-tenth of a grain in powder or pill. In about 15 minutes after its administration cough ceases and sleep is possible. The respiration, especially when increased by coughing or pleuritic pain, is slower and deepened. In case of disease of the heart, or oxygen-hunger from encroachment upon the respiratory area (large cavities) this remedy is of little no value. It has but little influence upon the circulation as regards either frequency or fulness, further than that respiration is benefited. It relieves chest-pain, and so favors sleep. Insomnia due to mental excitement is not markedly relieved. It is well borne, even if digestive disturbances exist. It is indicated in the treatment of haemoptysis because of its beneficial action on cough. Patients do not become readily accustomed to its action, and it may be administered for a month without necessity arising for increase of dose.

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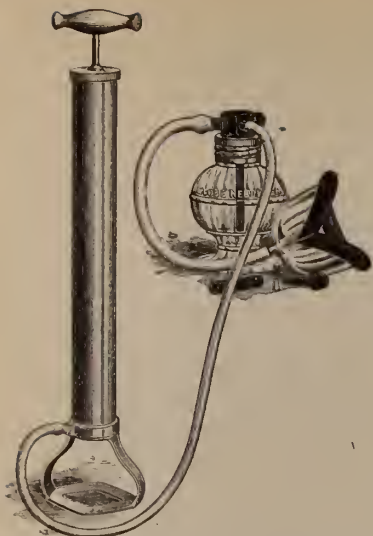
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Vol. V.

November, 1899.

No. 11.

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To induce catharsis without the objectionable sequelæ common to a majority of laxatives, no remedy responds to the need of the physician with more satisfaction and celerity than SYRUP OF FIGS. As made by the California Fig Syrup Co. from the highest grade Alexandria Senna, SYRUP OF FIGS has achieved a potency and recognition as an agent of established therapeutic worth. There is no preparation that simulates Nature so well in its effect. No other is better suited to the permanent relief of intestinal inactivity, a functional derangement directly responsible for the condition described as constipation. Its gentle effect upon the intestinal mucous membrane and the natural peristalsis which follows the administration of SYRUP OF FIGS gives to it a unique value as a laxative, and suggests its adaptability to women and children because of its agreeable taste and persuasive action. It is invaluable to persons who through infirmity or occupation are committed to a sedentary life. It is *simple, safe* and *reliable*, and possesses the particular merit that its use does not induce the cathartic-taking habit, and in all cases where a laxative is indicated it is a help and not a hindrance.

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"Syrup of Figs" is never sold in bulk. It retails at fifty cents a bottle, and the name of "Syrup of Figs," as well as the name of the "California Fig Syrup Co.," is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP CO., SAN FRANCISCO; LOUISVILLE; NEW YORK.

**BROMIDIA IS A REST-MAKER FOR RESTLESSNESS. IT GIVES CONSISTENT NERVE REST, NERVE CELL REST, REST OF THE NUCLEUS OF THE NERVE CELL. IT DOES NOT LESSEN THE SUPPLY OF BLOOD TO ANY ORGAN OF THE ECONOMY, AS THE BROMIDES ARE SURE TO DO. IT IS A HYPNOTIC.**

FORMULA:--15 grains each Chloral Hydrate and Purified Brom. Pot. and 1-8 grain each Gen. Imp. Ext. Cannabis Ind. and Hyoscyamus to each fld. drachm.

ECTHOL  
IODIA  
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**BATTLE & CO.,** CHEMISTS CORPORATION, ST. LOUIS, MO., U. S. A.



## The Necessity of Modifying Caseine.

*“The object to be accomplished in the preparation of cows' milk, is to make it resemble human milk as much as possible in chemical and physical properties. To do this it is necessary to reduce the proportion of caseine, to increase the proportion of fat and sugar, and to overcome the tendency to coagulate into large firm masses upon entering the stomach.”—Starr.*

*“Thus it is a well known fact that the albuminoids of human milk differ in a number of ways from the corresponding bodies in cows' milk. The difference is not merely due to difference in the proportion of albuminoid contained in the two milks, but rather to the nature of the substance itself. Simple dilution of cows' milk with water is without avail in obviating this tendency of the milk to form tough and more or less indigestible curds. It is obvious, therefore, that any method of modifying cows' milk that aims to produce a product analogous to mothers' milk must take into account this radical difference in the nature of the two caseines.”—Chittenden.*

*Fairchild's* **PEPTOGENIC MILK POWDER** converts caseine into minutely soluble and coagulable albuminoids corresponding in constitution and digestibility to the peptone-like albuminoids of breast milk, and modifies cows' milk in all particulars to the composition of normal breast milk.”—*FAIRCHILD BROS. & FOSTER, New York.*



# THE GREAT FACT IN MODERN MEDICINE:

“The Blood is the Life,”

And Where Nature fails to make Good Blood,  
WE CAN INTRODUCE IT.

BOVININE is Bovine Blood Unaltered from the Arteries of the Bullock;  
The Universal Auxiliary of Modern Medicine and Surgery,  
and the TRUE “ANTITOXIN” of Healthy Nature.

In the more enlightened progress of Modern Medicine, “Blood-letting” has given place to Blood-*getting*.

Aye! Get Good Blood— but How? Not by the Alimentary Process. It has already failed to do its work (else the patient would not be sick); and in acute disease must not even be allowed to do the work it can. Stimulate as you will, the whole sum of the patient’s alimentary power when fully forced into play, is unable to keep up the nourishing and supporting contents of the blood. There is absolutely but one thing to do; and, thank God, that can be done, usually with success, as ten-thousand-fold experience has proved. That one thing is this: where Nature fails to PRODUCE good and sufficient Blood, WE CAN INTRODUCE IT from the arteries of the sturdy bullock, by the medium of BOVININE.

The vital activity of this living blood conserve rests on no man’s assertion: it speaks for itself, to every properly equipped physician who will test its properties microscopically, physically, or therapeutically.

## TRY IT IN PRACTICE.

**TRY it in Anæmia**, measuring the increase of red cells and hæmaglobin in the blood as you proceed, together with the improving strength and functions of your patient.

**Try it in Consumption**, with the same tests from week to week.

**Try it in Dyspepsia** or Malnutrition of young or old, and watch the recuperation of the paralysed alimentary powers.

**Try it in Intestinal** or gastric irritation, inflammation, or ulceration, that inhibits food itself, and witness the nourishing, supporting and healing work done entirely by absorption, without the slightest functional labor or irritation; even in the most delicate and critical conditions, such as Typhoid Fever and other dangerous gastro-intestinal diseases, Cholera Infantum, Marasmus, Diarrhœa, Dysentery, etc.

**Try it per rectum**, when the stomach is entirely unavailable or inadequate.

**Try it by subcutaneous** injection, when collapse calls for instantaneous blood supply—so much better than blood-*dilution*!

**Try it on Chronic Ulceration**, in connection with your antiseptic and stimulating treatment (which affords no nourishment) and prove the certainty and power of topical blood nutrition, abolishing pus, stench, and PAIN, and healing with magical rapidity and *finality*.

**Try it in Chronic Catarrhal** Diseases; spraying it on the diseased surfaces, with immediate addition of peroxide of hydrogen; wash off instantly the decomposed exudation, scabs and dead tissue with antiseptic solution (Thiersch’s); and then see how the mucous membrane stripped open and clean, will absorb nutrition, vitality and health from intermediate applications of pure bovine.

**Try it on the Diphtheritic Membrane** itself, by the same process; so keeping the parts clean and unobstructed, washing away the poison, and meanwhile sustaining the strength independently of the impaired alimentary process and of exhaustive stimulants.

**Try it on anything**, except plethora or unreduced inflammation, but first take time to regulate the secretions and functions.

**Try it on the patient** tentatively at first, to see how much and how often, and in what medium, it will prove most acceptable—in water, milk, coffee, wine, grape, lemon or lime juice, broth, etc. A few cases may even have to begin by drops in crushed ice.

A New Hand-book of Hæmotherapy for 1893, epitomizing the clinical experience of the previous three or four years, from the extensive reports of Hospital and private practice. To be obtained of  
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LEEMING, MILES & CO., Montreal, sole agents for the Dominion of Canada



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RENSSELAER COUNTY HOSPITAL, TROY, N. Y.

Having used

## Micajah's Medicated Uterine Wafers

for the past five years in a great  
number of cases of

### PROLAPSUS UTERI

and not failing to cure each case  
treated with them, I have discard-  
ed the use of all pessaries and  
place my sole reliance on the  
Wafers. They are worthy of  
a trial by every practitioner.

M. A. WHEELER, M.D., Attending Physician.

The popularity of Micajah's Medicated Uterine Wafers in HOSPITAL as well as private practice is an evidence of their high therapeutic value as a curative agent, prophylactic and palliative in gynæcology.

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# Scott's Emulsion

## *The Whole Oil!*

There is no secret about Scott's Emulsion. Nothing is covered up by obscure references to active principles or alkaloids. Neither is it an alcoholic mixture put up under some mystifying title.

It is simply an emulsion of the best Norwegian cod-liver oil combined with the hypophosphites and glycerine.

We use the whole oil (*a*) because the great reputation of cod-liver oil as a food and medicine was made by using it in this way; (*b*) because such use is, almost without exception, approved by the medical profession of the whole world; and (*c*) because we fail to find a single writer, worthy to be called an authority, who advocates differently.

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of Cod-liver Oil with Hypophosphites

# The Vermont Medical Monthly

*A Journal of Review, Reform and Progress in the  
Medical Sciences.*

*Official Organ of the Vermont State Medical Society and Thurber Medical  
Association.*

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## The Ideal Physician.

*By Herbert McIntosh, M. D., Medway, Mass.*

When casting about for an appropriate subject for the annual address, my tastes strongly inclined me to a consideration and discussion of recent advances in the department of bacteriology, together with the cognate subject of serum-therapy. The promise which organo-therapy offers for the relief of pathological states, in like manner, exerted a considerable fascination, and I had collected from current literature a considerable amount of material, calculated to display the latest conclusions of experimenters and investigators upon these subjects. But insistent demands upon the time of a busy practitioner, together with remoteness from libraries, which are indispensable to thoroughness of investigation, led me to abandon this theme for another, necessitating no examination of authorities or review of current literature.

It may be remarked that the highest type of address is that which records the results of independent experimentation and generalization. For this work the general practitioner unfortunately has neither the time nor adequate facilities. The type which ranks next is that which records experiments made by others and generalizes from them—an exercise requiring time for

study and an adequate faculty of generalization. The third type of address is that which annual medical orators are obliged, in the vast majority of instances, from the circumstances of their work, the limitations of their time, and the need of appropriate apparatus for experimentation, to adopt. Such addresses are, unfortunately, of no permanent value. They are, of necessity, ephemeral in character, embracing a wide range of subjects, the discussion of which affords entertainment or instruction, according to the capacity and temperament of the speaker. With this type of address the ambition of most of us must be satisfied. Oliver Wendell Holmes long ago pointed out, with admirable art, the important distinction between discoverers of truth and purveyors of truth, to which latter class most annual medical orators necessarily belong. The number of those whose peculiar gifts, fortunate circumstances and surrender of personal comforts enable them to bring an offering to the great temple of science is very small, compared with those whose training fits them to perceive its value when once it has been deposited.

Cheerfully acknowledging then the inferior rank which these observations must take in the scale of medical literature, let me proceed to discuss some considerations relating to the qualifications, character and duties of the Ideal Physician.

First of all he should be well-born. Every physician is entitled to good ancestors. The forces derived from heredity should be strong and efficient. He should have a heritage of physical strength, sufficient to enable him to endure the strain of adequate preparation for his life-work, as well as the wear and tear of a busy practitioner's daily *routine*. He should also have the priceless legacy of moral health, which shall enable him in spite of severe temptations to resist the allurements of quackery and commercialism in their myriad forms.

With this foundation of physical and moral soundness the embryo physician begins his career. It matters little whether his goal is predetermined, for his preliminary education has no reference whatever to a physician's career. That education, how-



ever, should be of the broadest character, and the secondary education of the high school or academy should be supplemented by university training. No argument is demanded to establish the desirability of university study. The admirable physicians whose personality and acquirements are the delight of their *clientèle*, who have yet been strangers to academic education, and, let me say, there are a great many such, only prove that the seeds of success are not indigenous to any soil. An Abraham Lincoln may succeed in spite of every obstacle, because of the overwhelming energy of his genius. The practitioner of medicine must, however, in the future be something more than a man of average education. He must have professional training, of necessity, but he must also have, in order to secure for himself the broadest conception of his art, a *substratum* of acquisition, derived from general study, which shall make him, in fact, as well as in name, a member of a *learned* profession and not a mere driver of a trade. The commercialism which to-day afflicts the profession has many explanations, among which may be set down as important, the inadequate preparation with which thousands of its members have broken into the sacred enclosure, with no other result than to lower its standards, confuse and perplex the public mind, and pollute the clear stream of its mighty beneficence with a cloud of mendacity and criminality. One of the greatest needs of medicine is the increase of this broader training, not only for the purpose of restraining the headlong precipitancy of those who have no real vocation for a great profession, but also to increase the repute and influence of those who finally attain the responsible position of counselling the public in matters of health. To such an extent have these considerations impressed the governing boards of our medical schools that several of the larger and better institutions have announced that, after a given date, the degree of A. B. or an equivalent degree must be presented as a condition of admission to a course of medical study.

Having advanced thus far in his career, the student who selects the laborious field of medicine for his life-work enters

upon professional study, and, if wise friends counsel him in the selection of his *alma mater*, he will go to a training school in which the laboratory, the recitation-room, the clinic, the morgue and the hospital have superseded the didactic lecture of a generation ago. The carpenter does not learn to plane by being told in faultless English by a faultlessly dressed rhetorician the various stages which make up the mechanical act of planing; but he takes the tool in his hand, and after successive blunders succeeds in turning out a tolerable piece of work. We never learn a thing by hearing someone talk about it, however scientific may be his discourse. The imperative demand of the hour is to touch and feel and handle the objects about which we are taught. Thus in a truly modern medical school, which has divorced itself from old conceptions of instruction, the human body is dissected, the products of metabolism are tested and experimented upon, the minute structure of the tissues is studied under the microscope, the germs of disease are cultivated in appropriate *media*, the morgue is open for the study of gross pathology, drugs are handled and their effects noted, physical diagnosis is studied upon the human body, the hospital is utilized, obstetric cases are observed and managed, bed-side observation is continually carried on, and all important surgical operations are performed upon the cadaver. This is modern and rational medical training, and alone supplies the demand for real instead of fictitious education. In the older type of medical school, now fast fading away, the advantage inbred almost entirely to the lecturer, whose connection with a medical school advertised him on the one hand, and stimulated a lagging inclination to research on the other.

A training such as I have already described would fit a young man for an immediate entrance upon the career of a practitioner, but would still leave something to be desired. He who hopes for a higher range of success would desire to supplement his study by hospital practice. The variety of cases, the association with older practitioners, and the confidence thus acquired,

which are furnished by a hospital career, are invaluable aids toward a full and harmonious development of the Ideal Physician.

Unfortunately at this point in the experience of most, and at an earlier point in the experience of many, the necessity for self-support prevents an additional step in the education of an aspiring physician. This is a period of foreign travel and study. I do not advocate foreign, as possessing very great advantages over domestic, study. The equipment of our schools and the training of our teachers are adequate to the needs of our students. But as a supplement to domestic study a course in a foreign school under the inspiring influence of a great and original teacher would possess marked advantages. But still more the broadening and enlightening effect of foreign travel with its introduction to new and historic scenes, its stimulation of the imagination, the culture to be derived from learned associations, the fructifying influence which springs from a breaking up of *routine*—all these contribute toward that complete preparation which should be the aspiration of every student of medicine.

With this formal preparation the physician enters upon his career as a practitioner. He has in the meantime acquired such additional preparation as his tastes as a student or a man of affairs will supply. Then the important question of the selection of a location immediately presents itself. With the preparation above outlined it would seem that a city location would offer the most congenial field for the exercise of a physician's skill. But many circumstances, which it is not my purpose here to describe, must finally determine the choice. Whatever the location, however, the Ideal Physician maintains the same character. He does not forget primarily that he is a member of a great profession, the inheritor of the labors of the vast army of self-sacrificing practitioners and investigators who have preceded him, and that, as he has received freely, freely he must give. The perpetual tendency toward a degradation of professional standards must be resisted. "Noblesse oblige." A physician educated and equipped as already described has attained a vantage ground, a commanding

position, and owes a high obligation to the great guild of which he is a member, and to the community in which he lives.

To himself he owes the obligation of maintaining a stainless reputation, free from excesses of every description. To whom must the community look for examples of dignity and self respect, for graciousness and nobility of character, if not to those whose studies should have familiarized them with all that is best in literature and science and art, unless it be frankly admitted that a physician is nothing but an average man with a smattering of medical knowledge superadded? The physician is something more. He is the guardian of public and private health, the recipient of sacred confidences, the wise counsellor, in whose hands lie the issues of life and death. His function is not simply to give medicine, but covers the whole field of wise counsel in all the intimate and far-reaching concerns of health. Therefore character is an indispensable possession of the Ideal Physician, without which intellectual accomplishments and professional attainments lose their value, and frequently lead the possessor to destruction.

But what shall we say of the Ideal Physician's relation to his professional brethren? Here we touch a special department of human conduct in which competition sometimes offers temptations to which the physician yields. If, however, all were ideal physicians, there would be no problems arising out of professional intercourse. If a physician under temptation should always ask himself how he should desire to be treated under the same circumstances, the occasions for resentment would be very few. The conditions under which it is incumbent upon one physician, who is acting professionally, and in the legal exercise of his office, to criticise another physician, are exceedingly rare. Each owes to the other the presumption that the latter is doing in any situation the best that can possibly be done; for, as there are no secrets in medicine, and as the resources of the healing art are equally open to all practitioners, it is fair to suppose that a regularly graduated and licensed practitioner is doing his whole

duty to his patient, and, if in the exigencies of practice, he is superseded, his successor owes to him the obligation of a respectful reticence, if he cannot accord a hearty commendation. The difficulties in the management of patients are so great that it is cruel beyond expression to take advantage of a sudden caprice, which may itself be a manifestation of disease, to criticise or attack a treatment which a longer familiarity with the malady may have shown to be judicious. Courtliness and gentlemanliness ought to obtain in the associations of brother practitioners. There will be different degrees of success in the competition for practice due to differences in temperament or skill in the management of patients, and quite apart, in many instances, from the possession of superior professional ability. But a success which is founded upon innuendo, or covert attack, or agreement with denunciation is cowardly and unworthy of the professional man who stoops to obtain it. And I know of no way so sure to establish cordiality of relation as the conviction that a physician's reputation is safe in the care of each one of his professional brethren; that whatever accidents may happen, or however rudely he may be dispossessed of his case, they are with him in heart and hand, unwilling to profit by his misfortune, but glad to utter the word of rebuke upon the one hand or commendation upon the other. This is the spirit of the Ideal Physician, not less than the spirit of the wise man, who recognizes the fact that, however successful he may now be, the day will come in the vicissitudes of his practice when he will need to claim the same forbearance as he now freely and gladly accords to his brethren.

The attitude which the Ideal Physician should take toward the man who, under the garb of regularity, violates the law of humanity and the statute of the commonwealth by criminal malpractice, or who, infringing the fundamental law of professional conduct, advertises his skill in the newspapers, or is guilty of any form of quackery, is severe and uncompromising. Such a one should be unmasked, should have the garb of regularity torn off

and be scourged with a whip of scorpions from the temple which his presence has profaned.

Finally we come to a consideration of the duties of the Ideal Physician to the community in which he lives.

First of all he needs to be devoted to his profession, active in the acquisition of new knowledge in order that his *clientele* shall have the advantage of whatever the progress of science has achieved for the benefit of the human family. There is no inconsistency in an endeavor to make his devotion to his professional work yield the maximum of financial return, and the spectacle of an educated man, who knows how to make his intellectual acquisitions remunerative, and how to achieve a success, is wholesome and salutary. There is high authority for the command, "Be instant in business." But the Ideal Physician has a wider relation than that which binds him to his patient. He has an obligation to the community, in which he should be a leader and guide.

First, there is the field of preventive medicine and public sanitation, in which from the very nature of his mission, he is bound to be active, even though the result of his activity may dry up the fountain of his own support. It is a large and fruitful field, and yearly engages the study of an increasing number of patient investigators. Connected with this subject is the correction of popular errors which spring up and tend to choke out the truth. We find, for instance, in every community of considerable size a sprinkling of those who are opposed to vaccination. When I entered upon the performance of my duty as a member of the school board in the town of which I am a resident, I discovered that a majority of the board were unfriendly to vaccination, and not only indifferent, but opposed to the enforcement of the law in relation to the vaccination of school children. Who is there in the community but the medical man who is adequately prepared to defend the beneficence of Jenner's great discovery, when the very security and exemption from a loathsome disease which that discovery has brought, is used as an argument against

the employment of vaccination as a prophylactic against small-pox?

Our historic memory goes back to the days when scarcely a man was seen upon the streets whose face did not bear witness to the ravages of this disease, and when so great was the dread of it that Lady Mary Wortley Montagu inoculated her own son with the virus of small-pox in order to minimize the horrors of the dreadful malady. The Ideal Physician stands above the passion and prejudice of the hour, calm and serene, armed with relentless fact and unanswerable logic with which to smite the head of error. And it is his privilege, as it is his duty, to stand for the right, to silence the brazen voice of ignorance, to fan the flame of learning, and keep it alive from generation to generation.

To-day there is a confusion and bewilderment in the public mind, perhaps never before equalled, in all matters relating to the treatment of disease. The newspapers have to a large extent usurped the functions of the trained physician through the publication of advertisements which, with all the resources of a pseudo-science, the testimonials of clergymen and politicians, and the adroit cataloguing of symptoms, excite the credulity and cruelly trifle with the hopes of millions of sufferers. The press, by its alliance with irregular physicians, is absolutely undermining the confidence of the people in the value of the services of educated physicians, reducing their emoluments, diminishing their importance in their respective communities, robbing them of the rightful returns to which a long career of study justly entitles them, and actually, in many instances, holding them up to laughter and ridicule. The mere statement of the situation would suggest an *opera bouffe*, were not the conditions so charged with an indictment of the supineness and indifference of a great profession under a concerted attack from an alert and watchful enemy—a veritable Gulliver in the toils of the Lilliputians. This is not the time to relate the catalogue of abuses which threaten to undermine the importance of our profession, except as it inci-

dentally illustrates my theme. Or when confronted by the evils which afflict us shall we say with Hamlet—

“ rather bear those ills we have,  
Than fly to others that we know not of,”

or shall we seek a method of preserving our ancient importance, and minimizing the dangers which beset us ?

I have already sought to indicate the direction toward which we must look. The first necessity is a raising of the standard of educational requirements, the second is absolute and entire harmony in the profession, and the third is an increased public activity upon the part of the medical profession. There is scarcely any legitimate result that may not be attained by determination when directed by wise counsels. Hitherto, it will be granted, these conditions for self protection have not existed. Educational requirements have not been high, harmony has been notoriously lacking, and public activity rare and often ineffective.

The Ideal Physician will find time to correct abuses, and as the type grows and develops, as it is sure to do, he will be found, in increasing numbers, representing his district in the legislature, and working to stem the flood of evils that threatens to overwhelm the profession. There is scarcely an interest that does not have its compact and formidable body to argue its case before the great and general court. Only the physician, relying upon his rectitude of purpose and devoted to his professional work, trusts that in the fierce and unscrupulous competition of life his rights will remain unabridged. The history of the past disproves it, and on the one hand, the greed of great corporations bent on exploiting remedies, and, on the other, the horde of irresponsible charlatans casting their nets in every direction and catching great hauls of unhappy gudgeons, are hopelessly bewildering the public mind, which, in despair, has ceased to discriminate, and now heaps together all—educated and uneducated, responsible and irresponsible, great corporations and curb-stone peddlers,—in one indistinguishable mass of unscrupulous deceivers, whose motive is to exploit the sick for purposes of gain. This is



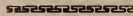
the most discouraging aspect of the situation, that the laity have ceased to discriminate between educated counsel and uneducated counsel, and again and again in our presence unblushingly quote as authority notorious charlatans, as to whose reckless character, but for newspaper support, there could be no question.

Out of this wilderness of confusion the Ideal Physician is destined to lead the profession. In his own person and accomplishments he will typify the kind of physician in whom the public may absolutely confide; in his relations with his fellows he will typify the absolute and imperious necessity of harmony, and in his relations with the community he will develop the art of leadership and illustrate the advantage of public spirit. In the United States Congress and in the legislatures of their respective States, an increasing number of energetic and intellectual men of professional training, moving with the resistlessness of a Macedonian phalanx, because of the energy of a clearly perceived and united purpose, will rescue the profession from its equivocal position and lift it to the commanding station which it should occupy in every community.

It is idle to suppose that this renovation is to proceed from the outside. Legislative bodies will not spring to the defense of the medical profession. It must find within itself the energy to defend itself against attack, to heal internal dissension, to lift the standard of scientific attainment, and to demonstrate the unmeasured beneficence of its mission to the human family. For through all the mutations of civilization and all the vagaries of its own career, its central aim and purpose have been to save human life, to relieve human suffering, and to make more tolerable the conditions of human existence. In the accomplishment of this mission its devotees have surrendered their own health and comfort, furnished the most conspicuous examples of unostentatious heroism and self-sacrifice, and with rare self-abnegation in an age characterized by almost universal self-seeking, pursued investigations, the ultimate consequence of which is to efface their own office in society. Saviors of men and saviors of society whose

mission is almost wholly altruistic, the great body of regular physicians deserve better than to be obliged to enter the arena in self-defense against the mercenary forces which threaten them with destruction.

It is nevertheless true that the contest is demanded, and as great occasions give birth to great men, so here the crisis will produce those whose endowments, equipments and tastes will lead them to assert for the medical profession the rights which it claims and the consideration to which it is entitled, and will place it where, as possessing a knowledge of the most intimate and important laws of physical well-being, it rightfully should stand, in an unquestioned and undisputed primacy over all that concerns the life and health of the nation.



**Simple Water Test.**—Into a ground-glass, stoppered, perfectly clean bottle put five ounces of the water to be tested. To the water add ten grains of pure, granulated, white sugar. Cork tight and set in a window exposed freely to light, but not to direct rays of the sun. Do not disturb the bottle, and keep the temperature as near seventy degrees F. as possible. If the water contains organic matter, within 48 hours an abundance of whitish specks will be seen floating about, and the more organic matter the more specks. In a week or ten days, if the water is very bad, the odor of rancid butter will be noticed on removing the stopper. The little specks will settle to the bottom, where they appear as white flocculent masses. Such water should not be used for potable purposes.—*Iowa Health Bulletin.*

## The Thurber Medical Association.

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*By J. M. French, M. D., Secretary, Milford, Mass.*

The Thurber Medical Association was organized at Milford, Mass., June 9, 1853, and is probably the oldest local medical society in the State, outside the large cities.

It was formed to meet the needs of a considerable number of physicians who were so located as not to be able conveniently to attend the meetings of the state and district societies. The original members were all members of the state society, and for many years this was required by constitutional provision. Some years ago a change was made in this respect, and all reputable regular physicians who can pass the ballot are now eligible to membership.

The association was incorporated in 1854, and has a library of over 1200 volumes, with invested funds for its replenishment.

It has regular monthly meetings, devoted to the consideration of those subjects which are of the greatest interest to the general practitioner. Its meetings are of more value to its members than are those of many larger and more pretentious societies, since there is greater opportunity for the development of the individual members. The plan adopted several years since of selecting some journal to publish regular reports of its meetings and most of the papers read before it, has led to a more careful preparation of papers, and an increased interest in the work of the society.

## The Medical Society.

*By F. T. Rogers, M. D., of Providence, R. I.*

RESPONSE TO A TOAST AT THE FIFTY-SIXTH ANNUAL DINNER OF THE  
THURBER MEDICAL ASSOCIATION, AT MILFORD, MASS.,

OCT. 12, 1899.

*Mr. Chairman and Fellows of the Thurber Medical Association:*

I trust it is not necessary for me to dwell upon the pleasure I have felt in renewing the acquaintanceship formed three years ago or the appreciation of the honor done me in the invitation so cordially extended. My acceptance, my interest in the papers read and the justice done your ample hospitality at this board is evidence of how much I have enjoyed this meeting and it seems a poor requital of your kindness to inflict upon you a speech, for medical men are as a rule poor speakers. They do not want to talk shop, few can be eloquent and are apt to make breaks like the medical student who undertook to teach a Sunday school class and, in telling of his technical knowledge got ahead of his theological, and related how Esau sold his afterbirth for a bottle of potash.

Most professional men have their hobbies and it is a good thing to ride one if it is not ridden to death. Something to take one's mind from the routine of professional duties is a necessary adjunct to every successful practitioner. Two topics allied to medicine in a sociological view have afforded me much pleasure during the last ten years of a busy life and one is the medical society in its relation to the medical profession. It, therefore, affords me much pleasure to respond to this toast although I may not be able to say anything new or impart any valuable information. Without wasting time in platitudes or swamping my ideas in a flow of language I may say that I do not believe we are getting from our medical societies all the good there is in them.

I do not believe that the societies to-day adequately represent the profession of medicine and I beg to suggest to you certain lines of work which will, in my opinion, redound to the credit of both. They are based upon a somewhat critical review of nearly twenty years' experience as a member of one or another local society and a careful study of the conditions existing in other cities and the work done by their local societies, but in no sense do I desire to stand as a mentor or an unfair critic.

I take it that there is no difference of opinion in regard to the *raison d' être* of the local society. It is primarily for the benefit of the profession, and secondarily for the benefit of its members—never for the aggrandizement of personal aims or the furtherance of political schemes. Its first aim should be scientific work, then protection to its members, and last, social enjoyment.

In what way can we increase the scientific value of our meetings?

A review of the papers read before the average society reveals a dearth of original work, a mass of text-book compilations, a few interesting cases, fewer interesting specimens presented, and a lot of work which bears on its face evidence of haste in preparation and followed by a totally inadequate discussion.

A member promises a paper. He delays to the last minute its production. He cribs freely from text-books and medical literature, and the so-called discussion when evoked is merely complimentary, in the stereotyped phrases we know so well,—that the speaker has listened with pleasure to the excellent paper of the evening but he does not know that he can add much to it; he, however, remembers a case—or he thinks he does—etc., etc., and then goes off into a rambling talk which serves but one purpose, to steer further discussion so far away from the original topic that it is effectually lost and, when fished out at the end of the meeting, its own father would not know it. When this occurs, and it does occur frequently, the writer of the paper

vows he will never prepare another. In many cases he never does and in some cases he ought not to for they are unworthy of him or his ability.

There should be a premium on original work, and it would be a wise move if a society should at its annual meeting award a prize to the member who has, during the year, presented the most meritorious paper. This need not be large but should be distinctive, a set of medical books, a certificate or a medal, and the cost if deducted from the entertainment fund might prove an incentive to better work and would surely leave no perceptible void in the stomachs of the members.

Such an award might be made by vote of the members at the annual meeting, and who can estimate the pride one would feel in such an expression of appreciation.

A further incentive to good work may be found in a systematic consideration of that which is new in the various branches of medicine and surgery. Twenty minutes of each meeting, or one meeting with that time allotted to the different topics would serve to call attention to all that was new and worthy of comment. Such a plan would involve some work in preparation, careful reading and a choice of words, but would effectually bar the report on progress, which consists merely in the reading from medical journals of articles already seen by many.

Papers to be of value should be adequately discussed, and no man can in a few extemporaneous remarks do justice to a paper which has occupied many hours in its inception and production. To this end, in my opinion, each reader of a paper should be required to furnish to the Secretary in ample time either his manuscript or an abstract from it, which should be given to the members who are to discuss it, and their duties should be no less plain than those of the original writer, and a careful preparation should be made. Discussion should be brief but to the point. It should cover the topic under discussion and no others, and a strict adherence to this rule will do more to make our meetings of interest than almost any other feature.

It has been found eminently satisfactory in some societies to devote an evening to a subject, having several short papers upon its various features, with some one in readiness to discuss each. Long papers should be tabooed.

One commendable action was that of a society which devoted an evening to the report of failures in treatment and errors in diagnosis. It is admitted that we all make mistakes. It is not generally conceded that medical men are willing to confess them but among ourselves honest confession is good for our confrères as well as our souls.

The selection of interesting topics, the preparation of good papers and their thorough discussion, will arouse interest which is now lacking.

A society, to do justice to itself, should publish its transactions. No other feature will do so much to elevate the standard of work, to encourage original investigation, to necessitate thorough preparation and evoke good discussion as this. If this is not done, a member knows that what he says will soon be forgotten, and he is careless in his speech and slack in its production. Let his remarks be taken by a stenographer and afterwards displayed in cold type and he will be more careful of what he says. Many a man who has read a paper before a society would be ashamed to allow it to be printed as a sample of what he could do in a literary or scientific way.

In what way can we make our Society of greater value to the members?

There is no class of men so imposed upon by shrewder but no wiser men, no profession so easy to take advantage of as the medical. We think we know what we want, but we do not know how to get it. There are abuses everywhere, our medical laws are inactive, quackery is as rife as ever, our State Boards of health hampered in their endeavors to enforce the law, and all because concerted effort is directed against disconcerted. Our enemies are a unit in action, we are only united in thought. I question greatly whether the quacks which formerly did a land

office business did any more harm five years ago than do the evaders of the law now. We see every day flagrant violations and are apparently helpless.

Druggists prescribe for ailments, diagnose ruptures, sell toxic drugs to drug habitues, examine eyes and prescribe glasses, vaunt so-called hernia cures and own the cure, and do a hundred things daily which are in the province of the physician and against public health. To meet just such conditions, to promote the welfare of the public and to protect our own interests is the duty of a local society, and in just that way by concerted action and continual vigilance to benefit the members.

Scoffers will say that this is trades-unionism, but it is not. We all know that every violation of the law in the instances just mentioned, instead of taking a patient from the doctor, ultimately brings one to him. It is the public and laity which suffer, and an endeavor to correct such abuses is not to be ascribed to personal and petty jealousies or a desire to restrict freedom of thought or action at the expense of the doctor's pockets. There is a higher ground which nevertheless has a practical side. The hospital abuse—and no city has taken more advanced grounds than Providence in an endeavor to correct the evil—needs but one thing to make the plan ideal, and that is the co-operation of the profession. Just so long as we attend patients, render bills for our services and exact payment and, at the same time, advise them to go to hospitals for additional or extraordinary attention because it is free, just so long will we have to deal with the dispensary abuse.

The ethical questions which arise in every day life, the disputed point of fees in consultation—whether it should all go to the consultant or not, the advisability of turning a patient to a specialist for operation and having the glory and cash redound only to his credit, the question of contract work, the furnishing of certificates of illness to patients who draw a weekly stipend but who fail to pay the doctor, the whole question of bad bills and how to collect them, are all subjects which concern us deep-



ly—all questions which for satisfactory solution require open discussion and concerted action, and nowhere else can they be solved so readily as in the local society. It is just here that the ideal local society can be of benefit to its members.

Let such subjects be discussed, let there be committees to investigate abuses and recommend action, committees to settle disputed ethical points, committees to regulate if possible unfair fees and collections of our accounts. Such things are done elsewhere and when action is taken by such societies it meets with immediate recognition by the authorities as representing the opinion of a learned profession and emanating from no personal aim, but solely in the interests of public welfare, the guardians of which we are in matters of health.

I have but one suggestion to make in regard to the social function of such a society. Sociability and stomach go together, and it seems impossible to separate them in this our native land, but once a year let us have a dinner, served as we all like to have a dinner served, at which we may sit with enjoyment, and when cigars are lit to have a few able speakers on medical topics, not necessarily technical but interesting, not long speeches but witty, and let this annual dinner be a culmination of a year's successful work.

Gentlemen, this is not fault-finding, nor is it indigestion. We can do better work, and I beg to deny any intention of offering unsought advice,—but think of it.

## Milford---The Home of the Thurber Medical Association.

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The town of Milford was incorporated April 11, 1780. At that time the population was 760, and the meeting house was the only public building. It is comparatively a small section of what, two centuries ago, was called "the Nipmuck country," because owned aboriginally and inhabited by several clans, or hordes, of Indians bearing the general designation of Nipmuck. Its territory at the present time comprises an area of over nineteen square miles, or about 12,170 acres. It is about six miles in length with an average breadth of a little over three miles.

Milford lies in the southeasterly part of Worcester county, skirting on Middlesex and Norfolk counties. Its nearest approach to the sea coast is in the direction of Providence, R. I., a distance of 22 to 25 miles. It is bounded on the north by Hopkinton; east by Holliston, Medway and Bellingham; south, southwest and west by Mendon; and northwest by Upton. From its county seat at Worcester, it lies southeast about eighteen miles. It is nearly equi-distant from Boston and Providence, being 30 miles from the former and 25 miles from the latter city. The average altitude is a trifle less than 473 feet, the maximum being 637 feet 9 inches, and the minimum 308 feet.

There are two small rivers in the town, one of which, the Charles, rises in a large swamp near the Hopkinton line at a point 432 feet above the sea level. The other stream, Mill River, is the outlet of North Pond, and falls 137 feet 9 inches before it escapes from Milford's boundaries, affording eleven mill sites and flowing southerly into the Blackstone River at Woonsocket, R. I.

One significant effect of these two rivers is to divide the town into three sections, of which by far the most important is that between the Mill and Charles rivers. This section is six miles in length and from one to two miles in width. It contains

a great deal of arable land, but is also noteworthy for some very pronounced eminences from which beautiful views are obtainable. Tunnel Hill is 616 feet above the sea, Silver Hill about 587 feet, and Magomiscock, which still bears its aboriginal name, 637 feet 9 inches. Properly speaking this is a range of highlands rather than a hill, for it is some two miles in length and descends gradually on all sides, its apparent height being thereby greatly diminished. The view from this summit on a clear day comprises the Blue Hills of Milton, Wachusett, Monadnock and other famous heights, and is one of the most picturesque of its kind which the State affords.

The westerly section has a length of four miles and a width of 150 rods, a small portion of it being good farming land, but most of it is swampy, rocky or woody. The "Rocky Woods," "North Cedar Swamp" and "Great Meadow" are prominent portions of this section, which, as may be imagined, are not especially adapted to agriculture, although the eastern frontier bounds a range of good farms.

Milford has no natural wealth of any kind with the exception of the extensive deposits of granite found in the northern portions of the town. This stone is now largely quarried by six different companies, and Milford granite has earned a high and recognized position in the nation's markets. The town, however, has always been very widely known as a "shoe" town, and has several large factories here that turn out a vast number of fine grade shoes.

The town is well supplied with railroads, having three competing lines, and two good electric street railways, one connecting Milford with Hopedale, Holliston and South Framingham, and the other connecting Milford with Caryville, West Medway and Medway Village. The town is also noted for its well lighted streets and its many miles of concrete sidewalks. It has a fine water works system, and the water is acknowledged by experts to be as good as any in the State.

Few towns of its size have better schools than Milford. Her citizens take much pride in these institutions and expend annually about \$30,000 for school purposes. There are sixteen school buildings. The high school prepares its scholars by a special course for college, if pupils so elect. Music and drawing are also taught in the Milford schools. The town is also proud of its free public library, which is located in the beautiful Memorial Building, and contains over 11,000 volumes.

Milford is amply provided with fine churches, the Congregationalists, Methodists, Baptists, Catholics, Universalists and Episcopalians all having houses of divine worship.

The town's banking facilities include the Milford National Bank, the Home National Bank, the Milford Savings Bank and the Milford Co-operative Bank, all of which are excellently managed and enjoy the confidence of the public throughout this section.

Milford has a fine half-mile race course within a mile from the postoffice, and a large public park right in the centre of the town. Also a modern theatre with a seating capacity for one thousand persons, eight public halls, numerous social clubs, and all the leading secret societies.

Our fire department has the reputation of being one of the most efficient of any town of Milford's size in the country. It has over 100 call men, a fire alarm telegraph system of sixteen boxes and over eighteen miles of wire, three modern hose wagons, two steamers and one hook and ladder truck.

The population of Milford is about 12,000. The valuation of the town, as given by the assessors this year, is \$5,499,275, and the tax rate is \$17.50 on the thousand.—*Abstracted from a souvenir edition of the Milford Daily News.*

## Thurber Medical Association.

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A regular meeting was held on Thursday afternoon, November 2, with the following programme :

*Alkaloidal (Dosimetric) Medication; What it is; What it is not, and some of its advantages.* By Dr. J. M. French of Milford.

*A Few Alkaloids and How I Use Them.* By Dr. N. W. Sanborn of Wellesley Hills.

*The Dosimetric Treatment of Typhoid Fever.* By Dr. William L. Johnson of Uxbridge.

The papers will be published in an early number of the MONTHLY. The discussion which followed their meeting was the most animated of any which has engaged the society for years. The traditional gentleman who "has enjoyed the reading of Dr. Blank's paper very much, considers it an able and eloquent presentation of the case; concurs in the sentiments of the writer, and can add nothing to what he has said"—this gentleman was not even present at this meeting. Instead of such platitudes as these, there was plenty of discussion, of criticism and especially of disagreement. The size of the standard alkaloidal granules, the composition of the "dosimetric trinity" granule, the commercial methods of Messrs. Wagh-Abbott of the Alkaloidal Clinic and especially the claim of the dosimetrist to jugulate fevers—all those and most of the other dosimetric peculiarities, came in for lively and general criticism. It was a stand-up, hand to hand contest, in which all present took part, but strange to relate, none were injured, so far as reported. The essayists, at least, came out in good condition, and are ready for another contest whenever duty calls.

Dr. Lewis of the MONTHLY was present at the meeting and interested the members by a statement of the policy and prospects of the journal, his plans in relation to certain contemplated

improvements, and his relations to the Thurber Medical Association.

The president announced the following committees :

*On Programme*—J. M. French of Milford, W. L. Johnson of Uxbridge, N. C. B. Haviland of Holliston.

*On Membership*—W. W. Browne of Blackstone, H. L. Keith of Milford, C. B. Hussey of Franklin.

*On Finance*—A. J. Gallison of Franklin, C. D. Albo of Milford, LeGrande Blake of Milford.

The next meeting will be held December 7.

J. M. FRENCH, Secretary.

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### **Strong Alcohol a Powerful Antiseptic.**—Dr.

H. J. Garrigus commended very highly the simple but very original and weighty advice, to discard the first knife as soon as the skin incision had been made, in order to avoid that very troublesome source of infection—the deeper layers of the skin. He said that it had been proved experimentally that by only moderately loud talking, germs might be projected from the mouth a distance of several yards. One of the best ways of cleaning the skin was by the application of 95 per cent. alcohol. It was an old and tried remedy, and in some clinics was accorded a very high place as an antiseptic. It should be rubbed well into the skin and under the finger nails by means of pieces of flannel.—*Medical Record*.

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## **EDITORIALS.**

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### **A Society that Fulfills Its Mission.**

The editor had the pleasure a few weeks ago of being present at the regular monthly meeting of the Thurber Medical Association. Since this issue is largely given up to the papers and transactions of this excellent society we cannot forbear saying a few words anent the organization. First and foremost we want to register the statement that what little faith we had in the liberality and broad-mindedness of medical men has been greatly increased. If any body of medical men in this good land can maintain and continue a medical organization such as we were

introduced to in the shape of the Thnrber Medical Association there must still be "corn in Egypt." No organization could do the work this society is doing without the united and unselfish efforts of its members. Therefore we say that if there are men who can subordinate their personal selfishness and personal ambitions to the extent of permitting their society to live from month to month, yes, year to year, and not turn and rend it whenever their ideas are crossed, then there is more good in the profession than we thought.

The Thnrber Medical Association is strictly a local organization. Its members all live within a radius of a few miles but recognizing the fact that each member however near, is having his own experience and seeing things in his own way they meet once a month for an interchange of ideas on some live subject. That great good should come from such meetings everyone knows and that it does come from the Thnrber Medical Association meetings is a most evident fact. Too often, however, the benefits that should come from medical society meetings are never realized and this result, alas, is the common one. Medical men are as a class inordinately jealous of each other, and simple things viewed through the green eyes of this peace destroyer, Jealousy, become monstrous insults and grievances. Petty matters assume ridiculous proportions and where there is a medical society meeting oftener than once a year, it is soon wrecked on the shoals of personal disputes and dislikes before it has been able to accomplish any real good.

The Thnrber Medical Association has no such history. The integrity of its membership is as solid as it was ten years ago and the quality of its work has never depreciated. It is accomplishing much for the community it honors since its members are being benefited and the better doctors a community has the safer are the people.

God bless any organization that not only has a mission but is fulfilling it. The Thnrber Medical Association comes under this category in the fullest sense of the statement.





MEDICAL ABSTRACTS.

**Medicinal Properties of Onions.**—Onion are a kind of all round good medicine. A whole onion eaten at bedtime will, by the next morning, break the severest cold. Onions make a good plaster to remove inflammation and hoarseness. If an onion is mashed so as to secure all the juice in it, it will make a most remarkable smelling substance that will quiet the most nervous person. The strength of it inhaled for a few moments will dull the sense of smell and weaken the nerves, until sleep is produced from sheer exhaustion. It all comes from one property possessed by the onion, and that is a form of opium.—*Win- nipeg Lancet*.

And to the above we might add that in addition to breaking up colds, we have known onions to even break up families and engagements. We heartily coincide with the statement that a mashed onion “makes a remarkable smelling substance,” for we have noticed its redolent odor many times on the breath of our patients and friends, and marveled at its remarkable staying qualities. Our genial contemporary fails to mention the official preparation of onions—*Onion et whiskey Comp.* It is a combination hard to beat in all conditions requiring the united strength of two potent remedies.

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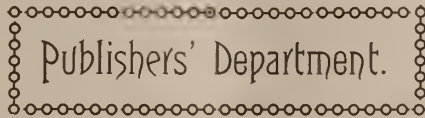
**Massage of the Abdomen in Deficient Lac- teal Secretion.**—Schein lauds massage of the abdomen to increase a deficient lacteal secretion. It should be practiced daily for half an hour, or an hour, the movements being made upward from the pelvis to the breasts. With this may be associated massage of the breasts themselves. Schien’s explanation is that the function of the mammary glands is intimately connected with

the amount of blood brought to these glands from the genital organs by means of the vessels of the abdominal walls.—*Jour. Med. de Paris.*

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### Method of Using Protargol in Gonorrhoea,

—Dr. J. Stephen Nagel, (The Plexus, June 1899) on the ground of fifty cases successfully treated with protargol, formulates the following general plan of treatment. The protargol injections should be commenced as soon as the discharge appears and continued as long as the microscope shows any of the gonococci present. The treatment should be started with a one-fourth of one per cent. solution in distilled water, to be used in a blunt pointed hard rubber or glass syringe. The patient is instructed to inject one syringeful every four hours day and night and to retain it in the urethral canal by compressing the meatus for two or three minutes. At the end of five or six days the strength of the solution should be increased to one-half of one per cent. and during the following five or six days the interval between the injections should be lengthened to six hours, and the solution retained for four or five minutes. The amount of protargol should again be increased to three-fourths of one per cent., the interval lengthened to every eight hours, and the period of retention to six or eight minutes. If at the end of the third week a few gonococci are still present injections of one and one-half per cent. should be used twice daily, to be retained in the morning for ten minutes and in the evening for fifteen minutes. In following up this method of treatment an uncomplicated case of anterior urethritis can, in the majority of cases, be entirely and permanently cured in from fifteen to eighteen days.



Publishers' Department.

**A Text-Book of Ophthalmology.**—By Dr. Ernest Fuchs, Professor of Ophthalmology in the University of Vienna. Second American edition, translated and revised from the seventh enlarged and improved German edition, by A. Duane, M. D., assistant Surgeon, Ophthalmic and Aural Institute. New York. Svo. Cloth, \$5.00; sheep, \$6.00. Sold by subscription.

There are few Ophthalmologists better known to the scientific world than Dr. Ernest Fuchs. His contributions to the science of optics and the knowledge of diseases of the eye have made him famous, and no one questions the statement that he has done as much if not more than any other one man to advance the standard of ophthalmology. Consequently any work written by him is sure to prove a success and become an authority.

That the first edition of Dr. Fuchs's book was a success none can deny. For seven or eight years the various German editions have held high rank in ophthalmic literature and it has been a favorite reference work with nearly every one making eye work a specialty. The rapid advances made in ophthalmic science and the many new ideas concerning the pathology and treatment of eye affections which the last few years have witnessed, have occasioned the necessity of a new revised English edition of Fuchs's work. No better exponent of modern ophthalmology could be found than Dr. Fuchs since he personally is responsible for much of the progress that has been made in this specialty and many who are not conversant with German will appreciate Dr. Duane's efforts in rendering Fuchs's latest work accessible.

We are not afraid of contradiction when we say that this book is the best one volume work yet published on the subject. It is essentially a book for the specialist but the general practitioner will find that its arrangement of text and completeness make it

an ideal work for special reference. The typography is finely executed and the illustrations while not as elaborate as some other works on the eye are well calculated to efficiently elucidate the text. We sincerely recommend the book to all who are looking for a complete authoritative treatise on the eye and its diseases.

\*\*\*\*\*

### **A Compend of the Practice of Medicine.**

By Daniel E. Hughes, M. D., Physician-in-chief, Insane Department, Philadelphia Hospital, etc. Sixth Physicians' Edition. Thoroughly revised and enlarged. Including a section on Mental Diseases and a very Complete Section on Skin Diseases. Philadelphia: P. Blakiston's Son & Co., 1899. Pp. viii-9 to 625. [Price, \$2.25.]

Of all books dear to the medical student as capable of lightening his heavy burden and leading him out of the maze of scientific knowledge he is so continually getting into, this book by Hughes easily stands first. To the senior student preparing to launch himself on an innocent and unsuspecting public, it is his bible, prayer book and encyclopædia all combined. His medical salvation is pinned to its well worn pages and what Hughes says—goes. After his graduation it is safe to say that no book is so frequently consulted and no book gives him more knowledge and therefore confidence in himself.

We know well whereof we speak for we have more than once hied ourselves home with a frantic desire to know what Hughes had to say about some disease. And how easy the diagnosis seemed after reading Hughes. Doubts and fears vanished as by magic and our patient was saved. We say with all our heart, God bless Hughes' Practice. It is our mascot.

\*\*\*\*\*

### **A Compend of Gynæcology.**

By William H. Wells, M. D., Adjunct Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic, etc. With illustrations. Philadelphia: P. Blakiston's Son & Co., 1899. Pp. xii-17 to 279. [Price, 80 cents.]

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This is truly an excellent little volume. A perusal of its contents satisfies us that it amply merits the widespread popularity it has won. It is essentially a compend for the use of students of medicine, but we are convinced that the practicing physician will find much in its text of value and profit. It is unusually complete and it is surprising how much information has been crowded into a small compact space. Its low cost puts it in reach of every medical student who should not only own one but consult it freely.

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## READING NOTICES.

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### DISINFECTION, DEODORIZATION, ISOLATION.

“In the sick-room and household I find Platt’s Chlorides cleanly, convenient and reliable for all purposes of disinfection, deodorization and isolation.” Marcus P. Hatfield, M. D., Professor of Diseases of Children, North Western University, Chicago, Illinois.

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I. N. LOVE, M. D., St. Louis :—“Maltine with Creosote” is indeed excellent. It practically solves the problem of the proper administration of creosote. Creosote is a rank disturber of digestion, but when combined with that great digestive agent, Maltine, the thing is done.

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I had rather a queer experience with your sample of Ecthol. I took it 20 miles north and gave it to Nicholas Diaz. He had scrofula for four years and has paid out in that time over \$1,000. He took a teaspoonful every two hours for four days, after that a teaspoonful every four hours until he had used two bottles. He walked in here to-day, cured. All signs of swelling and those awful scrofula sores and blotches on his face are gone. Of course his soft palate was destroyed by the disease long ago, and he thought I could make him a new one, I replied only God can do that. He paid me enough so I can buy more of your remedies, and I shall keep a supply on hand. I buy from Dr. Barry of Durango, Mex., who orders for me from San Antonia, Texas.

CHAS. A. BAILEY, M. D.

Canatlan, Durango, Mexico, Sept. 29th, '99.

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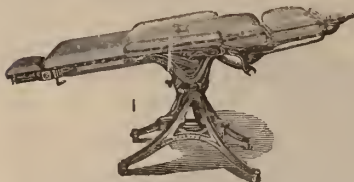
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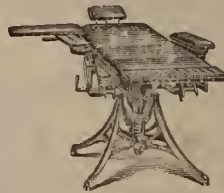
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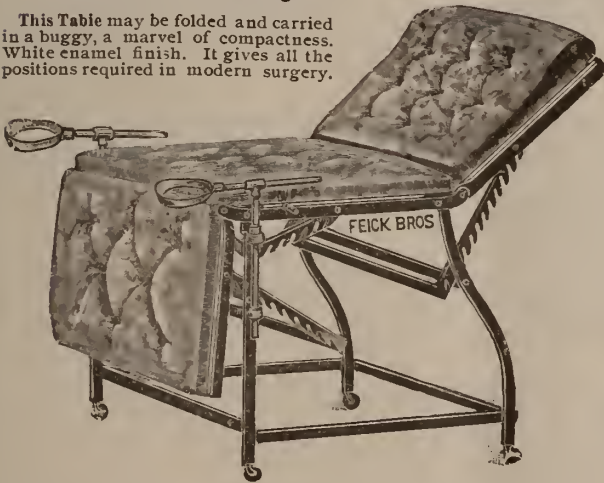


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VERMONT

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Vol. V.

December, 1899.

No. 12.

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*Try it in Dyspepsia* or Malnutrition of young or old, and watch the recuperation of the paralysed alimentary powers.

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*Official Organ of the Vermont State Medical Society and Thurber Medical  
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## ALKALOIDAL (DOSIMETRIC) MEDICATION.

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### What it is ; What it is not ; and Some of its Advantages.

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*J. M. French, M. D., Milford, Mass.*

Dosimetry—also known as alkaloidal medication, or alkalometry—does not claim to be a new school of medicine, or even a complete system of therapeutics. There has indeed been a tendency on the part of the French practitioners with whom the system originated, to elevate it to the dignity of a school or sect. This tendency has, however, been successfully resisted by its American advocates, who hold that there should be but one school of medicine, broad enough to contain every scientific investigator, and all kinds of rational practitioners of the healing art.

It does not claim to establish any infallible law, or to be of universal applicability. Hence it does not antagonize other methods, but rather supplements them. It does not indeed claim to present anything essentially new in therapeutics but only to furnish a convenient and accurate means of applying things

already known. It does not require, to any considerable extent, the unlearning of things once learned, or the acquisition of any new science. It does, however, allow some of the knowledge already learned to pass into "innocuous desuetude," and it does call for a more careful and accurate study of therapeutics. It does require, as absolutely essential to its successful practice, a definite knowledge of the chief physiological and therapeutic effects of every drug employed.

It does not deal, to any considerable extent, with new remedies; for the principal agents it employs are old and tried ones, whose value has been proved by constant use, and is acknowledged by all.

Its fundamental principle is *the use of active principles, in accurately measured, minimum doses, repeated at such intervals as are necessary to secure and maintain their effects.*

Around this principle—which was first developed by Burggræve of Ghent, something more than fifty years ago—there have grown up certain accessory principles, favorite remedies, and convenient methods, such as the importance of the vasomotor system, especially in the onset of acute disease; the possibility of jugulating fevers; the importance of intestinal and systemic antiseptics; with the use of sulphocarbolate of zinc and calcium sulphide as the chief agents respectively for bringing about these conditions; and the almost universal use of the purified effervescent sulphate of magnesia as a laxative in nearly all diseases. These while not strictly essential or wholly confined to alkalometry, are yet commonly associated with it in practice. Let us first consider the separate element of the dosimetric principle.

(1) *The use of active principles.* These, though largely alkaloids, glycosides, or concentrations of vegetable remedies, are not entirely so, as many of the most highly prized remedies of the dosimetrist consist of active mineral substances, animal extracts, and the products of the chemical laboratory. In case of the vegetable remedies, instead of using the crude drugs or their

galenical preparations, whether in the form of powders, extracts, herbs or tinctures, whose strength varies with different specimens, and which sometimes contain elements of diverse and even opposite nature, occurring in varying proportions in different specimens, dosimetry employs the characteristic active principle, for the purpose of obtaining definite and uniform results.

(2) *Accurately measured doses.* Since the drugs employed are powerful and concentrated, it is important to know the exact amount used in each case. This cannot be determined by taking up a little of a powder on the point of a pen-knife, rolling a soft mass into small pills in the palm of the hand, or taking a swallow every two hours. It is secured, however, by the use of accurately measured granules or tablets, each one of which contains a standard dose. And in the terminology of dosimetry, this standard dose, fixed by common consent for each drug employed, is always signified by the name of the drug. For example, the standard dose of aconitine is gr. 1-134, of digitalin gr. 1-67, and of strychnine gr. 1-134, and these doses are always understood whenever it is stated that these drugs are administered. This brings us to the next characteristic of dosimetry, namely,

(3) *Minimum doses.* Each granule or tablet contains a minimum adult dose, or in case of medicines prepared especially for children, a minimum dose for a child. Using these doses, there is no danger of producing any injurious effects, either with the most active drug or the most sensitive patient. Whatever the drug, whoever the patient, or whatsoever nature the disease, the standard granule is a safe dose. It has sometimes been objected by those not practically familiar with the system, on the one hand that these doses are so small as to be useless, and on the other that the drugs themselves are so potent as to be dangerous. Experience has settled this matter, however, in a way to avoid both Scylla and Charybdis, and keep in the middle of the stream. The drugs employed are active and powerful. The doses recommended are safe and effective. Nor is there any necessity for confining one's self to a single granule, in cases

where a quick effect is desired, and a larger dose is safe. The minimum dose is simply the unit, any multiple of which may be prescribed.

(4) *The repetition of the dose at frequent intervals*—or more properly, at such intervals as may be required to secure and maintain the desired effect. In acute cases, when speedy results are desired, the dose may be repeated as often as once in ten or fifteen minutes or half an hour until the effect is secured, then every one or two hours to maintain the effect. For example, to obtain the proper action of aconitine in sthenic fevers, it is customary to give the standard granule, in solution, once in fifteen minutes until free perspiration is secured and the pulse and temperature are reduced, when the interval is increased to one-half hour, or one or two hours, according to the nature of the case.

This use of drugs requires, first, a thorough knowledge of the fundamental action of the drug, in order to know what effect should be produced; and secondly, careful watching by either the physician or an intelligent nurse, in order to know when the desired effect is produced, and when to lessen the frequency, stop entirely, or change to other drugs. Also, the symptoms indicating danger, whether from idiosyncrasy or contra-indications, and demanding a prompt withdrawal of the drug.

The tendency of dosimetry is to the use of single remedies, given for definite indications. When combinations are made, they should be only for a definite purpose and of well-proven drugs. For example, the dosimetric trinity granule, which is the favorite weapon of the dosimetrist in combating fevers, contains three alkaloids—aconitine, digitalin, and strychnine. Says Shaller, the best American author on dosimetry, "In the granule known as dosimetric trinity, aconitine is an antipyretic, digitalin is a heart tonic and antipyretic, while strychnine is a heart, lung and nerve stimulant. The slight antagonism which exists between digitalin and aconitine is not sufficient to destroy the property of aconitine as a febrifuge, and the digitalin aids aconitine in reducing fever. The combined action of digitalin and strychnine

nine in sustaining the heart, and particularly the action of strychnine as a respiratory stimulant, prevents pulmonary depression from the action of aconitine."

A favorite hobby with the alkaloidal therapist—and a most excellent hobby to ride—is that of intestinal antiseptics. In the treatment of nearly all diseases, whether acute or chronic, septic or aseptic, simple or zymotic, the dosimetrist insists upon a thorough clearing out of the intestinal tract—very likely with calomel, followed by the effervescent sulphate of magnesia, or saline laxative—and next upon making and keeping the entire tract aseptic. For this purpose zinc sulphocarbolate is his favorite, or a combination of this with the sulphocarbulates of lime and soda. It might almost be said that the dosimetrist was the originator of the antiseptic treatment of typhoid fever.

Another favorite idea of the dosimetrist, and one indeed, which was considered by the founder of the system as fundamental, is that of the jugulation of fevers. Concerning this, and some other peculiarities of the system, together with some of the more important drugs and their uses, the essayists who are to follow me will give more complete and specific information.

Some of the advantages of alkaloidal medication are as follows:

(1) It gives the physician remedies convenient of administration, definite in their action, positive in their results.

(2) It enables him to keep his medicines in a small compass, and dispense them almost entirely, to save money and trouble to his patients, so that they can pay the doctor more readily. It also prevents substitution, and insures the patients' getting the medicine ordered, and getting it at once.

(3) From my own experience I can say, that in proportion as I have learned to understand and use the alkaloidal treatment of disease, in that proportion do I feel that I can treat my patients more satisfactorily and get better results in every way, than I can by the use of crude drugs, officinal preparations, and proprietary remedies.

## A Few Alkaloids and How I Use Them.

*By Nathan W. Sanborn, Wellesley Hills, Mass.*

I have got such good results from some of the alkaloids, results that did not always come when the older preparations were my form of medication, that I wish to call your attention to a few of them. All of them I have used for four years, a few for seven.

ACONITINE is an alkaloid that I should be loth to give up. Its uses are as common and every day as was the giving of calomel (and bleeding) by our predecessors.

You find in use two forms of aconitine, the crystalline and the amorphous. Either will give good results but as the dose of crystalline is only one-fifth that of the amorphous it is best to become accustomed to one preparation and depend on that. I have settled on amorphous aconitine and refer to that in the use of aconitine. Aconitine finds its indication in rise of temperature. Whenever you have fever, whether you know the cause or not, aconitine combines well with other remedies to restore health. A combination of aconitine, gr. 1-134, digitalin gr. 1-67, strychnine arsenate 1-134 gr. is often found useful in reducing intense fevers. Granules of this size I give every fifteen minutes, for four times, then every hour, until I get the desired result. I have got good results from this granule when given early in pneumonia, usually shortening the course of the disease one-half. I find many physicians with the fixed idea that aconitine is dangerous to use. I have never seen any harm from the use of it and am sure it has done much good for my patients. For children I use a solution of aconitine amorphous, twenty-four teaspoonfuls water, with as many granules as the years of the child and one extra granule for the glass. A child five years of age will require twenty-four spoonfuls water, five granules plus one, that is six granules in all. One spoonful every fifteen minutes for four doses, then every hour until skin gets moist.



Aconitine, to get the best results, needs to be given early in any disease. Educate your patients to call you early when sick. Hold out to them the hope of aborting disease if you are called in the beginning of sicknesses.

ATROPINE is an alkaloid that is worth its weight in gold in some conditions. The sulphate is the usual form of administering this alkaloid. For an adult I give every half hour a granule of 1-250 of a grain, giving less often when the physiological effects appear. I have used it with good results to lessen the night sweats of consumption. In my own case I have had successes several times in aborting "colds" in nose and throat by using atropine till I get a slight physiological effect. So many of us use atropine in connection with morphine only that we do not remember that it is also useful by itself. Quite often when called to a case of malaria I leave three granules of 1-250 grain each to be taken in hot water one hour before time of next expected attack. This brings the blood to the surface and reduces the time of chill if not aborting it entirely. In pulmonary hemorrhages I have found atropine my best remedy for arresting the flow of blood. Incontinence of urine in children is most successfully treated by atropine. Children bear good sized doses of atropine, in fact I often give full adult doses to children of six to ten years of age. In the stage of collapse in cholera infantum I have been pleased with the success following the use of atropine.

COLCHINE is an alkaloid that I find few physicians using. I should be at a loss to know what to give in its place in many of my cases of rheumatism and neuralgia. I had much rather have the results that I get from colchicine in acute articular rheumatism than from salicylic acid. Now and then I run across a case of sciatica that I can do nothing with until I begin to give colchicine.

In getting my knowledge of the use of the alkaloids in years past I am much indebted to the writings of Dr. J. M. Shaller of Cincinnati. His book on Alkaloidal Medication is a little gem and is always within reach. It can be had of the Abbott Alkaloidal Co. of Chicago, in paper binding for fifty cents, or in cloth for one dollar.

## The Dosimetric Treatment of Typhoid Fever.

*By William L. Johnson, M. D., Uxbridge, Mass.*

In opening this paper you will, I am sure, pardon a slight digression. Twenty-three years ago last May I prepared a paper for my graduation thesis at the Harvard Medical School upon Typhoid Fever. Having free access to the very complete records of the Boston City Hospital, a fair theoretical knowledge of the disease, and the ripe experience of my father, then a successful practitioner of more than forty years standing, I entered fully and minutely into the treatment of this disease, as it was then carried out. I will not go over the whole subject, but with your permission will quote a little from this thesis upon this part of the paper. "The treatment of typhoid is devoted to the one end, namely to keep up the patient's strength, till the disease has run its course. There is no drug which will *lessen*, cure or cut short the disease. The abortive treatment of this disease is not successful, except in very rare instances. The *Materia Medica* has been very nearly exhausted in an endeavor to cut short this disease. Quinine and opium in heroic doses, emetics and cathartics vigorously applied have been used to accomplish this end, but have rarely accomplished the result."

It is a reasonable inference that the medical professor of a century ago, would have unhesitatingly subscribed to the above quotation. Indeed I am fully persuaded that there are physicians of the present day who believe it to be practically true that their sole duty in the treatment of typhoid fever is to "watch and wait," allowing the fever to burn itself out and trusting to the inherent strength of nature to finally triumph over this disease. My own ideas in relation to the treatment of typhoid have undergone such a radical change within the last few years, that a comparison of the two methods offers a striking and interest-

ing example of the wonderful progress the healing art has made, even in the last ten years.

First, it may be profitable to discuss for a moment the possibility of aborting typhoid fever. Now the majority of physicians I believe do not think that typhoid can be aborted. This we would judge by their *talk*. When it comes to *action*, however, I doubt if there is a single physician during the last month even, who has not told at least one patient that he has been saved from an impending typhoid by his prompt and successful treatment, and to judge by the patient, some of our physicians deserve the thanks of the community for having saved the town from an epidemic of typhoid, that would otherwise have involved every one for whom they chanced to prescribe during the past two months. Personally I have no doubt that typhoid can be aborted. Practically I believe we are rarely called early enough to do this. The bacillus of typhoid has its abiding place in the stomach and intestines, and from here it pours its toxic product into the circulation. Now if a suitable antiseptic can be found, and can be given early enough, it is evident that a case which would otherwise have run a regular course of typhoid, will become aborted and after a brief struggle the patient will again resume his normal condition. We have such an antiseptic and have proved its worth in many a battle. Given a typical case of typhoid with those symptoms which we all know so well, what would be its dosimetric treatment and wherein is its advantage over the routine treatment?

First and often the most prominent symptoms is *Fever*. In our system of treatment this is to be actively combatted. The dosimetric rule, "To acute diseases oppose active remedies till results are obtained" is nowhere more valuable than in this disease.

The "Dosimetric Trinity," consisting of Amorphous Aconitine 1-134 grain, Digitalin 1-67 grain, and Strychnine Arsenate 1-134 grain, is to be given every hour until the pulse and temperature fall. The fever should not be allowed to rise during the

whole progress of the disease above 102° and this is the only combination that I have ever seen that will have any success in keeping it below that point. Cool baths are not to be despised as helps in this direction. Personally I always direct them to be given daily during the course of the disease, as they never do harm and always have a beneficial effect. No part of the dosimetric treatment of typhoid is more ridiculed by its opponents than is the "trinity" referred to above, but as an antipyretic it cannot be approached by any other known combination. It is used during the whole course of the disease, the aconite only being discarded as soon as the acute symptoms have subsided; strychnine and digitalin are given throughout the sickness. They are simply invaluable, supporting and strengthening the heart and keeping up the vital nervous activity of the system.

The next most prominent symptom in typhoid is referred to the *bowels*. Tympanites, pain, diarrhoea, soreness are nearly always present. For the relief of these distressing symptoms many remedies have been devised. Emetics, cathartics, turpentine, antiseptics are all recommended. I wish to call attention to what I consider the most important and best of them all, sulpho-carbolate of zinc. Too much stress cannot be placed upon its value in these cases. In Dosimetric medication if one were confined to a single remedy in typhoid it would be unhesitatingly, sulpho-carbolate of zinc. It has only been in use a comparatively few years, but I am sure I say what all physicians who believe in Dosimetry will endorse, that one who withheld this remedy in the treatment of typhoid would be criminally negligent.

Here is Dr. Waugh's tribute to this remedy, and he is of sufficient standing to make the reference valuable. "Give sulpho-carbolate of zinc at once, and often enough and in large enough doses to render the stools odorless and to keep them so. When this is done we cut off from the typhoid fever all symptoms due to the intestinal operations, and the absorption of ptomaines, and reduce the disease to the effects of typhoid bacilli that have penetrated the circulation or the tissues. We then find that our

case has lost one to two degrees of fever, the temperature invariably falling below 103°. The tympanites, diarrhœa, delirium, nervous symptoms and cardiac debility have disappeared. Pneumonia, low delirium, hypostasis, hæmorrhage, ataxy, and suppuration of Peyer's glands do not occur. The tongue becomes moist and loses its typhoid character. The disease is reduced to a harmless affair, without suppurative or other serious sequelæ. The course is shortened and its activity greatly lessened. It is now several years since I have had a death from typhoid fever; not one since I adopted this treatment. It is therefore presented confidently as a specific in this disease, the only warning being that it must be given from the first, freely and continuously." These are strong words but to their value and truthfulness everyone who has used sulpho-carbolate of zinc in the treatment of typhoid fever will subscribe.

Another remedy for occasional types of abdominal disturbance in typhoid that I cannot speak too highly of is copper arsenite. When there is much stomach disturbance, and indigestion and pain, this remedy in doses of no more than 1-250 grain every half hour till relief, has a wonderful effect. It is one of our best remedies for indigestion, and to Dr. Aulde we are gratefully indebted for bringing its virtues to the notice of the medical profession. He believes its action is in preventing decomposition in the stomach and intestines, and in stimulating the secretions of the gastro-intestinal glands. Its tastelessness, its beauty of color, and its acceptability even to the most irritable stomach are not the least of its various qualifications. It is one of the newer remedies that can be confidently recommended to any physician. Used in the proper cases it will never disappoint in its action.

Hæmorrhage is a rare disturbance in a case of typhoid, dosemetrically treated, and yet it does occasionally occur. The digitalin and the astringent action of sulpho-carbolate of zinc, both of which have been used during the course of the disease, prevents its occurrence except in rare cases. When it does the

remedy that we find the most serviceable is ergotin in 1-6 grain doses every hour until the danger is passed. I must not neglect in speaking of the abdominal treatment of typhoid, to mention seidlitz salt. In the early stages of the disease, a teaspoonful every morning in a glass of water has a most admirable action. It cleanses out the stomach and bowels, refreshes the patient, cools the over-heated system and acts freely and gently upon the kidneys. It is rarely safe to dispense with it, though occasionally a case may be conducted through without resorting to it.

The third set of symptoms in typhoid is referred to the brain and nervous system. Delirium, wakefulness, nervousness, fearfulness; how shall they be treated dosimetrically? Codeine is to my mind the best remedy, its great advantage being that it does not exhaust the patient and has no unpleasant action upon the digestive system. It should be given in doses of 1-30 to 1-10 of a grain hourly until the system is well under its influence. It is easy to believe that the course of the disease is never quite as severe when the patient is quiet and sleeps freely, as when there is continued wakefulness and much restlessness. In some cases it is necessary to give larger doses and I have frequently used 1-6 to 1-8 grain doses every hour until quiet sleep was produced, without any unpleasant action. Profuse sweating is a not infrequent accompaniment of uncomplicated typhoid and sometimes requires treatment. In these cases Hydrastine in 1-6 grain doses three times a day is of marked importance and its good effects are easily demonstrated.

Cool baths should be resorted to at once and continued daily. I prefer the sponge bath, usually direct that the water should be of the ordinary temperature and have added to it a little soda or alcohol. The clothes should be changed daily and the utmost attention given to cleanliness. The diet is of marked importance. Milk is by far the best food. If acceptable to the stomach, as it is in nearly all cases where the zinc and copper preparations are used, it is the only food required. Strained oat meal gruel, and beef tea are allowable and help out the monotony of the milk

diet; as the fever subsides egg nog is very useful. Bovine I think highly of. It combines readily with milk and is exceedingly useful.

Alcohol plays no part in the dosimetric treatment of typhoid. Indeed I am fully persuaded that its use is comparatively infrequent now by every physician. With such reliable stimulants as strychnia, digitalin and glonoin; with such safe anodynes as codeine; with such guards over lung complications as emetin and calcium sulphide; with such digestive assistants as copper and zinc, it is indeed not strange that the physician can find no reasonable indication for the use of alcohol, and I do not fear to assert that the results obtained are in some measure due to the withholding of the drug. Negative virtues are often no less praiseworthy than positive ones.

I have now given what I consider the distinctive features of the dosimetric treatment of typhoid, not claiming to have entered fully into the general treatment, for that is well known to all of you, but simply to show wherever it differs from the routine treatment as laid down in our text-books. I have not touched upon the treatment of the various complications that we constantly meet, but I fear this would overtax your patience. A concise summary of the dosimetric treatment of uncomplicated typhoid would be as follows:

Sulpho carbolate of zinc in grain doses every one to three hours, early, and continuously.

The "trinity" for fever throughout the disease, given frequently enough to keep the pulse regular and the temperature below 103°.

Arsenite of copper and codeine at intervals as they are demanded.

Seidlitz salt in teaspoonful doses every morning.

Milk diet, cool sponge baths—no alcohol.

This method offers infinite advantage over the routine treatment of watching the disease and attacking unfavorable symptoms. Compared with the much lauded "Woodbridge" treatment it is simplicity itself—more effectual, producing better results and far less complicated. If a trial can only be induced of it I have no fear of the results.

## Thurber Medical Association.

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At a regular meeting held December 7, the topic for consideration was "The Treatment of Pneumonia." A paper was read by the Secretary on "The Treatment of Acute Croupous Pneumonia by the Members of the Thurber Medical Association." This paper was in the nature of a collective investigation report, and gave a summary of the answers given by thirty members of the Association to a series of twelve questions concerning their methods of dealing with the various phases of the disease. The questions were as follows :

1. Do you believe it possible to abort, jugulate, or break up pneumonia in its early stages? If so, what means do you use for this purpose, and with what success?
  2. What is your practice with reference to local applications, such as blisters, mustard plasters, poultices, liniments, and the cotton jacket?
  3. What rules do you make with regard to diet?
  4. What means do you rely upon to sustain the heart?
  5. What remedies do you chiefly use to reduce high temperature?
  6. What is your practice with reference to expectorants and cough remedies?
  7. Do you ever bleed in pneumonia? If so, when and with what results?
  8. What is your practice with reference to opiates?
  9. When and to what extent do you use alcoholics?
  10. Do you ever use the cold bath, or local applications of ice to the chest?
  11. What other special methods do you use?
  12. What peculiarities or strong points in your treatment?
- The answers to these questions gave a sort of composite photograph of the practice of the members of the association in



cases of this disease. On many essential points there was substantial agreement, as, for example, in the use of strychnine to sustain the heart, it being used by 28 out of the 30. In other points there was great diversity. This was plainly seen in the use of alcoholics, the practice of the members ranging all the way from a free routine use of whiskey or brandy from the beginning to the end of the disease, through their use to meet certain indications, as a weak heart or a flagging pulse; and next to a very slight and restricted use in few cases, down to their absolute and entire disuse.

The discussion was opened by *Dr. Geo. M. Garland of Boston*, who emphasized the importance of treating the patient and not the disease. He named as the important factor to be considered in treating cases of pneumonia, (1) the stomach, (2) the heart, (3) the fever, (4) the lungs. He pleaded for simplicity in treatment, few drugs, used for explicit indications only, and only expectant treatment in those mild cases in which there is but little disturbance.

Dr. Z. B. Adams of Framingham, continuing the discussion, argued very strongly for bleeding in sthenic cases, where the heart's action is oppressed, especially if this condition occurs early in the disease. He narrated several cases in his own experience, where such a practice had unquestionably saved life. He believes that the time would again come when bleeding would be a recognized agent in the treatment of this disease.

Both the paper and the discussion were timely and profitable, much interest being manifested by all. The attendance was large, including several members of the Framingham Medical Society, who were specially invited.

J. M. FRENCH,  
Secretary.

# *The Vermont Medical Monthly.*

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## **EDITORIALS.**

### **Charity Perverted Again.**

We have received a request from Mr. Geo. W. Van Sicklen of New York City to publish an appeal for contributions to a fund for the widows and orphans of the Boers.

We have always been ready to assist in every way we could the worthy poor and distressed, but in this particular instance we must decline to take part, or lend any assistance. Mr. Van Sick-

len is unquestionably sincere in his efforts in behalf of the Boers, but he is too zealous by far, and is letting his sentiment overbalance his good sense. No one who will throw aside sentiment and carefully consider all phases of the Transvaal question can have a bit more sympathy for the widows and orphans on the Boer side than on the English. Every woman or child on either side who is bereaved by the death of some soldier father or husband is deserving of every sympathy. Their afflictions are certainly pitiable and if our inclinations are to help them,—that is our own affair. But we will have nothing to do with an organized charity which in the actual presence of a common form of suffering stops to discriminate the contributing causes. Distress and suffering in even a dog will make a humane person try to relieve its unfortunate condition, but it would remove the very essence of humanity if that person withheld relief until the causes of the dog's misfortunes were ascertained.

Spectacular charity is one of the banes of our present day civilization, and there is too great a tendency to direct our charitable efforts toward these particular classes or personages which attracts our sentimental attention as they come before the footlights and play their parts on the world's stage. And in the heat of the moment, the bright light and the influence of the music we shower our contributions on our favored objects of charity, all unmindful of the real misery and need behind the scenes. In other words we give our alms in the synagogues and public places prompted by sentiment and not by sound judgment. And this method is all wrong, if charity really has a sound basis, the basis of actual poverty, real need, and the common brotherhood of man.

The Boer's afflicted should receive every sympathy, but equally so should those of the English. The exigencies of warfare visit fearful suffering on a large class on both sides, but he who is down, whether friend or foe should receive the succor and sympathy that is really needed.

## The Medical Department of the University of Vermont.

Every man who has gone out as a graduate of a learned institution should feel a sincere interest in the future of that institution. It should be remembered by all alumni, and particularly those of medical schools, that their personal professional standing is to a large extent raised or lowered by the standing of their Alma Mater. "Where did he graduate?" is always one of the first questions asked concerning a medical man. And the name of his college invariably adds or detracts from his reputation.

The University of Vermont Medical Department has always been a source of pride to its alumni. Those who hold its diploma know well that it was not lightly won, and no medical institution to-day is freer from the reputation of being an "easy place to graduate from," than the Medical Department of the University of Vermont.

Last year an important step was taken when the Medical Department was made an actual department of the University of Vermont, thus terminating the nominal relationship which had hitherto existed. Every friend of the medical school could not help but feel that the new management was a progressive movement, and meant greater efficiency, increased facilities and higher success in every way. But it is pretty safe to say that few of those who welcomed the change had any conception of what the new relation actually meant.

Let us for a moment consider the most important needs occasioned by absorption of the medical college by the University. The University has got to justify itself in the first place by correcting the little details which friends of the college have decried, and in the second place by seizing the opportunity of the hour to inaugurate and establish the medical course on a basis, dictated by the universal scientific tendency of medical education. To accomplish all this will require sound judgment, liberal

broadmindedness and above all—the wherewithal. The first two necessities are assured from the character and *personel* of the Board of Trustees, but the latter, the blood of the institution as it were, has yet to be raised. The importance of this particular need of the Medical Department should appeal to every alumni. We who have real interest in our Alma Mater (and where is one who has not) should feel that it is a privilege to contribute to the future of the University of Vermont Medical Department.

*How can we assist in the achievement of real success for the Medical Department?* The answer is plain. By forming ourselves into an alumni association and through word and deed raise a sum which will show our feeling toward our Alma Mater and provide at least a nucleus for further endowments. Given sufficient funds and those who are at the helm will do the rest.

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### Earth's Meanest People.

There is a class of people on earth whose very existence must be a constant source of regret to their Maker. In every community they do their evil work, and where they are, there is no peace nor comfort. They murder contentment, and more cruel than the Borgias who mercifully removed their victims from this vale of tears, they doom theirs to a life of bitter thoughts, which life sooner or later becomes a perfect hell of dissatisfaction.

This class, whose lives are a burden to themselves and a curse to their neighbors, are the mind poisoners. Under the guise of friendship they gain one's confidence and at the right moment inject into their victim's mind the venom of dissatisfaction. And Peace of Mind grows weaker and weaker, Satisfaction shrinks to a mere skeleton of its former self and, alas, Contentment dies.

Physicians are constantly meeting the pernicious work of mind-poisoners and many a medical man is saddened and dis-

couraged because of the injury that is indirectly done to him and his profession. How well we all know their poison, a very frequent formula being, "Who is your doctor? O, Dr.— Do you like him? Isn't he too young (or too old)? Why don't you go to Dr. X. *He* is splendid and is really a wonderful physician. Why, you know—" here follows a highly colored description of the wonderful cures Dr. X. has made. And the poison does its work.

Another formula: "Oh, you employ Dr.—. Do you know they say he is taking some horrid drug? He seems like a nice man, too. But, I have heard some perfectly awful things about him, while he was a student, you know," and Dr.—'s patient is regaled with a history of his boyish escapades. "And he is a single man, too," always ends the indictment against the poor man, if he happens to be living a life of single blessedness. Just as though a doctor could not be an honorable man without the barbed wire fence of matrimony!

Thus it goes on and the poison does its work. These are only two forms, but there are countless others and the mind-poisoner never ceases to ply his miserable art wherever there is a spark of human happiness and contentment. The same poison ruins many homes, embitters innumerable lives, and even an archangel would be dissatisfied with his lot if a mind-poisoner came in contact with him.

Then here is to their fate. May their lives be as barren as the land of the Frigid Zone, their stomachs as empty as the proverbial cupboard of the old lady in Mother Goose rhymes, and their future abode as far from the land of Good People as Heaven is from— well, the other place.

## Alkaloids and Dosimetric Medication.

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One of the best outgrowths of modern therapeutics has been the development of the alkaloidal form of medication. The use of the alkaloids has made possible the scientific administration of remedies, and brought medicine out from the shadows of empiricism into the clear light of an exact science.

The Dosimetrist utilizes the alkaloids and all other forms of medicaments which have proven of therapeutic value, but divides them up into definite accurate doses and takes the smallest amount that is potent as the minimum dose. This minimum dose in the form of a granule or little pill, is the unit and forms the base of the internal application of drugs to diseased conditions. Since the single granule is the minimum dose, the conditions present define the multiple of granules or their frequency of administration.

The dosimetric method of administering drugs has much to commend it. It is handy and convenient, it necessarily utilizes only those drugs of known action, and it permits the closer and more precise application of the correct remedy to the exact and special condition.

Considerable criticism has been expressed concerning the advocates of the dosimetric method whenever medical men have discussed the subject, but the adverse nature of the criticism has been inspired by misunderstanding. Those who favor the system, and their numbers are increasing, do not for a moment claim that they are votaries of a new school. The science of medicine, as we latter day practitioners have come to know it, is the art of healing. Methods are nothing, only so far as they are efficient, and the modern Esculapius is only limited in the nature and form of his remedies by the needs of his patient. In the presence of a diseased condition there is only one great duty of the physician, to restore that condition to state of health. He can choose

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any method of doing this, but success admits of only one result. *How* one cures is nothing,—that one *does* cure is everything.

Therefore, if the dosimetrist can do what he claims, and a greater familiarity with the system or method certainly justifies those claims, we have only to say,—success to him. We recommend the papers in this issue to the careful attention of our readers, but let those who read neither condemn nor reject until they have tried dosimetry. Anything which purports to make our efforts more successful is worthy a trial, and in this age of “new things” we should hesitate in condemning any new methods until we are absolutely sure of the stand we are taking, for the words of to-day may prove embarrassing to-morrow.





## MEDICAL ABSTRACTS.

**Glonoin.**—Dr. Wm. L. Johnson in the *Atlantic Medical Weekly* says: “Glonoin has a well deserved reputation in the treatment of angina pectoris, perhaps the most distressing disease that we encounter. It has been well defined as a *support*, not a mere *whip* in heart troubles. It makes the heart muscle act, and smooths the road for the blood to flow through the system. In the many so-called cases of “heart failure” which occur in pneumonia, typhoid fever and other diseases, it is unquestionably the best remedy that we can use, and often restores vitality when life seems beyond our reach. Glonoin should occupy the first position in our emergency cases, where morphia has so long reigned supreme. There is no physician but will agree that it has a far wider range of action, and is vastly more beneficial in emergencies. An interesting series of cases have recently been reported of the wonderful effects of this valuable agent in poisoning by illuminating gas. Cases of migraine, asthma, facial neuralgia, hiccough, sea-sickness, vomiting, toothache and vertigo, have all yielded to its magic touch. It is used with the best results in cases of asphyxia, drowning and ether and chloroform narcosis; also in the asphyxia of newly born children. The congestive stage of malarial fever may be aborted by its use. It is undoubtedly the most rapid and reliable divertant of blood pressure known, and should be widely used in the treatment of acute and chronic inflammations. I have used it constantly in convalescence from acute and chronic diseases. Combined with iron or similar preparations it will do more to start life and energy into a feeble system than any other known remedy. In convalescence after child-bearing, and after long and exhausting fevers, that class of cases in which physicians

constantly prescribe wine, porter and alcoholic stimulants as a bracer, it certainly is *the* remedy, and is open to none of the grave objections to the use of alcohol. I am confident that no one who has ever used glonoin as a stimulant in these cases, will ever advocate the use of the so-called alcoholic stimulants again, for it will be like depending on candles and pine knots for light, after having been accustomed to the brilliancy of electricity.

**Gelsemine.**—A. L. Blesh, M. D. in Wisconsin *Medical Recorder* says: In its range of physiologic action gelsemine seems to combine in a degree that of aconitine, veratrine, cicutene, physostigmine and atropine. It depresses and finally in large doses paralyzes the motor centers in the cord. It slows the circulation and when agitated seems to calm it. It lessens mucous secretion and dilates the pupil much like atropine though in less degree. Secondly it diminishes sensory irritability. No one of these phenomena is as marked as when produced by the drug it resembles. It cannot be considered so good a defer-escient as aconite, or as powerful an arterial sedative as veratrine, or as potent a dryer of excessive secretions as atropine. Yet, the combination of all these actions in one drug gives it a wide therapeutic application.

It will be seen that gelsemine should be useful in all conditions of motor excitation general or local. It is claimed by those who have used it in cholera to be the remedy par excellence for that formidable and distressing disease. The author has found it useful in idiopathic vertigo. It has some reputation in malarial fevers, especially in the south. In headaches and neuralgia, especially tri-facial neuralgia, it has a good reputation. To be effective it will often have to be pushed to the physiologic limit as evidenced by heaviness of the eyelids and muscular languor. It may also be depended upon, when pushed to full effect for the relief of the pains of spasmodic dysmennorrhœa.

Publishers' Department.

**New Antikamnia Combination.**—The Antikamnia Chemical Co., after securing the opinions and advice of many leading physicians in all sections of the country have placed before the profession two new additions to their famous Antikamnia combinations. The new tablets are “Antikamnia Laxative Tablets” and “Antikamnia and Quinine Laxative Tablets.” The eligibility of the new combinations becomes apparent from a glance at the formulæ, and we who swear by “Antikamnia, the God of Analgesia,” welcome the new tablets with grateful hearts. They will certainly aid the physician in his daily work.

\*\*\*\*\*

**Pyorrhoea Alveolaris.**—Chas. W. Dunlevy, D. D. S., Philadelphia, Penn., reports the following case :

“Lady, aged 50, came into my office in May, 1897, suffering from Pyorrhoea Alveolaris ; she had been treated by several but without success—the case was of a most aggravated type. I removed the tartar accumulation and washed out the pus sockets with a fifty per cent. solution of Glyco-Thymoline (Kress) and a solution of same strength was prescribed for daily use. The recovery was rapid and there has been no recurrence.”

May 12th, 1899.

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**“ Hypophosphites.”**—To nearly every physician the mention of the hypophosphites always suggests Fellows' Compound Syrup. And the reason is plain, for Mr. Fellows has given the profession a preparation par excellence for many years, and we who find its administration the wisest course in countless conditions have learned to appreciate its great value.

**Albuminuria.**—There is no remedy within the reach of the physician so valuable in renal difficulties as Thialion. Those who have used it, and they are not few, are loud in their praise of this laxative salt of lithia. It has no equal in the conditions for which it is indicated.



**Uric Acid Diathesis.**—The important part played by uric acid in the causation of various diseases is now an established physiological fact. The factors concerned in the overproduction or accumulation of this poisonous substance in the body are much less well known. Empirical observations would show that certain kinds of diet, certain mode of life, and excessive mental and physical labor, all tend to the overproduction of uric acid; and, hence, in order to effect a lasting improvement there must often be a radical change in the patient's manner of living. To promote the excretion of uric acid from the system, the emunctories must be kept freely open; that is to say, the bowels must be regulated, and the functions of the skin and kidneys stimulated by baths and the free internal use of water. In addition to this, certain remedies have proved of value in keeping the uric acid in a soluble form in the blood, and also facilitating its excretion by way of the kidneys. Among these lycetol has in recent years been highly recommended on account of its uric acid solvent and diuretic effects. Cases have been reported in which even uratic deposits in the joints, the so-called tophi, have been gradually dissolved under its continued use, while in cases of renal lithiasis and gravel it has been found to aid in the disintegration of uric acid concretions, and thereby to prevent attacks of renal colic. This remedy is particularly adapted for prolonged administration on account of its freedom from irritating effects upon the gastro-intestinal canal, its agreeable taste, and the progressive relief afforded by its use in the various conditions comprising the uric acid diathesis.

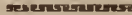


BOOK REVIEW.

**A Practical Treatise on Materia Medica and Therapeutics.**—By ROBERTS BARTHOLOW, M. A., M. D., LL. D., Professor Emeritus of Materia Medica, General Therapeutics, and Hygiene in the Jefferson Medical College of Philadelphia, etc. Tenth edition, revised and enlarged. New York: D. Appleton and Company, 1899. Pp. xxii-866.

A book so widely and favorably known as Bartholow's Treatise on Materia Medica and Therapeutics requires no favorable comment from us. Its reputation is assured and this latter edition, which is the tenth, is fully up to the expectations which arise from a knowledge of its predecessors.

Much new matter has been added on the newer remedies, and we have said all that can be said when we say that the book is abreast with the times. If there is any man on earth capable of speaking on the subject of materia medica and therapeutics it is Roberts Bartholow. This book amply indicates the scope of his knowledge and we welcome it as the great work of a great man. It is truly a medical classic.



**A Text-book of Obstetrics.** By Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania. 846 pages, 653 illustrations. W. B. Saunders, Philadelphia.

A careful critical examination of this work only gives rise to feelings of the highest admiration for the talented author and painstaking publisher. No work on obstetrics is better able to take the lead as a text-book and book of reference than this one by Hirst. It is so complete yet withal so clear and interesting, that the reader marvels at the masterful skill of the man who can present his subject so thoroughly without a particle of superfluity.

The work contains seven parts, which are subdivided into numerous sections. Every portion is up to the standard of the whole work, and it is impossible to point to any part better or more practical than the rest. The whole field of midwifery is covered and nothing is neglected or given undue importance. The rapid exhaustion of two former editions demonstrates clearly what the profession thinks of the book, and as medical men grow still more familiar with its scientific worth, its popularity will grow accordingly.

---

**The Physician's Visiting-list (Lindsay and Blakiston) for 1900.** Forty-ninth Year of its Publication. Philadelphia: P. Blakiston's Son & Co.

It is truly remarkable how one becomes attached to this little visiting list. For forty-nine years it has held a warm place in the hearts of many medical men and been a real help to them in their professional work.

The last edition for 1900 has all the good qualities of those of preceding years, and in addition certain improvements which naturally follow the progress of medical affairs from year to year. It is neat in appearance, of handy size, and above all useful in a practical way. It has no superior.

## The Vermont Medical Monthly.

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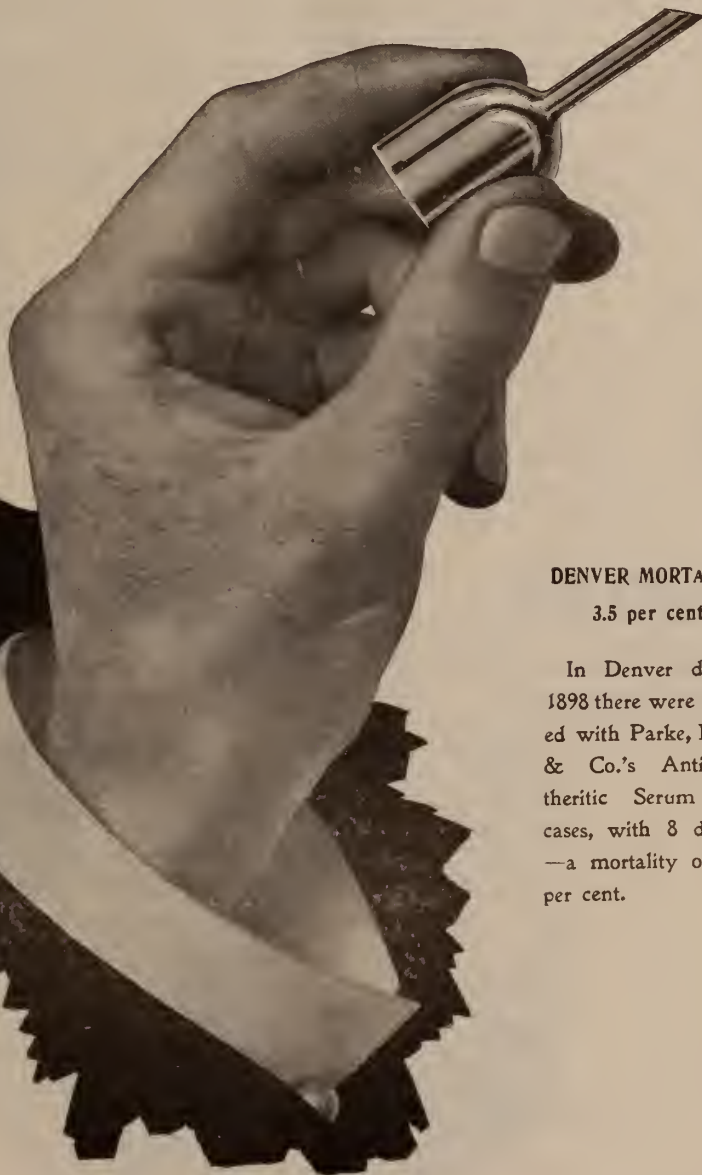
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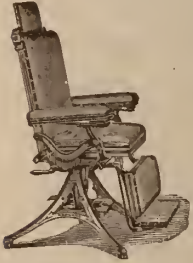
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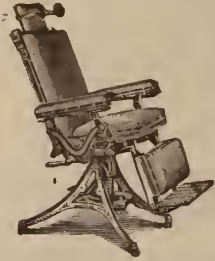
A—Normal adjustment.



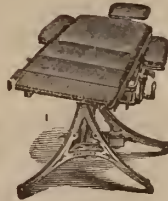
C—Full length reclining position.



H—Three-quarter length reclining



B—For Oculists & Aurists.



E—Sims position.



F—Dorsal position.



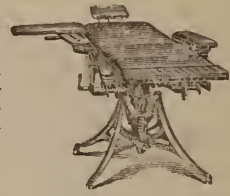
G—For elevating the hips.



D—Reclining, with head lowered.

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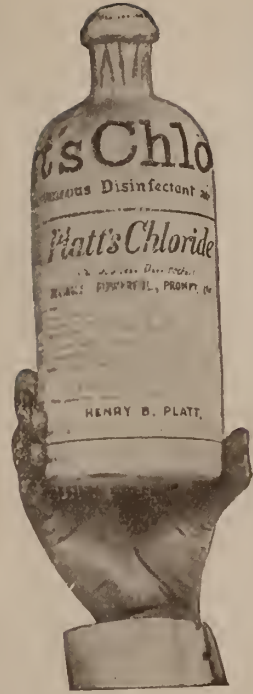
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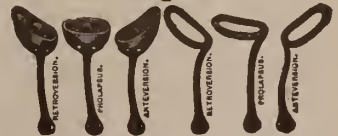
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